Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1 - 15, 2011.** 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.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

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3. Date Received:

4. Applicant Identifier:

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: Community Housing Improvement Program, Incorporated

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2223398

*c. Organizational DUNS: 010998797

d. Address:

*Street 1: 1001 Willow Street
Street 2:
*City: Chico
County: Butte
*State: CA
Province:
*Country: U.S.A.
*Zip / Postal Code 95928

e. Organizational Unit:

Department Name: N/A

Division Name:

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

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

Title: Self-Help Program Manager

Organizational Affiliation:

*Telephone Number: (530) 891-6931, ext. 227

Fax Number: (530) 891-8547

*Email: jquezada@chiphousing.org

Application for Federal Assistance SF-424 Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Butte, Glenn, Tehama, and Shasta Counties.

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

This application is for $2,530,000, USDA Section 523 TA Grant, to complete 95 equivalent construction units.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002 *b. Program/Project: CA-002

17. Proposed Project:

*a. Start Date: 7/01/2012 *b. End Date: 6/30/2014

18. Estimated Funding ($):

*a. Federal	2,530,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,530,000

***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 6/28/2011

☐ 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.)**

☐ Yes ☒ No

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: David

Middle Name:

*Last Name: Ferrier

Suffix:

*Title: Executive Director

*Telephone Number: (530) 891-6931, ext. 240 Fax Number: (530) 891-8547

* Email: dferrier@chiphousing.org

*Signature of Authorized Representative: *Date Signed: 6/28/2011

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	07WRAG0002

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: University Enterprises, Inc. (on behalf of CSU Sacramento)

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
941337638	0290317960000

d. Address:

* Street1:	6000 J Street
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95819-6111

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:	David
Middle Name:			
* Last Name:	Earwicker		
Suffix:			

Title: Asst VP, Research Admin/Contract Admin

Organizational Affiliation:
California State University, Sacramento

* Telephone Number:	(916) 278-3668	Fax Number:	

* Email: david.earwicker@csus.edu

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

11WRPA1000

* Title:

USGS Non-Competitive Assistance FY 2011 - Western Region

13. Competition Identification Number:

11WRPA1000

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Cooperative Agreement for Joint Research and Space Occupancy 0020002378

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: CA-005
b. Program/Project: CA-005

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2011
* b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	11,129,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	11,129,500.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: David
Middle Name:
* Last Name: Earwicker
Suffix:

* Title: Asst VP, Research Admin/Contract Admin

* Telephone Number: (916) 278-3668
Fax Number:

* Email: david.earwicker@csus.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Pre-application ☒ Construction ☐ Non-Construction		**2. DATE SUBMITTED**	Applicant Identifier
		3. DATE RECEIVED BY STATE 06/03/2011	State Application Identifier G1198033
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
	Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Wildlife Conservation Board
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 1831 9th Street	Prefix: First Name: Steve
City: Sacramento	Middle Name
County: Sacramento	Last Name Wong
State: CA Zip Code 95811	Suffix:
Country: USA	Email: scwong@dfg.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567	Phone Number (give area code) (916) 445-3694 Fax Number (give area code)
8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision; If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) A. State
Other (specify)	Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Beardsley Boat Launch Facitlity
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: *Tuolomne County	
13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2013	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project 19

15. ESTIMATED FUNDING:

a. Federal	$	1,511,040.00
b. Applicant	$	
c. State	$	503,680.00
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	2,014,720.00

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

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/30/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name Blaine	Middle Name
Last Name Nickens		Suffix
b. Title Chief, Grants Managment Branch		c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative		e. Date Signed 6/30/2011

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE 06/03/2011	State Application Identifier G1198036	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:

Application	Pre-application
☒ Construction	☒ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational Unit:
Department: Department of Fish and Game
Division: Wildlife Conservation Board

Organizational DUNS: 808322358

Address:
Street: 1831 9th Street
City: Sacramento
County: Sacramento
State: CA
Zip Code 95811
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Steve
Middle Name
Last Name Wong
Suffix:
Email: scwong@dfg.ca.gov
Phone Number (give area code) (916) 445-3694
Fax Number (give area code)

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State
Other (specify)

