

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1 - 15, 2013**. 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: 03/31/2012

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 01 2013

* 3. Date Received:

06/28/2013

4. Applicant Identifier:

[]

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

B. APPLICANT INFORMATION:

* a. Legal Name:

State Coastal Conservancy

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

94-2164969

* c. Organizational DUNS:

8083224080000

d. Address:

* Street1:

1330 Broadway , 13th Floor

Street2:

[]

* City:

Oakland

County/Parish:

Alameda

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612-2534

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:

Brenda

Middle Name:

[]

* Last Name:

Buxton

Suffix:

[]

Title:

Project Manager, San Francisco Bay Program

Organizational Affiliation:

State Coastal Conservancy

* Telephone Number:

(510) 286-0753

Fax Number:

(510) 286-0470

* Email:

bbuxton@ccc.ca.gov

Application for Federal Assistance SF-424			
* 9. Type of Applicant 1: Select Applicant Type:			
<input type="text" value="A: State Government"/>			
Type of Applicant 2: Select Applicant Type:			
<input type="text"/>			
Type of Applicant 3: Select Applicant Type:			
<input type="text"/>			
* Other (specify):			
<input type="text"/>			
* 10. Name of Federal Agency:			
<input type="text" value="Fish and Wildlife Service"/>			
11. Catalog of Federal Domestic Assistance Number:			
<input type="text" value="15.614"/>			
CFDA Title:			
<input type="text" value="Coastal Wetlands Planning, Protection and Restoration Act"/>			
* 12. Funding Opportunity Number:			
<input type="text" value="F12AS00079"/>			
* Title:			
<input type="text" value="Fiscal Year 2014 National Coastal Wetlands Conservation Grant Program"/>			
13. Competition Identification Number:			
<input type="text"/>			
Title:			
<input type="text"/>			
14. Areas Affected by Project (Cities, Counties, States, etc.):			
<input type="text" value="Areas Affected by Bair Island Restoration P"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
* 15. Descriptive Title of Applicant's Project:			
<input type="text" value="Bair Island Restoration Project"/>			
Attach supporting documents as specified in agency instructions.			
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	554,485.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	660,000.00
* f. Program Income	0.00
* g. TOTAL	1,214,485.00

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]
[]
[]

* Other (Specify):

RECEIVED

JUL 01 2013

* 3. Date Received:

[]

4. Applicant Identifier:

Dept. of Food and Agriculture

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

13-8506-1636-CA

* 5b. Federal Award Identifier:

[]

State Use Only:

6. Date Received by State: June 19, 2013

7. State Application Identifier: 12-0388-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS:
807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2: []

* City: Sacramento

County: []

* State: California

Province: []

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:
California Department of Food and Agriculture

Division Name:
Plant Health & Pest Prevention Services

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

Prefix: [] * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix: []

Title: []

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.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:**

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.):

State of California

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

Biological Control of the Olive Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal 44,245
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 44,245

*** 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 1, 2013
 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: Crystal
* Last Name: Myers
Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: * Date Signed:

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:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: California Indian Manpower Consortium, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2472564			*c. Organizational DUNS: 098086424		
d. Address:					
*Street1: 738 North Market Boulevard					
Street 2:					
*City: Sacramento					
County: Sacramento					
*State: California					
Province:					
Country: U.S. of America			*Zip/ Postal Code: 95834		
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mrs		First Name: Lorenda			
Middle Name:					
*Last Name: Sanchez					
Suffix:					
Title: Executive Director					
Organizational Affiliation:					
*Telephone Number: 916 920-0285			Fax Number: 916 641-6338		
*Email: lorendas@cimcinc.com					

Application for Federal Assistance SF-424

Version 02

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

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:

USDA Rural Business Cooperative Services

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

*12. Funding Opportunity Number: **RDBCP-RBOG-2013**

*Title: **Rural Business Opportunity Grant**

13. Competition Identification Number:

Title:

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

Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Humboldt, Inyo, Kern, Lake, Madera, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Riverside, Sacramento, San Barbara, San Bernardino, San Diego, San Luis Obispo, Shasta, Sonoma, Tulare, Tuolumne

*15. Descriptive Title of Applicant's Project:

Advanced Financial Training and Entrepreneurial Resources

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: **California**

*a. Applicant **CA-5th**

*b. Program/Project: **CA-1st, 2nd, 3rd, 4th, 5th, 6th, 19th,**

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

CA-21st, 22nd, 24th, 25th, 41st, 45th, 49th, 52nd

17. Proposed Project:

*a. Start Date: **September 2013**

*b. End Date: **August 2014**

18. Estimated Funding (\$):

*a. Federal	\$99,579.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$99,579.00

*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 June 28, 2013
- 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: **Mrs.**

*First Name: **Lorenda**

Middle Name: **T**

*Last Name: **Sanchez**

Suffix:

*Title: **Executive Director**

*Telephone Number: **916 920-0285**

Fax Number: **916 641-6338**

*Email: **lorendas@cimcinc.com**

*Signature of Authorized Representative: *Lorenda Sanchez* Date Signed: **June 28, 2013**

