

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1 - 15, 2012**. 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.

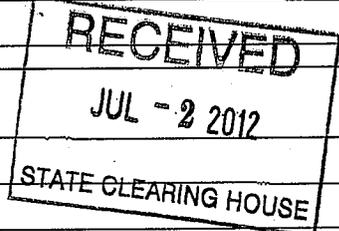
**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 03/07/2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier G1098002, Am#1
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier W-58-HS-39, Am#2
	<input type="checkbox"/> Non-Construction		

**5. APPLICANT INFORMATION**

Legal Name: STATE OF CALIFORNIA	<b>Organizational Unit:</b>
	Department: Fish and Game

Organizational DUNS: 808322358	Division: GRANTS MANAGEMENT BRANCH
<b>Address:</b> Street: 1831 9TH STREET	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: SACRAMENTO	Prefix: Ms First Name: Jason
County: SACRAMENTO	Middle Name
State: CA Zip Code 95811	Last Name Williams
Country: USA	Suffix:
	Email: jwilliams@dfg.ca.gov



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1697567	Phone Number (give area code) (916) 327-0062	Fax Number (give area code) (916) 327-6320
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<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-511 TITLE (Name of Program): WILDLIFE RESTORATION ACT	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, Fish and Wildlife Service
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> STATEWIDE	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> California Hunter Education Program

<b>13. PROPOSED PROJECT</b> Start Date: 07/01/2010 Ending Date: 06/30/2013	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3 b. Project STATEWIDE
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<b>16. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 83,814.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/07/2011
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 27,938.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	
e. Other \$	
f. Program Income \$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
g. TOTAL \$ 111,752.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> 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 Mrs.	First Name Lisa	Middle Name
Last Name Bays	Suffix	
b. Title SSMI	c. Telephone Number (give area code) (916) 445-3701	
d. Signature of Authorized Representative <i>Lisa Bays</i>	e. Date Signed 4/29/12	

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:

Fish and Wildlife Service

## 11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

## \* 12. Funding Opportunity Number:

F12A900047

\* Title:

RB (CA/NV) Sport Fish Restoration Program for State Fish and Game Agencies

## 13. Competition Identification Number:

Title:

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

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

ANADROMOUS FISH RESOURCE ASSESSMENT- ADULT CHINOOK SALMON AND STEELHEAD TROUT ESCAPE (ABUNDANCE) IN LOWER MAD RIVER PROJECT#10 AND MID TO UPPER REDWOOD CREEK PROJECT #11 USING DIDSON TECHNOLOGY

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="CA-004"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="376,909.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="125,636.00"/>	
* 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="502,545.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="06/29/2012"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<b>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)</b>		
<input checked="" type="checkbox"/> ** 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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

**Application for Federal Assistance SF-424** Version 02

**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	100,000.00
* b. Applicant	0.00
* c. State	53,846.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	153,846.00

**\* 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.)**  
 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:



# SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

RCH1 #304  
6-28-12

## SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		828927876	
Fresno	California	Public Works and Planning Department	
93721	Country U.S.A.	Community Development Division	
<b>Employer Identification Number (EIN):</b>		Fresno County	
94-60000512		07/01	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: Fresno County			
<b>Program Funding:</b>		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
<b>CDBG Project Titles</b>		<b>Description of Areas Affected by CDBG Project(s)</b>	
<ul style="list-style-type: none"> <li>- General Management, Oversight, and Coordination</li> <li>- CDBG Housing Program Administration</li> <li>- Housing Assistance Rehabilitation Program</li> <li>- City Activities</li> <li>- Public Facilities and Infrastructure Improvement Projects</li> <li>- Public Service Programs</li> </ul>		The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.	
CDBG Grant Amount: \$2,993,766			
Anticipated Program Income: \$505,000			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
<b>HOME Project Titles</b>		<b>Description of Areas Affected by HOME Project(s)</b>	
<ul style="list-style-type: none"> <li>- HOME Program Administration</li> <li>- Homebuyer Assistance</li> <li>- Affordable Housing Development</li> <li>- Housing Assistance Rehabilitation Program</li> </ul>		The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.	
HOME Grant Amount: \$838,680			
Anticipated Program Income: \$500,000			

