

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16 - 31, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <i>Governor's Office of Planning & Research</i> <input type="text"/>	
State Use Only: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">JAN 20 2016</div>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">STATE CLEARINGHOUSE</div>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="El Dorado Irrigation District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6036480"/>	* c. Organizational DUNS: <input type="text" value="0489464200000"/>	
d. Address:		
* Street1: <input type="text" value="2890 Mosquito Rd"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="Placerville"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="95667-4761"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Tracey"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Eden-Bishop"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Associate Civil Engineer"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="530-642-4113"/>	Fax Number: <input type="text" value="530-622-1195"/>	
* Email: <input type="text" value="tedenbishop@eid.org"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

*** 12. Funding Opportunity Number:**

R16-FOA-DO-004

* Title:

WaterSMART: Water and Energy Efficiency Grants for FY 2016

13. Competition Identification Number:

R16-FOA-DO-004

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Item 14 Attachment.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Construct a 3 mile pipeline to replace an open earthen ditch that currently conveys up to 15,000 acre feet/year (40cfs) from Foxebay Reservoir to the Reservoir 1 Water Treatment Plant.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="6,060,000.00"/>
* c. State	<input type="text" value="1,000,000.00"/>
* d. Local	<input type="text" value="600,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="7,960,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Governor's Office of Planning & Research	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: JAN 20 2016 STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: El Dorado Irrigation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036480	* c. Organizational DUNS: 0489464200000	
d. Address:		
* Street1: 2890 Mosquito Rd	<input type="text"/>	
Street2:	<input type="text"/>	
* City: Placerville	<input type="text"/>	
County/Parish:	<input type="text"/>	
* State: CA; California	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA; UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95667-4761	<input type="text"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Tracey	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Eden-Bishop	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Associate Civil Engineer		
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number: 530-642-4113	Fax Number: 530-622-1195	
* Email: edenbishop@eid.org	<input type="text"/>	

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.507

CFDA Title:

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

*** 12. Funding Opportunity Number:**

R16-FOA-DO-004

*** Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2016

13. Competition Identification Number:

R16-FOA-DO-004

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Item 14 Attachment.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Construct a 3 mile pipeline to replace an open earthen ditch that currently conveys up to 15,080 acre feet/year (40cfs) from Forebay Reservoir to the Reservoir 1 Water Treatment Plant.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="5,960,000.00"/>
* c. State	<input type="text" value="1,000,000.00"/>
* d. Local	<input type="text" value="600,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="7,960,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: _____ 4. Applicant Identifier: _____ Governor's Office of Planning & Research

5a. Federal Entity Identifier: _____ 5b. Federal Award Identifier: _____ JAN 21 2016
STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: _____ 7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: **Self-Help Enterprises**

* b. Employer/Taxpayer Identification Number (EIN/TIN): **94-1592676** * c. Organizational DUNS: **056179906**

d. Address:

* Street1: **P.O. Box 6520**
Street2: **8445 W. Elowin Court**
* City: **Visalia**
County/Parish: **Tulare**
* State: **California**
Province: _____
* Country: **USA: UNITED STATES**
* Zip / Postal Code: **93290**

e. Organizational Unit:

Department Name: _____ Division Name: _____

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ * First Name: **Karen**
Middle Name: _____
* Last Name: **Sauceda**
Suffix: _____
Title: **Sr. Housing Specialist**

Organizational Affiliation: **Self-Help Enterprises**

* Telephone Number: **(559) 802-1670** Fax Number: **(559) 651-3634**

* Email: **KarenS@selfhelpenterprises.org**

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Housing Preservation Grants

* 12. Funding Opportunity Number:

* Title:

Notice of Solicitation of Applications (NOSA) for the Section 533 Housing Preservation Grants for Fiscal Year (FY) 2016

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Counties of Fresno, Kern, Kings, Madera

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Housing Preservation Grant Program for Low-Income and Very Low-Income Households - Providing Loans/Grants for Housing Rehabilitation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: **21**

* b. Program/Project: **18-21**

Attach an additional list of Program/Project Congressional Districts if needed:

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **10/1/16**

* b. End Date: **9/30/17**

18. Estimated Funding (\$):

* a. Federal	\$100,000
* b. Applicant	
* c. State	
* d. Local	\$100,000
* e. Other	
* f. Program Income	
* g. TOTAL	\$200,000

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on: **1/21/16**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach.