Application for Federal Assistance SF-424

Version 02

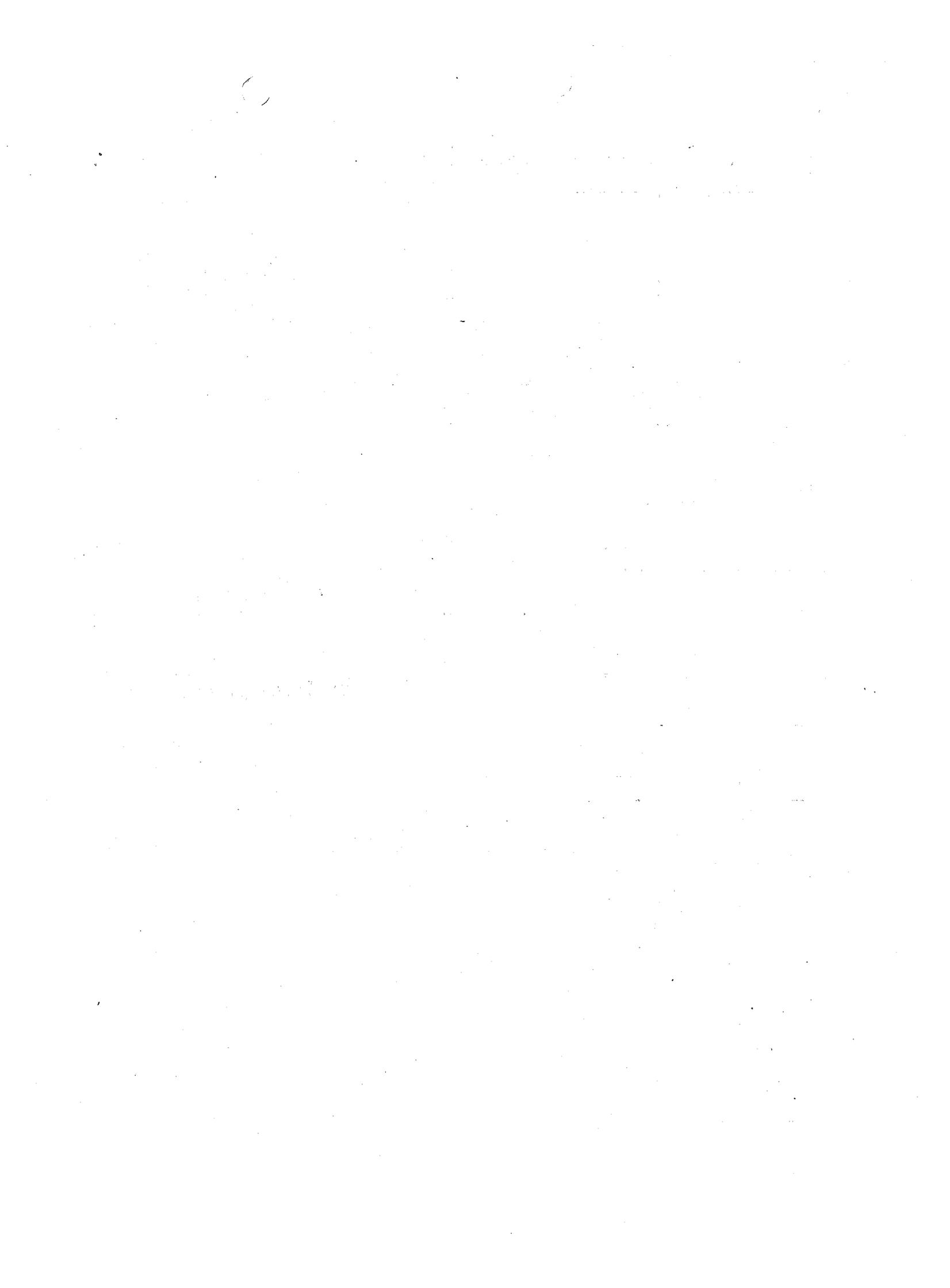
***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

<p>* 1.a. Type of Submission:</p> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other <p>* Other (specify)</p>		<p>* 1.b. Frequency:</p> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <p>* Other (specify)</p>		<p>* 1.d. Version:</p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <p>* 2. Date Received:</p> <p>Completed by Grants.gov upon submission.</p>	
		<p>3. Applicant Identifier:</p>		<p>STATE USE ONLY:</p>	
		<p>4a. Federal Entity Identifier:</p>		<p>5. Date Received by State:</p>	
		<p>4b. Federal Award Identifier:</p>		<p>6. State Application Identifier:</p>	
<p>1.c. Consolidated Application/Plan/Funding Request?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation</p>					
<p>7. APPLICANT INFORMATION:</p>					
<p>* a. Legal Name:</p> <p>Federated Indians of Graton Rancheria</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>68-0466465</p>			<p>* c. Organizational DUNS:</p> <p>120901041</p>		
<p>d. Address:</p>					
<p>* Street1:</p> <p>6400 Redwood Drive</p>			<p>Street2:</p> <p>RECEIVED</p>		
<p>* City:</p> <p>Rohnert Park</p>			<p>County:</p> <p>JUL 02 2013</p>		
<p>* State:</p> <p>CA: California</p>			<p>Province:</p> <p>STATE CLEARING HOUSE</p>		
<p>* Country:</p> <p>USA: UNITED STATES</p>			<p>* Zip / Postal Code:</p> <p>94928-2341</p>		
<p>e. Organizational Unit:</p>					
<p>Department Name:</p>			<p>Division Name:</p>		
<p>f. Name and contact information of person to be contacted on matters involving this submission:</p>					
<p>Prefix:</p>		<p>* First Name:</p> <p>Gillian</p>		<p>Middle Name:</p>	
<p>* Last Name:</p> <p>Hayes</p>			<p>Suffix:</p>		
<p>Title: Deputy Director Environmental Department</p>					
<p>Organizational Affiliation:</p>					
<p>* Telephone Number: (707) 566-2288</p>			<p>Fax Number:</p>		
<p>* Email: ghayes@gratonrancheria.com</p>					



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
* 8a. TYPE OF APPLICANT:		
I: Indian/Native American Tribal Government (Federally Recognized)		
* Other (specify):		
b. Additional Description:		
* 9. Name of Federal Agency:		
DOT/Federal Transit Administration		
10. Catalog of Federal Domestic Assistance Number:		
20.509		
CFDA Title:		
Formula Grants for Other Than Urbanized Areas		
11. Areas Affected by Funding:		
12. CONGRESSIONAL DISTRICTS OF:		
* a. Applicant:	b. Program/Project:	
CA-002		
Attach an additional list of Program/Project Congressional Districts if needed.		
FIGR-Grant-Congressional Dis	Add Attachment	Delete Attachment View Attachment
13. FUNDING PERIOD:		
a. Start Date:	b. End Date:	
10/01/2013	01/01/2016	
14. ESTIMATED FUNDING:		
* a. Federal (\$):	b. Match (\$):	
* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?		
<input checked="" type="checkbox"/>	a. This submission was made available to the State under the Executive Order 12372 Process for review on:	07/02/2013
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: <small>Completed by Grants.gov upon submission.</small>	* 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: ENTERPRISE PLUS ECONOMIC DEVELOPMENT CENTER		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 770012119	* c. Organizational DUNS: 3322230320006	
* d. Address:		
* Street1: 1320 NAKIPOSA HALL, SUITE 300	_____	
Street2: _____	_____	
* City: FRESNO	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 93731-2504	_____	
* 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: BRIAN	
Middle Name: _____	_____	
* Last Name: ANGUS	_____	
Suffix: _____	_____	
Title: CHIEF EXECUTIVE OFFICER		
Organizational Affiliation: ENTERPRISE PLUS ECONOMIC DEVELOPMENT CENTER		
* Telephone Number: 559-263-1010	* Fax Number: 559-263-1266	
* Email: BRIAN.ANGUS@PESNOEC.ORG		