**RECEIVED**  
 JUL 05 2012  
 STATE CLEARING HOUSE

<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
HOPWA Project Titles: Not Applicable		Description of Areas Affected by HOPWA Project(s)	
HOPWA Grant Amount: \$0			
<b>Emergency Solutions Grant Program</b>		14.231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
- Emergency Solutions Grant Administration - Emergency Solutions Grant		The County of Fresno	
ESG Grant Amount: \$310,687			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 4, 16, 21, 22	Project Districts: 4, 16, 21, 22		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on DATE
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Gigi		Gibbs
Community Development Manager	(559) 600-4292	(559) 600-4573
	<a href="http://www.co.fresno.ca.us">www.co.fresno.ca.us</a>	
Signature of Authorized Representative		Date Signed
		4/26/12
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
		4/26/12
Howard Himes, Director, Department of Social Services (ESG Rep.)		Date



Fresno Council of Governments

2035 Tulare St., Ste. 201 tel 559-233-4148  
Fresno, California 93721 fax 559-233-9645

www.fresnocog.org

June 29, 2012

Ms. Maria Cremer, Acting Director  
Community Planning and Development Division  
600 Harrison Street, 3<sup>rd</sup> Floor  
San Francisco, CA 94107-1300

Ms. Rebecca Madrigal, Assistant Division Manager  
Community Development Division  
County of Fresno  
2220 Tulare Street, 6<sup>th</sup> Floor  
Fresno CA 93721



SUBJECT: Regional Clearinghouse Review  
#05-2012-188 – U.S. Department of Housing and Urban  
Development Community Development Block Grant,  
Home Investment Partnerships Program, and  
Emergency Shelter Grants Program

Ladies and Gentlemen:

- City of Clovis
- City of Coalinga
- City of Firebaugh
- City of Fowler
- City of Fresno
- City of Huron
- City of Kerman
- City of Kingsburg
- City of Mendota
- City of Orange Cove
- City of Parlier
- City of Reedley
- City of San Joaquin
- City of Sanger
- City of Selma
- County of Fresno

Your grant proposal has been reviewed by the *Regional Clearinghouse*. The Fresno Council of Governments considered your proposal on Thursday, June 28, 2012, and determined that it would not conflict with any regional or local plans or programs and that official comment is not required. This letter serves as notice that you have complied with the review requirements of the *Regional Clearinghouse*. We have enclosed a copy of your approved application. If you have any questions concerning this matter, please feel free to contact me at 559-233-4148.

Sincerely,

PEGGY ARNEST, PLANNER

cc: State Clearinghouse

encl.

Application for Federal Assistance SF-424

Version 02

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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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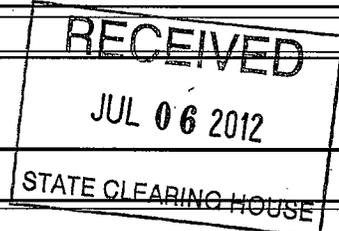
State Use Only:

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

8. APPLICANT INFORMATION:

\* a. Legal Name: The Nature Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 53-0242652	* c. Organizational DUNS: 072656630
---	--



d. Address:

\* Street1: 201 Mission Street  
Street2: 4th Floor  
\* City: San Francisco  
County: San Francisco  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 94105

e. Organizational Unit:

Department Name: External Affairs	Division Name: CA Chapter
--------------------------------------	------------------------------

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

Prefix: Mr. \* First Name: Pablo  
Middle Name: S  
\* Last Name: Garza  
Suffix: \_\_\_\_\_

Title: Assoc Dir of State Policy and External Affairs

Organizational Affiliation:  
The Nature Conservancy

\* Telephone Number: (916) 596-6674 Fax Number: (916) 442-2377

\* Email: pgarza@tnc.org

**Application for Federal Assistance SF-424**

Version 02

**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:**

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.631

CFDA Title:

Partners for Fish and Wildlife

**\* 12. Funding Opportunity Number:**

F12AS00014

\* Title:

Partners for Fish and Wildlife 2012

**13. Competition Identification Number:**

Title:

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

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

Implementation of California Rangeland Conservation Coalition (CRCC) strategic plan with special emphasis on ensuring long-term viability of CRCC.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Expires

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**\* 8a. TYPE OF APPLICANT:**

B: County Government

**\* Other (specify):**

**b. Additional Description:**

**\* 9. Name of Federal Agency:**

DOT/Federal Transit Administration

**10. Catalog of Federal Domestic Assistance Number:**

20.514

**CFDA Title:**

Public Transportation Research

**11. Areas Affected by Funding:**

City and County of San Francisco

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

8, 12

**b. Program/Project:**

8, 12

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

**13. FUNDING PERIOD:**

**a. Start Date:**

10/01/2012

**b. End Date:**

02/28/2014

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

522,968.00

**b. Match (\$):**

50,000.00

**\* 15. 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:

07/06/2012

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**

Version 01.1

**\* 8a. TYPE OF APPLICANT:**

E: Regional Organization

**\* Other (specify):**

**b. Additional Description:**

Transportation Planning Agency/Transit Operator

**\* 9. Name of Federal Agency:**

DOT/Federal Transit Administration

**10. Catalog of Federal Domestic Assistance Number:**

20.514

**CFDA Title:**

Public Transportation Research

**11. Areas Affected by Funding:**

Los Angeles County

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

CA-031

**b. Program/Project:**

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

Congressional Districts.pdf

Add Attachment

Delete Attachment

View Attachment

**13. FUNDING PERIOD:**

**a. Start Date:**

10/01/2012

**b. End Date:**

03/31/2014

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

923,760.00

**b. Match (\$):**

305,000.00

**\* 15. 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: 07/03/2012

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**

**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:**

U.S. Environmental Protection Agency (EPA), Office of Environmental Information (OEI)

**11. Catalog of Federal Domestic Assistance Number:**

66.608

CFDA Title:

Environmental Information Exchange Network Grant Program and Related Assistance

**\* 12. Funding Opportunity Number:**

EPA-OEI-12-01

\* Title:

FY 2012 National Environmental Information Exchange Network Grant Program

**13. Competition Identification Number:**

Title:

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

State of California

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

Data Integration, and Implementation of Exchange Network Node and WQX Dataflow

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-All

\* b. Program/Project CA-All

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

**17. Proposed Project:**

\* a. Start Date: 8/2012

\* b. End Date: 8/2014

**18. Estimated Funding (\$):**

\* a. Federal \$199,420  
\* b. Applicant  
\* c. State  
\* d. Local 0  
\* e. Other 0  
\* f. Program Income 0  
\* g. TOTAL \$199,420

**\* 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.) Applicant Federal Debt Delinquency 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: Middle Name: \* First Name: Kamyar  
\* Last Name: Guivetchi  
Suffix:

\* Title: Manager, Division of Statewide Integrated Water Management

\* Telephone Number: 916-653-3937 Fax Number:

\* Email: kamyarg@water.ca.gov

\* Signature of Authorized Representative: \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>		<b>*If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		E., Change in Project Description	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input checked="" type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision		E., Change in Project Description	
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> CA-04-0245-00			
<b>5a. Federal Entity Identifier:</b> 1685		<b>*5b. Federal Award Identifier:</b>			
<b>RECEIVED</b> JUL 10 2012 STATE CLEARING HOUSE					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name: City of Redondo Beach</b>					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000767			<b>*c. Organizational DUNS:</b> 074151986		
<b>d. Address:</b>					
<b>*Street1:</b> 415 Diamond Street <b>Street 2:</b> <b>*City:</b> Redondo Beach <b>County:</b> Los Angeles County <b>*State:</b> California <b>Province:</b> <b>Country:</b> USA					
<b>*Zip/ Postal Code:</b> 90277					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Recreation & Community Services Department			<b>Division Name:</b> Transit Division		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Ms.		<b>First Name:</b> Joyce			
<b>Middle Name:</b>					
<b>*Last Name:</b> Rooney					
<b>Suffix:</b>					
<b>Title:</b> Transit Operations and Transportation Facilities Manager					
<b>Organizational Affiliation:</b> Municipal local government					
<b>*Telephone Number:</b> (310) 318-0631, ext. 2670			<b>Fax Number:</b> (310) 937-6621		
<b>*Email:</b> joyce.rooney@redondo.org					

**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit - Formula Grants

\*12. Funding Opportunity Number: Federal Section 5309: \$800,000 (Earmark E2010-BUSP-033)

\*Title: South Bay Regional Intermodal Transit Centers

13. Competition Identification Number:

Title:

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

Cities of Redondo Beach and Torrance, in Los Angeles County, California

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

Construction of the Redondo Beach intermodal transit terminal serving the western portion of the South Bay subregion of Los Angeles County. The project also includes the City of Torrance's capital purchase of bus operator training equipment to be located and utilized in the Torrance Transit Center training facility.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **36th Congressional District** \*b. Program/Project: **36th Congressional District**

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

**37th Congressional District**

17. Proposed Project:

\*a. Start Date: **6/30/2012** \*b. End Date: **3/31/2014**

**18. Estimated Funding (\$):**

\*a. Federal **\$800,000.00**  
\*b. Applicant  
\*c. State  
\*d. Local  
\*e. Other **\$200,000.00**  
\*f. Program Income  
\*g. TOTAL **\$1,000,000.00**

**\*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 **7/10/12**  
 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: **Ms.** \*First Name: **Joyce**

Middle Name:

\*Last Name: **Rooney**

Suffix:

\*Title: **Transit Operations and Transportation Facilities Manager**

\*Telephone Number: **(310) 318-0631, ext. 2670**

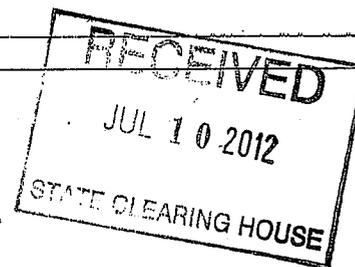
Fax Number: **(310) 937-6621**

\*Email: **joyce.rooney@redondo.org**

\*Signature of Authorized Representative: *Joyce Rooney*

Date Signed: **7/10/12**

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: The Regents of the University of California, San Francisco		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036493		*c. Organizational DUNS: 094878337
d. Address:		
*Street 1: 3333 California Street		
Street 2: Suite 109		
*City: San Francisco		
County: San Francisco		
*State: California		
Province:		
Country: USA: UNITED STATES		*Zip/ Postal Code: 941186215
e. Organizational Unit:		
Department Name: Research Management Services		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		First Name: Linda
Middle Name:		
*Last Name: Pham		
Suffix:		
Title: Research Services Coordinator		
Organizational Affiliation: The Regents of the University of California, San Francisco		
*Telephone Number: 415-502-8770		Fax Number: 415-502-8775
*Email: linda.pham@ucsf.edu		



**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.708

CFDA Title:

Pollution Prevention Grants Program

\*12. Funding Opportunity Number: EPA-HQ-OPPT-2012-003

\*Title: Fiscal Year 2012 Pollution Prevention Grant Program

13. Competition Identification Number: NONE

Title:

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

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

Environmental Preferred Purchasing Implementation and Tracking Through e-Procurement

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **CA-008** \*b. Program/Project: **CA-008**

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

17. Proposed Project:

\*a. Start Date: **10/1/2012** \*b. End Date: **9/30/14**

18. Estimated Funding (\$):

*a. Federal	\$120,000.00	*d. Local	
*b. Applicant	\$131,650.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$251,650.00