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: **Thomas**

Middle Name: **J.**

* Last Name: **Collishaw**

Suffix:

* Title: **President/CEO**

* Telephone Number: **(559) 651-1000** Fax Number: **(559) 651-3634**

* Email: **TomC@selthalenterprises.org**

* Signature of Authorized Representative: 

* Date Signed: **1/21/16**

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 3. Date Received: Completed by Grants.gov upon submission.	
4. Applicant Identifier: _____	
Governor's Office of Planning & Research JAN 21 2016	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
STATE CLEARINGHOUSE	
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: Upper San Gabriel Valley Municipal Water District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 952082591	* c. Organizational DUNS: 0210836960000
d. Address:	
* Street1: 602 Huntington Drive, Suite B	
Street2: _____	
* City: Monrovia	
County/Parish: _____	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 91016-3600	
e. Organizational Unit:	
Department Name: Water Conservation	Division Name: Water Use Efficiency
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Elena
Middle Name: _____	
* Last Name: Layugan	
Suffix: _____	
Title: Conservation Coordinator	
Organizational Affiliation: _____	
* Telephone Number: (626) 443-2297	Fax Number: 626-443-0617
* Email: elena@usgvmwd.org	

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

*** 12. Funding Opportunity Number:**

BOR-LC-16-001

* Title:

Lower Colorado Region - All Areas - for Water Conservation Field Services Program (WCFSP) Grants for Fiscal Year (FY) 2016

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Upper District Application #14. Areas Affec

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Upper District's Water Conservation through Onsite Capture and Reuse Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text" value="13,784.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="150,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="263,784.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

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Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
---	---	---

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: Control Number: 1400-1519
--	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: Governor's Office of Planning & Research
---	--

State Use Only: **JAN 28 2016**

6. Date Received by State: <input type="text"/>	7. State Application Identifier: STATE CLEARINGHOUSE
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** Instrument Quality, Llc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20 2750636	* c. Organizational DUNS: 623524696
--	---

d. Address:

*** Street1:** 1014 Hopper Ave
Street2: PMB# 607
*** City:** Santa Rosa
County: Sonoma
*** State:** CA
Province:
*** Country:** USA
*** Zip / Postal Code:** 95403

e. Organizational Unit:

Department Name: Operant Solar Department	Division Name: Operant Solar Division
---	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *** First Name:** David
Middle Name:
*** Last Name:** Bass
Suffix:

Title: General Manager

Organizational Affiliation:

*** Telephone Number:** (707) 591-5070 **Fax Number:**

*** Email:** dave.bass@operantsolar.com

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Energy (DOE), Office of Energy Efficiency and Renewable Energy (EERE)

11. Catalog of Federal Domestic Assistance Number:

81 087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001400

* Title:

SunShot Technology to Market (Incubator Round 11, SolarMat Round 4)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

"A New Remote Communications Link to Reduce Residential PV Solar Costs"

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="384,000.00"/>
* b. Applicant	<input type="text" value="96,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="480,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

Yes No If "Yes", provide explanation and attach.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: 1400-1593	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Mark Springfield		
* b. Employer/Taxpayer Identification Number (EIN/TIN): _____	* c. Organizational DUNS: _____	
d. Address:		
* Street1: 110 Coleridge	Governor's Office of Planning & Research	
Street2: _____	_____	
* City: San Francisco	JAN 29 2016	
County: _____	STATE CLEARINGHOUSE	
* State: California	_____	
Province: _____	_____	
* Country: USA	_____	
* Zip / Postal Code: 94110	_____	
e. Organizational Unit:		
Department Name: Department of Energy	Division Name: EREE	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Mark	
Middle Name: Alan	_____	
* Last Name: Springfield	_____	
Suffix: _____	_____	
Title: Founder and CEO		
Organizational Affiliation: _____		
* Telephone Number: 415 279 3416	Fax Number: _____	
* Email: mark@hot4solar.com		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Individual

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001400

* Title:

SunShot Technology to Market (Incubator Round 11, SolarMat Round 4)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Geographic expansion of catalog of installed solar

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="500,000"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

Yes No If "Yes", provide explanation and attach.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

Other (specify):

1.b. Frequency:

- Annual
- Quarterly
- Other

Other (specify):

1.d. Version:

- Initial
- Resubmission
- Revision
- Update

2. Date Received:

01/28/2016

STATE USE ONLY:

3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

5. Date Received by State:

6. State Application Identifier:

G1698019

1.c. Consolidated Application/Plan/Funding Request?