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605
TITLE (Name of Program): Sport Fish Restoration Act

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Gridley Boat Launching Facility

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Butte County

13. PROPOSED PROJECT
Start Date: 07/01/2011
Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3
b. Project 19

15. ESTIMATED FUNDING:

a. Federal	$ 842,973.00
b. Applicant	$
c. State	$ 280,991.00
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,123,964.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/30/11
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix
First Name Blaine
Middle Name
Last Name Nickens
Suffix
b. Title Chief, Grants Managment Branch
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed 6/30/2011

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☒ Construction ☐ Non-Construction; Pre-application ☒ Construction ☐ Non-Construction		**2. DATE SUBMITTED**	Applicant Identifier
		3. DATE RECEIVED BY STATE 06/03/2011	State Application Identifier G1198037
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
	Department: Department of Fish and Game
Organizational DUNS: 808322358	Division: Wildlife Conservation Board
Address: Street: 1831 9th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Steve
City: Sacramento	Middle Name
County: Sacramento	Last Name Wong
State: CA Zip Code 95811	Suffix:
Country: USA	Email: scwong@dfg.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567	Phone Number (give area code) (916) 445-3694 Fax Number (give area code)

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8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) A. State Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Ruth Lake Boat Launching Facility
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Trinity County	
13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2013	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project 19

15. ESTIMATED FUNDING:		
a. Federal	$	586,024.00
b. Applicant	$	
c. State	$	195,341.00
d. Local	$	
e. Other	$	
f. Program Income	$	
g. TOTAL	$	781,365.00

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

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/30/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix	First Name Blaine	Middle Name
Last Name Nickens		Suffix
b. Title Chief, Grants Managment Branch		c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative		e. Date Signed 6/30/2011

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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*a. Legal Name: City of Live Oak

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000358

*c. Organizational DUNS: 609-37-0622

d. Address:

*Street 1: 9955 Live Oak Blvd.
Street 2:
*City: Live Oak
County: Sutter
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95953

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr.
*First Name: Satwant
Middle Name:
*Last Name: Takhar
Suffix:

Title: Assistant City Manager

Organizational Affiliation:

*Telephone Number:

Fax Number:

*Email:

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant Application

***12 Funding Opportunity Number:**

USDA Rural Development

*Title:

USDA Rural Development-Community Facilities Grant Application

13. Competition Identification Number:

Title:

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

City of Live Oak, Sutter County, California

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

City of Live Oak Generator Purchase and Installation Project.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002 *b. Program/Project: CA-All

17. Proposed Project:

*a. Start Date: 10/1/2011 *b. End Date: 10/1/2012

18. Estimated Funding ($):

*a. Federal	$50,000.00
*b. Applicant	$40,909.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$90,909.00

***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 July 28, 2011

☐ 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.)**

☐ Yes ☒ No

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: Mr. *First Name: Satwant

Middle Name:

*Last Name: Takhar

Suffix:

*Title: Assistant City Manager

*Telephone Number: (530) 695-2112 Fax Number: (530) 695-2595

* Email: stakhar@liveoakcity.org

*Signature of Authorized Representative: *Date Signed: 6/30/2011

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

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: California Emergency Management Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
680278801	9474361760000

d. Address:

* Street1: 3650 Schriever Avenue
Street2:
* City: Mather
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655-4203

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: Kris
Middle Name:
* Last Name: Whitty
Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 323-7734
Fax Number:

* Email: kris.whitty@calema.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-11-GPD-067-000-02

* Title:

Fiscal Year (FY) 2011 Homeland Security Grant Program (HSGP)

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

California - FY 2011 Homeland Security Grant 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: CA
b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2011
* b. End Date: 08/31/2014

18. Estimated Funding ($):

* a. Federal	260,440,677.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	260,440,677.00

*** 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.
- [x] 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
- [x] 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)**

- [x] ** 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: Mr.
* First Name: Mike
Middle Name:
* Last Name: Dayton
Suffix:

* Title: Acting Secretary, Cal EMA

* Telephone Number: (916) 324-8908
Fax Number:

* Email: mike.dayton@calema.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