\*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 **7/10/12**

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: **Samantha**

Middle Name:

\*Last Name: **Yee**

Suffix:

\*Title: **Contracts and Grants Officer**

\*Telephone Number: **415-502-8757** Fax Number: **415-502-8775**

\*Email: **samantha.yee@ucsf.edu**

\*Signature of Authorized Representative: *Samantha Yee* Date Signed: **7/10/12**

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">JUL 11 2012</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>					
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: The Regents of the University of California, San Francisco					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036493			*c. Organizational DUNS: 094878337		
d. Address:					
*Street1: 3333 California Street					
Street 2: Suite 109					
*City: San Francisco					
County: San Francisco					
*State: California					
Province:					
Country: USA: UNITED STATES			*Zip/ Postal Code: 941186215		
e. Organizational Unit:					
Department Name: Research Management Services			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Linda			
Middle Name:					
*Last Name: Pham					
Suffix:					
Title: Research Services Coordinator					
Organizational Affiliation: The Regents of the University of California, San Francisco					
*Telephone Number: 415-502-8770			Fax Number: 415-502-8775		
*Email: linda.pham@ucsf.edu					

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

**Environmental Protection Agency**

11. Catalog of Federal Domestic Assistance Number:

**66.708**

CFDA Title:

**Pollution Prevention Grants Program**\*12. Funding Opportunity Number: **EPA-HQ-OPPT-2012-003**\*Title: **Fiscal Year 2012 Pollution Prevention Grant Program**13. Competition Identification Number: **NONE**

Title:

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

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

**Environmental Preferred Purchasing Implementation and Tracking Through e-Procurement****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-008

\*b. Program/Project: CA-008

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

17. Proposed Project:

\*a. Start Date: 10/1/2012

\*b. End Date: 9/30/14

18. Estimated Funding (\$):

*a. Federal	\$120,000.00	*d. Local	
*b. Applicant	\$131,650.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$251,650.00

\*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 7/10/12
- 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: Samantha

Middle Name:

\*Last Name: Yee

Suffix:

\*Title: Contracts and Grants Officer

\*Telephone Number: 415-502-8757

Fax Number: 415-502-8775

\*Email: samantha.yee@ucsf.edu

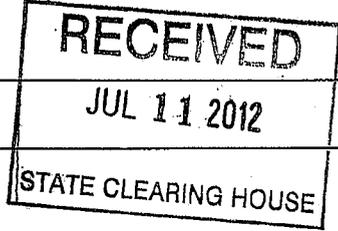
\*Signature of Authorized Representative: *Samantha Yee*

Date Signed: 7/10/12

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>*If Revision, select appropriate letter(s):</b>  * Other (Specify)
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<b>*3. Date Received:</b>	<b>4. Application Identifier:</b>
---------------------------	-----------------------------------

<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

<b>State Use Only:</b>	<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
------------------------	-----------------------------------	---

**8. APPLICANT INFORMATION:**

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

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6006142W	<b>*c. Organizational DUNS:</b> 62-779-7426
---	--

**d. Address:**  
\*Street1: 200 University Office Building  
Street 2:  
\*City: Riverside  
County: Riverside  
\*State: CA  
Province:  
Country:  
\*Zip/ Postal Code: 92521-0217

**e. Organizational Unit:**

<b>Department Name:</b> College of Natural and Agricultural Sciences (CNAS)	<b>Division Name:</b> Entomology
--	-------------------------------------

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

<b>Prefix:</b> Mr. <b>Middle Name:</b> <b>*Last Name:</b> Chan <b>Suffix:</b>	<b>First Name:</b> Robert
--	---------------------------

**Title:** Sr. Contract and Grant Officer

**Organizational Affiliation:**

<b>*Telephone Number:</b> (951) 827-5535	<b>Fax Number:</b> (951) 827-4483
--	-----------------------------------

**\*Email:** robert.chan@ucr.edu

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:  
S. Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:  
- Select One -