RECEIVED
JUL 02 2013
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

Nonprofit with 501(c) 3 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:

Administration for Children and Families - OCE

11. Catalog of Federal Domestic Assistance Number:

33.570

CFDA Title:

Necessity Services Block Grant Discretionary Awards

* 12. Funding Opportunity Number:

ONS-2013-ACF-OCS-ES-0583

* Title:

Community Economic Development Projects

13. Competition Identification Number:

ONS-2013-ACF-OCS-ES-0583

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

ENTERPRISE EXCELLENCE, A PROGRAM TO CREATE JOBS THROUGH A REVOLVING LOAN FUND FOR BUSINESSES DEMONSTRATING NEED, A VIABLE BUSINESS PLAN, CAPACITY AND COMMITMENT TO HELP LOW-INCOME INDIVIDUALS.

Attach supporting documents as specified in agency instructions:

Add Attachments

Delete Attachments

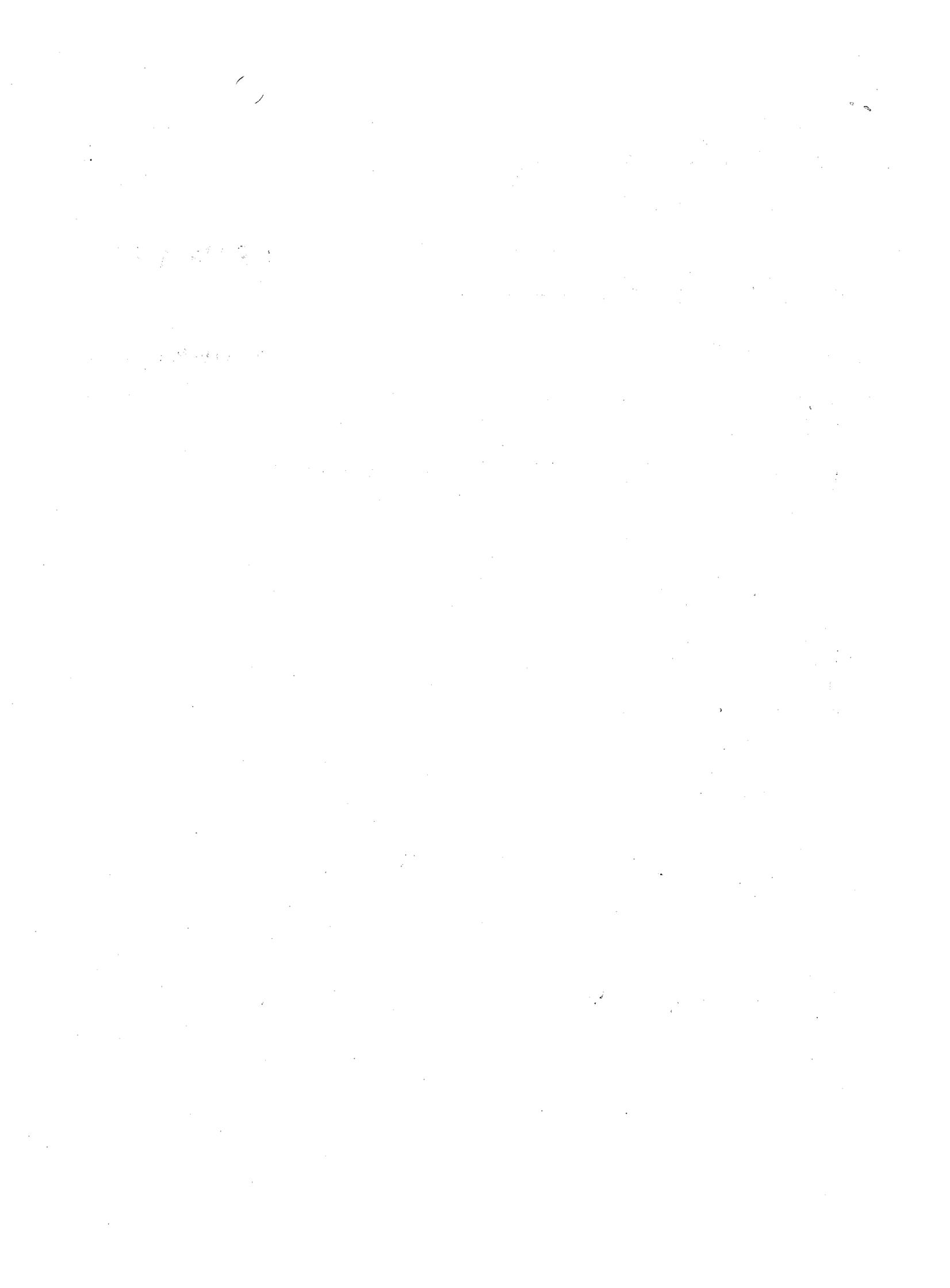
View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-016	b. Program/Project: CA-016
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="e:\FISD_SF424_CongressionalDistricts.docx"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 09/30/2013	* b. End Date: 03/31/2016
18. Estimated Funding (\$):	
* a. Federal	800,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	800,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2013 <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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001) <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.	
Authorized Representative:	
Prefix:	* First Name: SEAN
Middle Name:	
* Last Name: ANGELO	
Suffix:	
* Title: CHIEF EXECUTIVE OFFICER	
* Telephone Number: 559-263-1010	Fax Number: 559-263-1286
* Email: SEAN.ANGELO@SNOBOC.ORG	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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:		JUL 02 2013	
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
			STATE CLEARING HOUSE		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:		
94-6036494			047120084		
d. Address:					
*Street1: 1850 Research Park Drive, Suite 300					
Street 2:					
*City: Davis					
County: Yolo					
*State: CA					
Province:					
Country: United States			*Zip/ Postal Code: 95618		
e. Organizational Unit:					
Department Name:			Division Name:		
Environmental Science & Policy					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Dr.		First Name: James			
Middle Name:					
*Last Name: Quinn					
Suffix:					
Title: Professor					
Organizational Affiliation:					
*Telephone Number: 530-752-8027			Fax Number: 530-752-3350		
*Email: jfquinn@ucdavis.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:

U.S. Fish & Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish & Wildlife Management Assistance

*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:

Design of Legacy Data Collection and Evaluation of Available Refuge Data

Attach supporting documents as specified in agency instructions.