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STATE CLEARING HOUSE

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

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JUL - 6 2011
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Emergency Management Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
680278801	9474361760000

d. Address:

* Street1: 3650 Schriever Avenue
Street2:
* City: Mather
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655-4203

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: Kris
Middle Name:
* Last Name: Whitty
Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 323-7734
Fax Number:

* Email: kris.whitty@calema.ca.gov

Application for Federal Assistance SF-424

*** 8. 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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:

Non-Profit Security Program

*** 12. Funding Opportunity Number:**

DHS-11-GPD-008-000-01

* Title:

Fiscal Year 2011 Nonprofit Security Grant Program (NSGP)

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

California - FY 2011 Nonprofit Security Grant 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: CA
b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2011
* b. End Date: 08/31/2014

18. Estimated Funding ($):

* a. Federal	18,962,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	18,962,000.00

*** 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.
- [x] 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
- [x] 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)**

- [x] ** 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: Mr.
* First Name: Mike
Middle Name:
* Last Name: Dayton
Suffix:

* Title: Acting Secretary, Cal EMA

* Telephone Number: (916) 324-8908
Fax Number:

* Email: mike.dayton@calema.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

X072

Fax: (916) 323-3018
State Clearinghouse 12372 Review

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	A:Increase Award
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☒ Revision	Amending existing grant agreement w/new funding

* 3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier: 1649

* 5b. Federal Award Identifier: CA-95-X072-01

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno Department of Transportation - FAX

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338

* c. Organizational DUNS: 169204872

d. Address:

* Street1: 2223 G Street
Street2:
* City: Fresno
County/Parish:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 93706

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: Darlene

Middle Name:

* Last Name: Christiansen

Suffix:

Title: Grant Writer

Organizational Affiliation:

* Telephone Number: 5596211469

Fax Number: 5594881065

* Email: darlene.christiansen@fresno.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Transportation - Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

*** 12. Funding Opportunity Number:**

n/a

* Title:

20.507 - Federal Transit - Formula Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Fiscal 2010 Capital Grant - CMAQ

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: CA-020
* b. Program/Project: CA-018, 019, 020, 021

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2010
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	$1,932,600.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$250,400.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$2,183,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2011
- [ ] 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
- [x] 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)**

- [x] ** 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: Kenneth
Middle Name:
* Last Name: Hamm
Suffix:

* Title: Director of Transportation

* Telephone Number: 5596211440
Fax Number:

* Email: kenneth.hamm@fresno.gov

* Signature of Authorized Representative: Kenneth R Hamm
* Date Signed: 06/30/2011

Fax: (0") 323-3018
State Clearinghouse 12372 Review

0/37

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier: 1649

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno Department of Transportation - FAX

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338

* c. Organizational DUNS: 169204872

d. Address:

* Street1: 2223 G Street
Street2:
* City: Fresno
County/Parish:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 93706

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: Darlene

Middle Name:

* Last Name: Christiansen

Suffix:

Title: Grant Writer

Organizational Affiliation:

* Telephone Number: 5596211469

Fax Number: 5594881065

* Email: darlene.christiansen@fresno.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Transportation - Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit - Capital Investment Grants

*** 12. Funding Opportunity Number:**

n/a

* Title:

20.500 - Federal Transit - Capital Investment Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Fiscal 2009 5309 Earmark - capital invesment

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: CA-020
* b. Program/Project: CA-018, 019, 020, 021

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2010
* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	$225,720.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$56,430.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$282,150.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Kenneth
Middle Name:
* Last Name: Hamm
Suffix:

* Title: Director of Transportation
* Telephone Number: 5596211440
Fax Number:
* Email: kenneth.hamm@fresno.gov
* Signature of Authorized Representative: Kenneth Q Hamm
* Date Signed: 07/01/2011

Y843

Fax: (916) - 3018
State Clearinghouse 12372 Review

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier: 1649

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fresno Department of Transportation - FAX

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338

* c. Organizational DUNS: 169204872

d. Address:

* Street1: 2223 G Street
Street2:
* City: Fresno
County/Parish:
* State: CA
Province:
* Country: USA
* Zip / Postal Code: 93706

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: Darlene

Middle Name:

* Last Name: Christiansen

Suffix:

Title: Grant Writer

Organizational Affiliation:

* Telephone Number: 5596211469

Fax Number: 5594881065

* Email: darlene.christiansen@fresno.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Transportation - Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

*** 12. Funding Opportunity Number:**

n/a

* Title:

20.507 - Federal Transit - Formula Grants

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Fiscal 2011 Capital Grant - annual section 5307 apportionment

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: CA-020
* b. Program/Project: CA-018, 019, 020, 021

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2010
* b. End Date: 06/30/2013

18. Estimated Funding ($):

* a. Federal	$9,505,000.00
* b. Applicant	$2,376,250.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$11,881,250.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Kenneth
Middle Name:
* Last Name: Hamm
Suffix:

* Title: Director of Transportation
* Telephone Number: 5596211440
Fax Number:
* Email: kenneth.hamm@fresno.gov
* Signature of Authorized Representative: Kenneth Q Hamm
* Date Signed: 06/30/2011

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

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: City of Mountain View

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000379

*c. Organizational DUNS: 010917748

d. Address:

*Street 1: 500 Castro Street
Street 2: P.O. Box 7540
*City: Mountain View
County:
*State: California
Province:
*Country: United States of America
*Zip / Postal Code 94039-7540

e. Organizational Unit:

Department Name: Public Works

Division Name: Public Services

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

Prefix: Mr.
*First Name: Gregg
Middle Name:
*Last Name: Hosfeldt
Suffix:

Title: Assistant Public Works Director

Organizational Affiliation:

*Telephone Number: 650.903.6205
Fax Number: 650.963.3036

*Email: gregg.hosfeldt@mountainview.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

***12 Funding Opportunity Number:**

R11AF20020

*Title:

Bay Area Regional Water Recycling Program Feasibility and Environmental Studies for Federal Title XVI Water Reclamation and Reuse Authority Projects

13. Competition Identification Number:

Title:

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

City of Mountain View (Santa Clara County, California)

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

Recycled Water System Expansion Feasibility Study Grant Request

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-014 *b. Program/Project: CA-014

17. Proposed Project:

*a. Start Date: 7/1/11 *b. End Date: 6/30/12

18. Estimated Funding ($):

*a. Federal	$100,000
*b. Applicant	$100,000
*c. State	
*d. Local	
*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 7/11/11

☐ 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.)**

☐ Yes ☒ No

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: Mr. *First Name: Gregg

Middle Name:

*Last Name: Hosfeldt

Suffix:

*Title: Assistant Public Works Director

*Telephone Number: 650.903.6205 Fax Number: 650.963.3036

* Email: gregg.hosfeldt@mountainview.gov

*Signature of Authorized Representative: Gregg A. Hosfeldt *Date Signed: 7/11/11

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

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: Governor's Office of Planning and Research

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946001347

* c. Organizational DUNS: 9474382970000

d. Address:

* Street1: P.O. Box 3044
Street2: 1400 Tenth Street
* City: Sacramento
County/Parish: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95812-3044

e. Organizational Unit:

Department Name: Governor's Office of Planning

Division Name: Governor's Office of Planning

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

Prefix: Ms.
* First Name: Allison
Middle Name:
* Last Name: Joe
Suffix:

Title: Senior Planner

Organizational Affiliation: Governor's Office of Planning and Research

* Telephone Number: 916-445-0613
Fax Number: 916-323-3018

* Email: allison.joe@opr.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:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.705

CFDA Title:

Capacity Building for Sustainable Communities

*** 12. Funding Opportunity Number:**

FR-5509-N-01

* Title:

Capacity Building for Sustainable Communities

13. Competition Identification Number:

CCSC-01

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

California Sustainable Communities Capacity-Building

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: CA-005

b. Program/Project: all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2011

* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	1,689,592.00
* b. Applicant	754,929.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,444,521.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/08/2011.

[ ] 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 [X] 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)**

[X] ** 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: Ms.