\*Other (specify):

\*10. Name of Federal Agency:  
USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, 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

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

Land Snail Aggregation Pheromones: A Tool to Detect and Control Giant African Land Snail

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

CA-044

\*b. Program/Project:

CA-044

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

17. Proposed Project:

\*a. Start Date: 7/1/2012

\*b. End Date: 6/30/2013

18. Estimated Funding (\$):

*a. Federal	\$52,640.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$52,640.00

\*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 7/11/2012  
 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: Robert

Middle Name:

\*Last Name: Chan

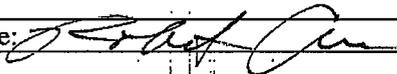
Suffix:

\*Title: Sr. Contract and Grant Officer

\*Telephone Number: (951) 827-5535

Fax Number: (951) 827-4483

\*Email: robert.chan@ucr.edu

\*Signature of Authorized Representative:  Date Signed: 7/11/2012

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" 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: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
<div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>  <b>JUL 12 2012</b>  <b>STATE CLEARING HOUSE</b> </div>		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0262563	* c. Organizational DUNS: <input type="text" value="786808394"/>	
* d. Address:		
* Street1: 1990 E. Gettysburg Avenue	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: Fresno	<input type="text"/>	
County: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text"/>	USA: UNITED STATES	
* Zip / Postal Code: 93726-0244	<input type="text"/>	
* e. Organizational Unit:		
Department Name: Administration	Division Name: Administrative Services	
* f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Ryan	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: Kincaid	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Senior Accountant		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (559) 230-6028	Fax Number: (559) 230-6063	
* Email: ryan.kincaid@valleyair.org		

**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:****11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

\* Title:

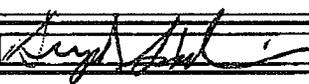
FY-12 Near-Road NO2 Monitoring Stations

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):****\* 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant CA-021	* b. Program/Project CA-021
Attach an additional list of Program/Project Congressional Districts if needed. CA-011, CA-018, CA-019, CA-020, CA-022	
<b>17. Proposed Project:</b>	
* a. Start Date: 6/1/2012	* b. End Date: 5/31/2014
<b>18. Estimated Funding (\$):</b>	
* a. Federal	\$400,000.00
* b. Applicant	470,000.00
* c. State	-
* d. Local	-
* e. Other	-
* f. Program Income	-
* g. TOTAL	\$870,000.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text"/>
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation</b>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>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)</b>	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	* First Name: Seyed
Middle Name:	
* Last Name: Sadredin	
Suffix:	
* Title: Executive Director / A.P.C.O.	
* Telephone Number: (559) 230-6000	Fax Number:
* Email: seyed.sadredin@valleyair.org	
* Signature of Authorized Representative: 	* Date Signed: 07/03/2012

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)

[ ]

RECEIVED

JUL 12 2012

\* 3. Date Received:

[ ]

4. Applicant Identifier:

[ ]

5a. Federal Entity Identifier:

[ ]

\* 5b. Federal Award Identifier:

[ ]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

B. APPLICANT INFORMATION:

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

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

941397638

\* c. Organizational DUNS:

029031796

d. Address:

\* Street1:

6000 J Street

Street2:

[ ]

\* City:

Sacramento

County:

Sacramento

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95819-6111

e. Organizational Unit:

Department Name:

Research Administration

Division Name:

Academic Affairs

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

Prefix:

Dr.

\* First Name:

Mathew

Middle Name:

C.