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: 7/1/2011 *b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal	14,999.82
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	14,999.82

*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 7/1/13

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: Kendra

Middle Name:

*Last Name: Rose

Suffix:

*Title: Contracts and Grants Analyst

*Telephone Number: 530-754-7999 Fax Number:

*Email: krose@ucdavis.edu Date Signed: 7/2/13

*Signature of Authorized Representative:

Application for Federal Assistance SF-424

Version 02

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

***a. Legal Name:** SELF-HELP ENTERPRISES

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

d. Address:

*Street 1: 8445 WEST ELOWIN COURT
Street 2: P.O. BOX 6520
*City: VISALIA
County: TULARE
*State: CALIFORNIA
Province: _____
*Country: USA: UNITED STATES
*Zip / Postal Code: 93290

RECEIVED
JUL -5 2013
STATE CLEARING HOUSE

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: PATRICK
Middle Name: _____
*Last Name: ISHERWOOD
Suffix: _____

Title: FISCAL ANALYST

Organizational Affiliation:

*Telephone Number: (559) 802 - 1696 Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.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:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2013: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2013

13. Competition Identification Number:

Title:

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

HPG-application target areas and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.

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

THE PRESERVATION OF HOUSING FOR LOW INCOME TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 21

*b. Program/Project: 18-21

17. Proposed Project:

*a. Start Date: 09/30/2013

*b. End Date: 9/30/2014

18. Estimated Funding (\$):

*a. Federal	_____	85,000
*b. Applicant	_____	
*c. State	_____	100,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	185,000

***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 4/26/2013
- 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: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix: _____

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: 

*Date Signed: 4.26.13



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.



6/27/13

RECEIVED

JUL 05 2013

STATE CLEARING HOUSE

SF 424

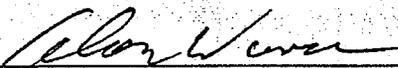
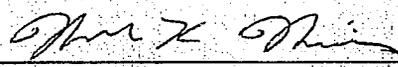
Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	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
Applicant Information			
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	
Employer Identification Number (EIN):		Fresno County	
94-60000512		07/01	
Applicant Type:		Specify Other Type if necessary:	
Local Government: Fresno County			
Program Funding		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			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> - General Management, Oversight, and Coordination - CDBG Housing Program Administration - Housing Assistance Rehabilitation Program - City Activities - Public Facilities and Infrastructure Improvement Projects - Public Service Programs 		The unincorporated area of Fresno County; the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.	
CDBG Grant Amount: \$2,690,000			
Anticipated Program Income: \$500,000			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
<ul style="list-style-type: none"> - HOME Program Administration - Homebuyer Assistance - Affordable Housing Development - Housing Assistance Rehabilitation Program 		The unincorporated area of Fresno County; the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.	
HOME Grant Amount: \$750,000			
Anticipated Program Income: \$500,000			

Housing Opportunities for People with AIDS	14.241 HOPWA
HOPWA Project Titles: Not Applicable	Description of Areas Affected by HOPWA Project(s)
HOPWA Grant Amount: \$0	

Emergency Solutions Grant Program	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: \$295,153	

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 4/26/13
		<input type="checkbox"/> No	Program is not covered by EO 12372.
<input 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	Phone (559) 600-4292	Fax (559) 600-4573
	www.co.fresno.ca.us	
Signature of Authorized Representative		Date Signed
		4/25/13
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
		4/23/13
Howard K. Himes, Director, Department of Social Services (ESG Rep.)		Date

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

State Coastal Conservancy

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

JUL 08 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

a. APPLICANT INFORMATION:

*** a. Legal Name:**

State Coastal Conservancy

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

94-3164968

*** c. Organizational DUNS:**

8083224080000

d. Address:

*** Street1:**

1330 Broadway, 13th Floor

Street2:

*** City:**

Oakland

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94612-2430

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Brenda

Middle Name:

*** Last Name:**

Buxton

Suffix:

Title:

Project Manager

Organizational Affiliation:

State Coastal Conservancy

*** Telephone Number:**

510-286-0753

Fax Number:

510-286-0470

*** Email:**

bbuxton@ecc.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:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.126

CFDA Title:

The San Francisco Bay Water Quality Improvement Fund

* 12. Funding Opportunity Number:

EPA-R9-WTR3-13-001

* Title:

San Francisco Bay Area Water Quality Improvement Fund

13. Competition Identification Number:

NONE

Title:

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

Project location.docx

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

South Bay Salt Pond Restoration Project: Revegetation and Phase II Planning

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 9

b. Program/Project 14

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

Project Congressional Districts.docx

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2013

* b. End Date: 06/01/2016

18. Estimated Funding (\$):

* a. Federal	1,422,000.00
* b. Applicant	1,422,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,844,000.00

* 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 07/09/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Sam

Middle Name:

* Last Name: Schuchat

Suffix:

* Title: Executive Officer

* Telephone Number: 510-286-0523

Fax Number: 510-286-0470

* Email: sschuchat@ccc.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

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	_____
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
* 3. Date Received:	4. Applicant Identifier:	
Completed by Grants.gov upon submission.	_____	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
_____	_____	
State Use Only:	STATE CLEARING HOUSE	
6. Date Received by State:	7. State Application Identifier:	
_____	_____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Shasta County CSA #13--Alpine Meadows		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-6000535	827092964	
d. Address:		
* Street 1:	1855 Placer Street	
* Street 2:	_____	
* City:	Redding	
* County/Parish:	Shasta	
* State:	CA	
* Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	96001	
e. Organizational Unit:		
Department Name:	Division Name:	
Department of Public Works	Development Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	_____
Mr.	Alfred	_____
Middle Name:	_____	
Vincent	_____	
* Last Name:	_____	
Cathy	_____	
Suffix:	_____	
Title:	Supervising Engineer	
Organizational Affiliation:		
Supervising Engineer		
* Telephone Number:	Fax Number:	_____
(530) 245-6806	(530) 225-5667	_____
* Email:		
acathy@co.shasta.ca.us		

RECEIVED

JUL 08 2013

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

County

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

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Shingletown, Shasta County

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Alpine Meadows Fire Suppression System.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:
 * a. Applicant: * b. Program/Project:

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

17. Proposed Project:
 * a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$485,628.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$485,628.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$971,256.00"/>

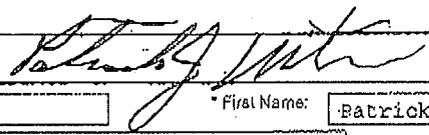
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
 Yes No
 If "Yes, provide explanation and attach.