Yes No

Explanation:

7. APPLICANT INFORMATION:

a. Legal Name:

State of California

b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1697567

c. Organizational DUNS:

8083223580000

Governor's Office of Planning & Research

JAN 29 2016

STATE CLEARINGHOUSE

d. Address:

Street1:

1831 9th Street

Street2:

City:

Sacramento

County / Parish:

State:

CA: California

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Federal Assistance Section

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

Ms.

First Name:

Melissa

Middle Name:

Last Name:

Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number:

916-327-0062

Fax Number:

Email:

melissa.jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Inventories and Research; Biological Resource Assessments and Land Management Planning

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-006

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

07/01/2016

b. End Date:

06/30/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

384,046.00

b. Match (\$):

128,015.00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

a. This submission was made available to the State under the Executive Order 12372 Process for review on:

01/15/2016

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- Application
 Plan
 Funding Request
 Other

Other (specify):

1.b. Frequency:

- Annual
 Quarterly
 Other

Other (specify):

1.d. Version:

- Initial Resubmission Revision Update

2. Date Received:

01/28/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

G1698003

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes No

Explanation:

7. APPLICANT INFORMATION:

a. Legal Name:

State of California

b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1697567

c. Organizational DUNS:

8083223580000

Governor's Office of Planning & Research

d. Address:

Street1:

1831 Ninth Street

Street2:

JAN 29 2016
STATE CLEARINGHOUSE

City:

Sacramento

County / Parish:

State:

CA: California

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Federal Assistance Section

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

Ms.

First Name:

Melissa

Middle Name:

Last Name:

Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number:

916-327-0062

Fax Number:

Email:

melissa.jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Inventories and Research: Black Bear Population Assessment and Management

12. Areas Affected by Funding:

Riverside (36), San Bernardino (8), Los Angeles (25, 27)

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

Ca-006

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

07/01/2016

b. End Date:

06/30/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

293,189,00

b. Match (\$):

97,730,00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?



a. This submission was made available to the State under the Executive Order 12372 Process for review on:

01/28/2016



b. Program is subject to E.O. 12372 but has not been selected by State for review.



c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree

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Authorized Representative:

Prefix: First Name:

Middle Name:

Last Name:

Suffix: Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

01/28/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1598124

Governor's Office of Planning & Research

8. APPLICANT INFORMATION:

JAN 29 2016

*** a. Legal Name:**

STATE OF CALIFORNIA

STATE CLEARINGHOUSE

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

94-1697567

*** c. Organizational DUNS:**

8083223580000

d. Address:

*** Street1:**

1831 9TH STREET

Street2:

*** City:**

SACRAMENTO

County/Parish:

*** State:**

CA, California

Province:

*** Country:**

USA, UNITED STATES

*** Zip / Postal Code:**

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

FEDERAL ASSISTANCE SECTION

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

BRIAN

Middle Name:

*** Last Name:**

SALAZAR

Suffix:

Title:

GRANT ADMINSTRATOR

Organizational Affiliation:

*** Telephone Number:**

916-323-6201

Fax Number:

*** Email:**

BRIAN.SALAZAR@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15:634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F15AS00160

* Title:

R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

G1598124 Cngrsl Dists.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

STATE WILDLIFE ACTION PLAN IMPLEMENTATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachment

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="473,096.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="254,744.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="727,840.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

Other (specify):

1.b. Frequency:

- Annual
- Quarterly
- Other

Other (specify):

1.d. Version:

- Initial
- Resubmission
- Revision
- Update

2. Date Received:

01/28/2016

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

G1698001

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes No

Explanation:

7. APPLICANT INFORMATION:

a. Legal Name:

State of California

Governor's Office of Planning & Research

b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1697567

c. Organizational DUNS:

8083223580000

JAN 29 2016

STATE CLEARINGHOUSE

d. Address:

Street1:

1831 Ninth Street

Street2:

City:

Sacramento

County/Parish:

State:

CA: California

Province:

Country:

USA: UNITED STATES

Zip/Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Federal Assistance Section

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

Ms.