\* Last Name:

Schmidlein

Suffix:

[ ]

Title:

Assistant Professor - Geography

Organizational Affiliation:

California State University, Sacramento

\* Telephone Number:

916-278-7581

Fax Number:

[ ]

\* Email:

schmidmc@saclink.csus.edu

**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**  
 Other (specify) \_\_\_\_\_  
 Type of Applicant 2: Select Applicant Type: \_\_\_\_\_  
 Type of Applicant 3: Select Applicant Type: \_\_\_\_\_  
 \* Other (specify):  
 CSU Sacramento auxiliary org \_\_\_\_\_

**\* 10. Name of Federal Agency:**  
 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:**  
 G12AS00003 \_\_\_\_\_  
 \* Title:  
 USGS Non-Competitive Assistance FY 2012 - Sacramento Acquisition Branch \_\_\_\_\_

**13. Competition Identification Number:**  
 G12AS00003 \_\_\_\_\_  
 Title:  
 \_\_\_\_\_

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

**\* 15. Descriptive Title of Applicant's Project:**  
 Tsunami Pedestrian Evacuation Analysis \_\_\_\_\_

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant <input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-005"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="08/01/2012"/>	* b. End Date: <input type="text" value="10/30/2012"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="17,165.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* 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="17,165.00"/>
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="07/13/2012"/> . <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>	
<b>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)</b>	
<input checked="" type="checkbox"/> <b>** I AGREE</b>	
<b>** 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.</b>	
<b>Authorized Representative:</b>	
Prefix: <input type="text" value="Mr"/>	* First Name: <input type="text" value="David"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Earwicker"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Assistant Vice President"/>	
* Telephone Number: <input type="text" value="916-278-3669"/>	Fax Number: <input type="text" value="916-278-6163"/>
* Email: <input type="text" value="david.earwicker@csus.edu"/>	
* Signature of Authorized Representative: <input type="text" value="David Earwicker"/>	* Date Signed: <input type="text"/>

Authorized for Local Reproduction

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

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational**

**\* 1. NAME OF FEDERAL AGENCY:**

DOT/ Federal Transit Administration

**2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

20.516 JARC

CFDA TITLE:

**\* 3. DATE RECEIVED:**

Completed Upon Submission to Grants.gov

SYSTEM USE ONLY

**RECEIVED**

**\* 4. FUNDING OPPORTUNITY NUMBER:**

**JUL 13 2012**

\* TITLE:

**STATE CLEARING HOUSE**

**5. APPLICANT INFORMATION**

\* a. Legal Name:

Long Beach Public Transportation Company (Long Beach Transit)

b. Address:

\* Street1:

1963 E. Anaheim St.

Street2:

\* City:

Long Beach

County/Parish:

\* State:

CA

Province:

\* Country:

USA: UNITED STATES

\* Zip/Postal Code:

90801-0731

c. Web Address:

http://

\* d. Type of Applicant: Select Applicant Type Code(s):

Noneprofit w/ 501C3 IRS status (other than edu)

Type of Applicant:

Type of Applicant:

\* Other (specify):

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

94-1086275

\* f. Organizational DUNS:

050125194

\* g. Congressional District of Applicant:

34,36,37,38,39,40,46

**6. PROJECT INFORMATION**

\* a. Project Title:

Route 176 Weekday Service

\* b. Project Description:

Long Beach Transit (LBT) is applying to the 2012 Job Access Reverse Commute (JARC) program to fund the much needed Route 176 Service Project ("Project"), in the amount of \$4,174,296. Route 176 weekday service will help LBT to answer the need of its customers for direct connection between major employment centers in Long Beach and Lakewood with the Metro Blue Line Pacific Coast Highway (PCH) station.

c. Proposed Project:

\* Start Date:

02/01/2013

\* End Date:

01/31/2016

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational**

**7. PROJECT DIRECTOR**

Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: W. <input type="text"/>
* Last Name: <input type="text"/>		Suffix: <input type="text"/>
* Title: <input type="text"/>		* Email: <input type="text"/>
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: <input type="text"/>	Street2: <input type="text"/>	
* City: <input type="text"/>	County/Parish: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip/Postal Code: <input type="text"/>	