* First Name: Allison

Middle Name:

* Last Name: Joe

Suffix:

* Title: Senior Planner

* Telephone Number: 916-445-0613

Fax Number: 916-323-3018

* Email: allison.joe@opr.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: *Application* ☐ Construction ☒ Non-Construction; *Preapplication* ☐ Construction ☐ Non-Construction	2. DATE SUBMITTED 6/15/11	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Diego Ramirez
(213) 922-2468

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

7. TYPE OF APPLICANT: (*enter appropriate letter(s) in box(es)*)
A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-516

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
JARC – 5316 – CA-37-X071-03

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
3/6/2007	10/31/2015	Districts 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 42, 46	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	1,598,189.00
b Applicant	$	.00
c State	$	.00
d Local	$	.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	1,598,189.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 6/15/11
b NO ☐ PROGRAM IS NOT COVERED BY E O 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative	b Title	c Telephone number
RICHARD CHRISTIE	Transportation Planning Manager Regional Program Management	(213) 922-6022

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	7/7/11

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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STATE CLEARING HOUSE

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: Town of Yountville

* b. Employer/Taxpayer Identification Number (EIN/TIN): #94-1622942

* c. Organizational DUNS: 004948485

d. Address:

* Street1: 6550 Yount Street
Street2:
* City: Yountville
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94599

e. Organizational Unit:

Department Name: Public Works Department

Division Name: Recycled Water

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

Prefix: Mr. * First Name: Graham
Middle Name:
* Last Name: Wadsworth
Suffix: P.E.

Title: Public Works Director

Organizational Affiliation: Bay Area Recycled Water Coalition (BARWC)

* Telephone Number: 707-948-2628 Fax Number: 707-944-9619

* Email: gwadsworth@yville.com

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant 1: Select Applicant Type:

C: City or Township 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 - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11AF20020

* Title:

Bay Area Regional Water Recycling Program Feasibility and Environmental Studies for Federal Title XVI Water Reclamation and Reuse Authority Projects

13. Competition Identification Number:

Title:

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

Town of Yountville
Napa County
California

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

Town of Yountville Recycled Water Project Feasibility and Environmental Studies

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-001
* b. Program/Project: Same

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/04/2011
* b. End Date: 09/30/2012

18. Estimated Funding ($):

* a. Federal	80,713.00
* b. Applicant	5,712.00
* c. State	75,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	161,425.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/13/2011.

[ ] 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.)**

[ ] Yes [X] No Explanation

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)**

[X] ** 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: Mr. * First Name: Steve

Middle Name:

* Last Name: Rogers

Suffix:

* Title: Town Manager

* Telephone Number: 707-944-8841 Fax Number: 707-944-9619

* Email: srogers@yville.com

* Signature of Authorized Representative: * Date Signed: 7/11/11

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*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:

4. Applicant Identifier:

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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: The Regents of the Uni versity of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-603-6494

*c. Organizational DUNS: 60-459-1925

d. Address:

*Street 1: 1111 Franklin Street, 10th Floor

Street 2:

*City: Oakland

County: Alameda

*State: CA

Province:

*Country:

*Zip / Postal Code 94607-5200

e. Organizational Unit:

Department Name: Agriculture and Natural Resources

Division Name: Office of Contracts & Grants

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

Prefix:

*First Name: Steven

Middle Name:

*Last Name: Tjosvold

Suffix:

Title: Farm Advisor

Organizational Affiliation:

*Telephone Number: (831) 763-8013

Fax Number: (831) 763-8006

*Email: satjosvold@ucdavis.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA - APHIS - PPQ

11. Catalog of Federal Domestic Assistance Number:
10.025

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
Development of an Integrated Pest Management Program for the Light Brown Apple Moth in Nurseries

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-009 *b. Program/Project: CA-014

17. Proposed Project:

*a. Start Date: *b. End Date: 06/30/12

18. Estimated Funding ($):

*a. Federal	75,133
*b. Applicant	8,831
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	83,964

***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.)**

☐ Yes ☒ No

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: Heidi

Middle Name: _____

*Last Name: von Geldern

Suffix: _____

*Title: Sr. Contracts & Grants Analyst

*Telephone Number: 530-754-8481 | Fax Number: 530-754-3943

* Email: hvongeldern@ucdavis.edu

*Signature of Authorized Representative: Heidi von Geldern | *Date Signed: 07/13/2011