First Name:

Melissa

Middle Name:

Last Name:

Jones

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Telephone Number:

916-327-0062

Fax Number:

Email:

melissa.jones@wildlife.ca.gov

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Inventories and Research: Species Conservation (Non-Game)

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-006

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

07/01/2016

b. End Date:

06/30/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

201,407.00

b. Match (\$):

67,136.00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?



a. This submission was made available to the State under the Executive Order 12372 Process for review on:

01/28/2016



b. Program is subject to E.O. 12372 but has not been selected by State for review.



c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

[Explanation](#)

18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

First Name:

Lisa

Middle Name:

Last Name:

Bays

Suffix:

Title:

SSM I

Organizational Affiliation:

Telephone Number:

916-445-3701

Fax Number:

Email:

Lisa.Bays@wildlife.ca.gov

Signature of Authorized Representative:

Lisa Bays

Date Signed:

01/28/2016

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: <input type="text" value="01/29/2016"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text" value="G1698002"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					

7. APPLICANT INFORMATION:

a. Legal Name: <input type="text" value="State of California"/>		
b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	c. Organizational DUNS: <input type="text" value="8083223580000"/>	
d. Address:		
Street1: <input type="text" value="1831 Ninth Street"/>	Street2: <input type="text"/>	
City: <input type="text" value="Sacramento"/>	County / Parish: <input type="text"/>	
State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>	Zip / Postal Code: <input type="text" value="95811-7011"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="CDFW"/>	Division Name: <input type="text" value="Federal Assistance Section"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text" value="Ms."/>	First Name: <input type="text" value="Melissa"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Jones"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Grant Administrator"/>		
Organizational Affiliation: <input type="text"/>		
Telephone Number: <input type="text" value="916-327-0062"/>	Fax Number: <input type="text"/>	
Email: <input type="text" value="melissa.jones@wildlife.ca.gov"/>		

Governor's Office of Planning & Research
 JAN 29 2016
 STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Descriptive Title of Applicant's Project:

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

14. FUNDING PERIOD:

a. Start Date:

b. End Date:

15. ESTIMATED FUNDING:

a. Federal (\$):

b. Match (\$):

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

a. This submission was made available to the State under the Executive Order 12372 Process for review on:

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

First Name:

Lisa

Middle Name:

Last Name:

Bays

Suffix:

Title:

SSM I

Organizational Affiliation:

Telephone Number:

916-445-3701

Fax Number:

Email:

lisa.bays@wildlife.ca.gov

Signature of Authorized Representative:

Lisa Bays

Date Signed:

01/28/2016

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY			
1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: <input type="text" value="01/28/2016"/>	STATE USE ONLY:
		3. Applicant Identifier: <input type="text"/>	5. Date Received by State: <input type="text"/>
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text" value="G1698029"/>
		4b. Federal Award Identifier: <input type="text"/>	
7. APPLICANT INFORMATION:			
a. Legal Name: <input type="text" value="State of California"/>			
b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>		c. Organizational DUNS: <input type="text" value="8083223580000"/>	
d. Address:			
Street1: <input type="text" value="1831 9th Street"/>		Street2: <input type="text"/>	
City: <input type="text" value="Sacramento"/>		County / Parish: <input type="text"/>	
State: <input type="text" value="CA: California"/>		Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>		Zip / Postal Code: <input type="text" value="95811-7011"/>	
e. Organizational Unit:			
Department Name: <input type="text" value="CDFW"/>		Division Name: <input type="text" value="Federal Assistance Section"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: <input type="text" value="Ms."/>	First Name: <input type="text" value="Melissa"/>	Middle Name: <input type="text"/>	
Last Name: <input type="text" value="Jones"/>		Suffix: <input type="text"/>	
Title: <input type="text" value="Grant Administrator"/>			
Organizational Affiliation: <input type="text"/>			
Telephone Number: <input type="text" value="916-327-0062"/>		Fax Number: <input type="text"/>	
Email: <input type="text" value="melissa.jones@wildlife.ca.gov"/>			

Governor's Office of Planning & Research
 JAN 29 2016
 STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

A: State Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

11. Descriptive Title of Applicant's Project:

Wildlife Habitat Inventories and Research: Elk and Antelope Program

12. Areas Affected by Funding:

Statewide

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-006

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

07/01/2016

b. End Date:

06/30/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

382,433.00

b. Match (\$):

127,478.00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 01/28/2016
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

First Name:

Lisa

Middle Name:

Last Name:

Bays

Suffix:

Title:

SSM I

Organizational Affiliation:

Telephone Number:

916-445-3701

Fax Number:

Email:

Lisa.bays@wildlife.ca.gov

Signature of Authorized Representative:

Lisa Bays

Date Signed:

01/28/2016

Attach supporting documents as specified in agency instructions.