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

** I AGREE

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

Authorized Representative: 

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: F13AP
---	--

RECEIVED

State Use Only:	JUL 09 2013
6. Date Received by State: _____	7. State Application Identifier: G1398071

STATE CLEARING HOUSE

B. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
---	--

d. Address:

* Street1:	1831 5TH STREET
Street2:	_____
* City:	SACRAMENTO
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------------	--

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

Prefix: _____	* First Name: PETE
Middle Name: _____	
* Last Name: MARCELLANA	
Suffix: _____	

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658	Fax Number: _____
----------------------------------	-------------------

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F13A800061

*** Title:**

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

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 GOLDEN TROUT RESOURCE ASSESSMENT

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: <input type="text" value="CA-006"/>	b. Program/Project: <input type="text" value="CA-ALL"/>
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"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2013"/>	* b. End Date: <input type="text" value="06/30/2014"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="46,867.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="15,622.00"/>
* 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="62,489.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<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="07/01/2013"/>	
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<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.	
Authorized Representative:	
Prefix: <input type="text"/>	* 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="SBI"/>	
* Telephone Number: <input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="LISA.BAYS@WILDLIFE.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: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: STATE CLEARING HOUSE
State Use Only:		
6. Date Received by State:	7. State Application Identifier: G1398068	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083233580000	
d. Address:		
* Street1:	1831 9TH STREET	
Street2:	<input type="text"/>	
* City:	SACRAMENTO	
County/Parish:	<input type="text"/>	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95811-7011	
e. Organizational Unit:		
Department Name:	Division Name:	
CA. DEPT. OF FISH AND WILDLIFE	GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name:	KHANK
Middle Name:	<input type="text"/>	
* Last Name:	NGUYEN	
Suffix:	<input type="text"/>	
Title:	GRANT ADMINISTRATOR	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	(916) 445-3525	Fax Number: (916) 327-6320
* Email:	khanh.nguyen@wildlife.ca.gov	

RECEIVED

JUL 09 2013

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

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

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:

Coordination Of California Federal Assistance in Sport Fish Restoration 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: <input type="text" value="CA-006"/>	b. Program/Project: <input type="text" value="CA-ALL"/>
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"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2013"/>	* b. End Date: <input type="text" value="06/30/2014"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="290,864.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="96,955.00"/>
* 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="387,819.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<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="06/28/2013"/>	
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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 216, Section 1001)	
<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.	
Authorized Representative:	
Prefix: <input type="text" value="Ms."/>	* 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" value="(916) 327-6320"/>
* Email: <input type="text" value="lisa.bays@wildlife.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: 4046-0307
Expiration Date: 03/31/2011

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):

[Empty box]

* Other (Specify):

[Empty box]

RECEIVED

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

JUL 09 2013

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

01398064

B. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

[Empty box]

* City:

SACRAMENTO

County/Parish:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

[Empty box]

* First Name:

PETE

Middle Name:

[Empty box]

* Last Name:

MARCELLANA

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

* Telephone Number:

(916) 445-4658

Fax Number:

[Empty box]

* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F13AS00081

*** Title:**

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

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:**

NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT & RESEARCH - TECHNICAL GUIDANCE FOR SALMON AND STEELHEAD IN THE UPPER SACRAMENTO AND TRINITY RIVERS (P-137 p65)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="117,601.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="39,200.00"/>
* 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="156,801.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(a): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: RECEIVED	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: JUL 09 2013	
State Use Only: STATE CLEARING HOUSE		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1398072	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1416 9TH STREET	Street2: <input type="text"/>	
* City: SACRAMENTO	County/Parish: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: PETE	
Middle Name: <input type="text"/>	* Last Name: MARCELLANA	
Suffix: <input type="text"/>	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (916) 445-4658	Fax Number: <input type="text"/>	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

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

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

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

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:

NORTHERN REGION STREAM AND LAKE IMPROVEMENT - FISH SCREEN, PASSAGE, AND DIVERSION (F-146 p20)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: b. Program/Project:

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="905,182.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="301,727.00"/>
* 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="1,206,909.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0304
Expiration Date: 03/31/2017

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/>
		* Other (Specify): <input type="text"/>
		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div>

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	<div style="font-size: 1.5em; font-weight: bold;">JUL 09 2013</div>
---	--------------------------	---

5a. Federal Entity Identifier:	5b. Federal Award Identifier:	<div style="font-size: 1.2em; font-weight: bold;">STATE CLEARING HOUSE</div>
--------------------------------	-------------------------------	--

State Use Only:

6. Date Received by State:	7. State Application Identifier: 01398073
----------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:

* Street1:	1416 9TH STREET
Street2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name:	Division Name:
------------------	----------------

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

Prefix:	* First Name: PETE
Middle Name:	
* Last Name: MARCELLANA	
Suffix:	
Title:	GRANT ADMINISTRATOR
Organizational Affiliation:	
* Telephone Number: (916) 445-4658	Fax Number:
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV	

Application for Federal Assistance SF-424

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

A: ~~State Government~~

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F13A600081

*** Title:**

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

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:**

NORTHERN REGION STREAM AND LAKE IMPROVEMENT - CALIFORNIA COASTAL STREAMS AND WATERSHED RESTORATION (F-146 p25)

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-006

b. Program/Project: CA-ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	606,449.00
* b. Applicant	0.00
* c. State	202,150.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	808,599.00

* 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 07/01/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: SSMI

* Telephone Number: (916) 445-3701 Fax Number:

* Email: LISA.BAYS@WILDLIFE.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

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):

A. Increase Award / C. Increase Duration

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:
8CA10103

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:
10-DG-11052021-200

JUL 09 2013

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: 8CA10103

8. APPLICANT INFORMATION:

* a. Legal Name: CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION

* b. Employer/Taxpayer Identification Number (EIN/TIN):
68-0306069

* c. Organizational DUNS:
792358095

d. Address:

* Street1: P.O. BOX 944246

Street2:

* City: SACRAMENTO

County: SACRAMENTO

* State: CALIFORNIA

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94244-2460

e. Organizational Unit:

Department Name:
CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION

Division Name:
RESOURCE MANAGEMENT

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

Prefix: Ms. * First Name: Stella

Middle Name:

* Last Name: Chan

Suffix:

Title: Federal Grants Manager

Organizational Affiliation:

* Telephone Number: 916 653-7811

Fax Number: 916 653-8957

* Email: Stella.Chan@fire.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:**

U.S. FOREST SERVICE

11. Catalog of Federal Domestic Assistance Number:

10.678

CFDA Title:

FOREST STEWARDSHIP PROGRAM

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

CALIFORNIA STATEWIDE

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

FOREST STEWARDSHIP PROGRAMS THREE COMPONENTS: FOREST STEWARDSHIP;
FOREST RESOURCE MANAGEMENT AND REFORESTATION, NURSERIES GENETIC
RESOURCES.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 6

* b. Program/Project CA-All

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

17. Proposed Project:

* a. Start Date: 6/1/2010

* b. End Date: 6/30/2016

18. Estimated Funding (\$):

- * a. Federal 1,102,000
- * b. Applicant
- * c. State 1,064,543
- * d. Local
- * e. Other 37,457
- * f. Program Income
- * g. TOTAL 2,204,000

* 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 7/9/2013
- 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: Mr. * First Name: William
 Middle Name: E
 * Last Name: Snyder
 Suffix:

* Title: Deputy Director, Resource Management

* Telephone Number: 916 653-4298 Fax Number: 916 653-8957

* Email: Bill.Snyder@fire.ca.gov

* Signature of Authorized Representative: *William E Snyder* * Date Signed: 7/10/13

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/09

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	06/12/2013	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier	
	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: North Wawona Park Mutual Water Co.			Organizational Unit: Department: N/A		
Organizational DUNS: 060442196			Division:		
Address: Street: 8038 Chilnualna Falls Rd, PO Box 2085			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Wawona			Prefix:	First Name: Rob	
County: Mariposa			Middle Name		
State: CA			Last Name: Miller		
Zip Code: 95389			Suffix:		
Country: USA			Email: robm@wallacegroup.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1612608			Phone Number (give area code): 805-544-4011	Fax Number (give area code): 805-544-4294	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) O, Mutual Water Company		
Other (specify):			Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal			9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 35 parcels in the community of Wawona			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Distribution System Replacement Project		
13. PROPOSED PROJECT Start Date: 04/2014 Ending Date: 07/20/2014			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-4 b. Project CA-4		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	310,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 9, 2013		
b. Applicant	\$	6,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f. Program Income	\$		If "Yes" attach an explanation.		
g. TOTAL	\$	316,000			
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	Mr.	First Name	Dale	Middle Name	
Last Name	Buss	Suffix			
b. Title	Secretary	c. Telephone Number (give area code)	805-230-2836		
d. Signature of Authorized Representative	[Signature]		e. Date Signed	7-2-2013	

RECEIVED JUL 09 2013 STATE CLEARING HOUSE

Previous Edition Usable Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2013) Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01742

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

RECEIVED
JUL 09 2013
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-xxxxxx	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rockville Trails Estate Aquisition
---	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 07
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 877,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/13
b. Applicant \$ 8,888,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 735,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 10,500,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <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 Ms.	First Name Jean	Middle Name
Last Name Lacher		Suffix
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative <i>Jean A Lacher</i>		e. Date Signed 7-9-13

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01729

5. APPLICANT INFORMATION

Legal Name: **California - Department of Parks and Recreation**

Organizational DUNS: **172070807**

Address: **PO Box 942896**
City: **Sacramento**
County: **Sacramento**
State: **California** Zip Code **94296-0001**
Country: **USA**

Organizational Unit:
Department: **California Department of Parks and Recreation**
Division: **Office of Grants and Local Services**

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: **Ms.** First Name: **Jean**
Middle Name
Last Name **Lacher**
Suffix:
Email: **jjlach@parks.ca.gov**
Phone Number (give area code) **(916) 651-8597** Fax Number (give area code) **(916) 653-6511**

RECEIVED
JUL 09 2013
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program): **Land & Water Conservation Fund**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Point Mugu State Park Sycamore Canyon Cabin and ADA Trail, Phase I
California Department of Parks and Recreation

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-45246

13. PROPOSED PROJECT
Start Date: Ending Date: **06/30/2015**

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant **03** b. Project **24**

15. ESTIMATED FUNDING:

a. Federal	\$	287,750.00
b. Applicant	\$	
c. State	\$	287,750.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	575,500.00

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: ~~10/04/2011~~ **7/9/13**
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 **Ms.** First Name **Jean** Middle Name
Last Name **Lacher** Suffix
b. Title **Chief, Office of Grants and Local Services** c. Telephone Number (give area code) **(916) 651-8597**
d. Signature of Authorized Representative *Jean A. Lacher* e. Date Signed **7-9-13**

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01728
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California - Department of Parks and Recreation		Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: RECEIVED		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: PO Box 942896		Prefix: Ms.	First Name: Jean
City: Sacramento JUL 09 2013		Middle Name	
County: Sacramento		Last Name Lacher	
State: California		Suffix:	
Zip Code 94296-0001	Email: Jean.Lacher@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
68-0303606		(916) 651-8597	(916) 653-6511
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A. State	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program): Land & Water Conservation Fund		Donner Memorial State Park High Sierra Crossing Museum Trail, Picnic Area and Fencing California Department of Parks and Recreation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF:	
06-80588		a. Applicant 03	b. Project 04
13. PROPOSED PROJECT		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Start Date:	Ending Date: 06/30/2015	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
15. ESTIMATED FUNDING:		DATE: 04/06/2006 7/9/13	
a. Federal	\$ 253,508.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
b. Applicant	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 253,509.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$	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.	
f. Program Income	\$	a. Authorized Representative	
g. TOTAL	\$ 507,017.00	Prefix Ms. First Name Jean Middle Name	
		Last Name Lacher Suffix	
		b. Title Chief, Office of Grants and Local Services c. Telephone Number (give area code) (916) 651-8597	
		d. Signature of Authorized Representative <i>Jean Lacher</i> e. Date Signed 7-9-13	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01725

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California - Department of Parks and Recreation		Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Jean
County: Sacramento		Middle Name	
State: California		Last Name: Lacher	
Zip Code: 94296-0001	Suffix:		
Country: USA	Email: Jean.Lacher@parks.ca.gov		