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*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:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 11-9419-0074

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the University of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

*c. Organizational DUNS: 04-712-0084

d. Address:

*Street 1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
*Country: United States
*Zip / Postal Code 95618

e. Organizational Unit:

Department Name: CA Animal Health & Food Safety Laboratory System

Division Name:

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

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

Title:

Organizational Affiliation:

*Telephone Number: 530-754-8266

Fax Number: 530-754-8229

*Email:

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA/APHIS/VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:
Plant and Animal Diseases, Pest Control and Animal Care

***12 Funding Opportunity Number:**

***Title:**

13. Competition Identification Number:

Title:

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

California and any other support of NAHLN as required

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

Classical swine fever surveillance

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: One *b. Program/Project:

17. Proposed Project:

*a. Start Date: 08/15/11 *b. End Date: 03/31/12

18. Estimated Funding ($):

*a. Federal	42,691
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	42,691

***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 07/14 /11

☐ 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.)**

☐ Yes ☒ No

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:

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

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: State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104

*c. Organizational DUNS: 807487665

d. Address:

*Street 1: 1220 N St, Ste 221
Street 2:
*City: Sacramento
County: Sacramento
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95814

e. Organizational Unit:

Department Name: CA Dept of Food and Agriculture

Division Name: Plant Health and Pest Prevention Services

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

Prefix:
*First Name: Austin
Middle Name: Jay
*Last Name: Webster
Suffix:

Title: Agrilcutural Technician I

Organizational Affiliation:

*Telephone Number: 916-651-2041

Fax Number: 916-651-2900

*Email: awebster@cdfa.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***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:**

US Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Forest Health Protection

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

State of California

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

Firewood Movement Education and Outreach Program

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA5 *b. Program/Project: CA1-CA53

17. Proposed Project:

*a. Start Date: 7/1/2011 *b. End Date: 12/31/2013

18. Estimated Funding ($):

*a. Federal	100,000.00
*b. Applicant	0.00
*c. State	34,000.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	134,000.00

***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 7/14/2011

☐ 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.)**

☐ Yes ☒ No

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: Kathy

Middle Name:

*Last Name: Alameda

Suffix:

*Title: Federal Funds Manager

*Telephone Number: 916-651-9888 Fax Number: 916-653-0206

* Email: kalameda@cdfa.ca.gov

*Signature of Authorized Representative: *Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

(Package revised 12/23/03) Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: July, 2011	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: 3-06-0250-TBD

1. TYPE OF SUBMISSION:
Application: ☒ Construction ☐ Non-Construction
Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County of San Joaquin
Organizational Unit: Department: Stockton Metropolitan Airport
Division:
Organizational DUNS: 087226056
Address:
Street: 5000 S. Airport Way, Rm 202
City: Stockton
County: San Joaquin
State: California Zip Code: 95206-3996
Country: United States of America

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Patrick
Middle Name:
Last Name: Carreno
Suffix:
Email: pcarreno@sjgov.org
Phone number (give area code): (209) 468-4700
FAX number (give area code): (209) 468-4730

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 6 0 0 0 5 3 1

7. TYPE OF APPLICANT: (See back of form for Application Types) C
Other (specify):

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)
Other (specify)

9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6
TITLE: (AIP) Airport Improvement Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Reconstruct Portions of Terminal Apron (Design Only); Airfield Projects (marking, rubber removal and signage modifications required to meet standards and comply with FAR Part 139)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Stockton, San Joaquin County, California

13. PROPOSED PROJECT
Start Date: August, 2011
Ending Date: December, 2011

14. CONGRESSIONAL DISTRICTS OF
a. Applicant: 11
b. Project: 11

15. ESTIMATED FUNDING

a. Federal	$	$717,383 .00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	$37,757 .00
e. Other	$	.00
f. Program income	$	.00
g. TOTAL	$	$755,140 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January, 2011
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix: Supervisor First Name: Frank Middle Name: L.
Last Name: Ruhstaller Suffix:
b. Title: Chairman, Board of Supervisors
c. Telephone number (give area code): (209) 468-3113
d. Signature of Authorized Representative: Frank L. Ruhstaller
e. Date Signed: 7/12/2011