**8. PRIMARY CONTACT/GRANTS ADMINISTRATOR**

<input type="checkbox"/> Same as Project Director (skip to item 9):		
Prefix: <input type="text"/>	* First Name: Miriam <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Castañeda <input type="text"/>		Suffix: <input type="text"/>
* Title: Grants Administrator <input type="text"/>		* Email: mcastaneda@lbtransit.com <input type="text"/>
* Telephone Number: (562) 599-8577 <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: 1963 E. Anaheim St. <input type="text"/>	Street2: <input type="text"/>	
* City: Long Beach <input type="text"/>	County/Parish: <input type="text"/>	
* State: CA <input type="text"/>	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip/Postal Code: 90801-0731 <input type="text"/>	

**APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational**

9. \* 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: <input type="text"/>	* First Name: <input type="text" value="Laurence"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Jackson"/>	Suffix: <input type="text"/>	
* Title: <input type="text" value="President and Chief Executive Officer"/>	* Email: <input type="text" value="ljackson@lbtransit.com"/>	
* Telephone Number: <input type="text" value="562-591-8753"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>	

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>		<b>* 2. Date Received:</b> Completed by Grants.gov upon submission.		<b>STATE USE ONLY:</b>	
		<b>3. Applicant Identifier:</b> <input type="text" value="CA02404"/>		<b>5. Date Received by State:</b> <input type="text"/>	
		<b>4a. Federal Entity Identifier:</b> <input type="text" value="CA02404"/>		<b>6. State Application Identifier:</b> <input type="text"/>	
		<b>4b. Federal Award Identifier:</b> <input type="text"/>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.1em;">JUL 17 2012</div>	
<b>7. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> <input type="text" value="CITY OF LIVINGSTON"/>				<input type="text" value="STATE CLEARING HOUSE"/>	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="94-6000360"/>			<b>* c. Organizational DUNS:</b> <input type="text" value="159904762"/>		
<b>d. Address:</b>					
<b>* Street1:</b> <input type="text" value="1416 C STREET"/>			<b>Street2:</b> <input type="text"/>		
<b>* City:</b> <input type="text" value="LIVINGSTON"/>			<b>County:</b> <input type="text" value="MERCED"/>		
<b>* State:</b> <input type="text" value="CA: California"/>			<b>Province:</b> <input type="text"/>		
<b>* Country:</b> <input type="text" value="USA: UNITED STATES"/>			<b>* Zip / Postal Code:</b> <input type="text" value="95334-1417"/>		
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> <input type="text" value="ADMINISTRATION"/>			<b>Division Name:</b> <input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>					
<b>Prefix:</b> <input type="text" value="Mr."/>		<b>* First Name:</b> <input type="text" value="JOSE"/>		<b>Middle Name:</b> <input type="text" value="ANTONIO"/>	
<b>* Last Name:</b> <input type="text" value="RAMIREZ"/>			<b>Suffix:</b> <input type="text"/>		
<b>Title:</b> <input type="text" value="CITY MANAGER"/>					
<b>Organizational Affiliation:</b> <input type="text" value="CITY OF LIVINGSTON"/>					
<b>* Telephone Number:</b> <input type="text" value="2093948041"/>			<b>Fax Number:</b> <input type="text" value="2093944190"/>		
<b>* Email:</b> <input type="text" value="citymanager@livingstoncity.com"/>					

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 8a. TYPE OF APPLICANT:**

C: City or Township Government

**\* Other (specify):**

**b. Additional Description:**

CITY OF LIVINGSTON, CALIFORNIA

**\* 9. Name of Federal Agency:**

Business and Cooperative Programs

**10. Catalog of Federal Domestic Assistance Number:**

10.773

**CFDA Title:**

Rural Business Opportunity Grants

**11. Areas Affected by Funding:**

CITY OF LIVINGSTON, CALIFORNIA

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

18

**b. Program/Project:**

18

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

Add Attachment

Delete Attachment

View Attachment

**13. FUNDING PERIOD:**

**a. Start Date:**

10/01/2012

**b. End Date:**

09/30/2013

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

50,000.00

**b. Match (\$):**

0.00

**\* 15. 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: 07/11/2012

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**

Version 01.1

\* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes  No

17. 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.