RECEIVED

JUL 09 2013

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-54806		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacifica (Municipal) Fishing Pier Repair, Phase II Wildlife Conservation Board	

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 12	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 162,295.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE: 7/9/13	
c. State	\$ 10,618.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 151,678.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 324,591.00		

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		Middle Name	
Prefix Ms.	First Name Jean		
Last Name Lacher		Suffix	
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean A Lacher</i>		e. Date Signed 7-9-13	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01724
		<input type="checkbox"/> Non-Construction	

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

RECEIVED

JUL 09 2013

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)
---	---

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Millerton Lake SRA Ramp 3 Restroom Replacement California Department of Boating and Waterways
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-27014

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 21
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 62,268.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/31/2012 7/9/13
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 19,726.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 281,806.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 363,800.00	

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		Middle Name	
Prefix Ms.	First Name Jean		
Last Name Lacher		Suffix	
b. Title Chief, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean Lacher</i>		e. Date Signed 7-9-13	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
3. DATE RECEIVED BY STATE		State Application Identifier SAI-Exempt		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01707		
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807			Division: Office of Grants and Local Services	
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento			Prefix: Ms.	First Name: Jean
County: Sacramento			Middle Name	
State: California			Last Name Lacher	
Zip Code 94296-0001			Suffix:	
Country: USA			Email: Jean.Lacher@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Marks Ranch Acquisition Zone 1 Wildlife Conservation Board	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2014			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	300,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/13	
b. Applicant	\$	45,795.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	654,205.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		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.	
g. TOTAL	\$	1,000,000.00	a. Authorized Representative Prefix Ms. First Name Jean Middle Name Last Name Lacher Suffix	
			b. Title Chief c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean Lacher</i>			e. Date Signed 7-9-13	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 		State Application Identifier SAI-Exempt
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY 	
Legal Name: California - Department of Parks and Recreation		Federal Identifier 06-01706	
Organizational DUNS: 172070807		Organizational Unit: Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
County: Sacramento		Middle Name	
State: California Zip Code 94296-0001		Last Name Lacher	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Email: Jean.Lacher@parks.ca.gov	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pillar Point Bluff Acquisition Wildlife Conservation Board	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 900,001.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/9/13	
b. Applicant	\$ 2,710,280.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 189,720.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	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.	
g. TOTAL	\$ 3,800,001.00	a. Authorized Representative	
Prefix Ms. First Name Jean		Middle Name	
Last Name Lacher		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean Lacher</i>		e. Date Signed 7-9-13	

RECEIVED
JUL 09 2013
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01744
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-60620		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Point Pinole Fish Pier Improvements East Bay Regional Park District	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 7	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 128,400.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-9-13	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 8,400.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 120,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	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.	
g. TOTAL	\$ 256,800.00	a. Authorized Representative	
		Prefix Ms.	First Name Jean
		Middle Name	
		Last Name Lacher	
		Suffix	
		b. Title Chief, Office of Grants and Local Services	
		c. Telephone Number (give area code) (916) 651-8597	
		d. Signature of Authorized Representative <i>Jean Lacher</i>	
		e. Date Signed 7-9-13	

RECEIVED

STATE CLEARING HOUSE

JUL 09 2013

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE RECEIVED BY STATE SUBMITTED	Applicant Identifier N/A
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY FEDERAL AGENCY State Application Identifier SAI-Exempt	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier 06-01743	
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597 Fax Number (give area code) (916) 653-6511	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41992		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Del Valle SRA Campground Improvements East Bay Regional Park District	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 128,400.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-9-13	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 8,400.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 120,000.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 256,800.00		
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		c. Telephone Number (give area code) (916) 651-8597	
Prefix Ms.	First Name Jean	Middle Name	
Last Name Lacher		Suffix	
b. Title Chief, Office of Grants and Local Services		e. Date Signed 7-9-13	
d. Signature of Authorized Representative <i>Jean Lacher</i>			

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
93-1137247	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <u>San Francisco State University</u>
--

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>941137247</u>	* c. Organizational DUNS: <u>942514985</u>
--	--

d. Address:

* Street1: <u>1600 Holloway Ave</u>
* Street2: <u>ACM 471</u>
* City: <u>San Francisco</u>
* County: <u>San Francisco</u>
* State: <u>CA California</u>
Province:
* Country: <u>USA: UNITED STATES</u>
* Zip / Postal Code: <u>94132-1722</u>

e. Organizational Unit:

Department Name: <u>Romberg Tiburon Center</u>	Division Name: <u>Coll. Science & Engineering</u>
--	---

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

Prefix: <u>Dr.</u>	* First Name: <u>William</u>
Middle Name:	
* Last Name: <u>Kimmerer</u>	
Suffix:	

Title: <u>Senior Research Scientist</u>

Organizational Affiliation: <u>San Francisco State University</u>

* Telephone Number: <u>415-338-3415</u>	Fax Number: <u>415-435-7120</u>
---	---------------------------------

* Email: <u>kimmerer@sfsu.edu</u>

RECEIVED
JUL 10 2013
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Public/State Controlled 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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.800

CFDA Title:
U.S. Geological Survey Research and Data Collection

*** 12. Funding Opportunity Number:**

G13AS00079

* Title:
Cooperative Ecosystem Studies Unit, California CESU

13. Competition Identification Number:

G13AS00079

Title:

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

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

Studies on the Role of Zooplankton Density and Feeding Success in the Spawning Migration of Delta Smelt (*Hypomesus transpacificus*) in the Sacramento-San Joaquin Delta

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

a. Applicant CA-012 h. Program/Project CA-012

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

17. Proposed Project:

a. Start Date: 12/01/2013 b. End Date: 03/31/2014

18. Estimated Funding (\$):

Table with 2 columns: Category (a-g) and Amount. a. Federal: 94,897.00; b. Applicant: 0.00; c. State: 0.00; d. Local: 0.00; e. Other: 0.00; f. Program Income: 0.00; g. TOTAL: 94,897.00

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 07/10/2013.
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 and attach.)

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 28, 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: Anson
Middle Name:
Last Name: Sanders
Suffix:

Title: Director

Telephone Number: 415-405-3943 Fax Number: 415-338-2493

Email: asanders@sfai.edu

Signature of Authorized Representative: [Signature] Date Signed:

Authorized for Local Reproduction

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

Funding Opportunity Number:

Receipt Date: Time Zone: GMT-8

Application for Federal Assistance SF-424

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

RECEIVED

JUL 10 2013

STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Conservation Science Partners, Inc
--	---

5a. Federal Entity Identifier: USFWS	* 5b. Federal Award Identifier: CDFA 15.670
--	---

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Conservation Science Partners, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2504981	* c. Organizational DUNS: 021886434
--	---

d. Address:

* Street1: 11050 Pioneer Trail, Suite 202

Street2:

* City: Truckee

County/Parish:

* State: CA

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 96161

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
---------------------------------------	-------------------------------------

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

Prefix: * First Name: David

Middle Name:

* Last Name: Theobald

Suffix:

Title: Lead Scientist

Organizational Affiliation:

* Telephone Number: 970-277-6207 or 970-484-2898 Fax Number:

* Email: dave@osp-inc.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

non-profit organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USEWS Office of the Science Advisor

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

CFDA 15.670

* Title:

Landscape Conservation Cooperatives - Addressing National Science, Conservation Information, and Related Decision Support Needs

13. Competition Identification Number:

Title:

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

Area Affected

Area Affected

Area Affected

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

Developing Recommendations and Best Practices to Facilitate Conservation Design of a National Network of Functional Landscapes

Attach supporting documents as specified in agency instructions.

Add Attachment

Add Attachment

Add Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: **4th** * b. Program/Project: **4th**

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

17. Proposed Project:

* a. Start Date: **12/1/2013** * b. End Date: **7/31/2016**

18. Estimated Funding (\$):

* a. Federal	195,000
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	195,000

*** 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 **7/10/2013**

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

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

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

Yes No

If "Yes", provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, 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: Last Name: **Dickson** Suffix:

* First Name: **Brett**

* Title: **President**

* Telephone Number: **530-214-8900** Fax Number:

* Email: **brett@csp-inc.org**

* Signature of Authorized Representative: Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01751

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational Unit: Department: California Department of Parks and Recreation

Organizational DUNS: 172070807

Division: Office of Grants and Local Services

Address: Street: PO Box 942896

Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms. First Name: Jean

City: Sacramento

Middle Name

County: Sacramento

Last Name Lacher

State: California Zip Code 94296-0001

Suffix:

Country: USA

Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606

Phone Number (give area code) (916) 651-8597

Fax Number (give area code) (916) 653-6511

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Dunlap Neighborhood Park Acquisition City of Yucaipa

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-2412326

13. PROPOSED PROJECT

Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 08

15. ESTIMATED FUNDING:

a. Federal	\$	322,581.00
b. Applicant	\$	550,000.00
c. State	\$	41,398.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	913,979.00

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: 07/11/2013

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 Ms. First Name Jean Middle Name

Last Name Lacher Suffix

b. Title Chief c. Telephone Number (give area code) (916) 651-8597

d. Signature of Authorized Representative *Jean A. Lacher* Date Signed 7-11-13

JUL 11 2013

STATE CLEARING HOUSE

OMB Number: 4040-0394
Expiration Date: 04/31/2013

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:		

RECEIVED

JUL 11 2013

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: Bay Foundation of Morro Bay	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847	*c. Organizational DUNS: 047-662-767

d. Address:

*Street1: 601 Embarcadero STE 11
Street 2:
*City: Morro Bay
County: San Luis Obispo
*State: California
Province:
Country: United States *Zip/ Postal Code: 93442

e. Organizational Unit:

Department Name: Morro Bay National Estuary Program	Division Name:
--	----------------

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

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

Title: Watershed Restoration Coordinator

Organizational Affiliation:
Bay Foundation of Morro Bay dba Morro Bay National Estuary Program

*Telephone Number: 805-772-3834	Fax Number: 805-772-4162
*Email: jhall@mbnep.org	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:
U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
15.630
CFDA Title:
Coastal Program

*12. Funding Opportunity Number: N/A

*Title: N/A

13. Competition Identification Number:

Title:

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

City of Morro Bay, unincorporated areas of San Luis Obispo County, state of California coastal waters managed by California Department of Fish and Wildlife.

*15. Descriptive Title of Applicant's Project:

Morro Bay Pilot Eel Grass Restoration Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-024

*a. Applicant CA-024

*b. Program/Project: CA-024

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

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (S):

*a. Federal \$16,270.00

*b. Applicant

*c. State

*d. Local

*e. Other \$20,332.00

*f. Program Income

*g. TOTAL \$36,602.00

***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 7/11/13
- 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: Adrienne

Middle Name: Lynne

*Last Name: Harris

Suffix:

*Title: Executive Director

*Telephone Number: 805-772-3834

Fax Number: 805-772-4162

*Email: aharris@mbnep.org

*Signature of Authorized Representative:

Date Signed: 7/10/2013

Adrienne Lynne Harris

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01747

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896
City: Sacramento
County: Sacramento
State: California Zip Code 94296-0001
Country: USA

Organizational Unit: California Department of Parks and Recreation
Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Jean
Middle Name:
Last Name: Lacher
Suffix:
Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0303606

Phone Number (give area code) (916) 651-8597
Fax Number (give area code) (916) 653-6511

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, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Point Pinole Giant Recreation Unit Picnic Area
East Bay Regional Park District

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-2410939

13. PROPOSED PROJECT
Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03 b. Project 11

15. ESTIMATED FUNDING:

a. Federal	\$	214,516.00
b. Applicant	\$	199,500.00
c. State	\$	15,016.00
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	429,032.00

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: 07/11/2013
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 Ms. First Name Jean Middle Name
Last Name Lacher Suffix
b. Title Chief
c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative *Jean A. Lacher* e. Date Signed 7-11-13

RECEIVED

Previous Edition Usable
Authorized for Local Reproduction

JUL 11 2013

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01754

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California - Department of Parks and Recreation		Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: PO Box 942896		Prefix: Ms.	First Name: Jean
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-07652		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Garrahan Park Outdoor Fitness Project Boulder Creek Recreation and Park District	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date:	Ending Date: 06/30/2016	a. Applicant 03	b. Project 14
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 16,774.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/11/2013	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 1,174.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 15,600.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 33,548.00		

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 Ms.	First Name Jean	Middle Name
Last Name Lacher	Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597	e. Date Signed 7-11-13
d. Signature of Authorized Representative <i>Jean A. Lacher</i>		

Previous Edition Usable
Authorized for Local Reproduction

RECEIVED

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

JUL 11 2013

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01756

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
--	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
---	--	---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
--	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-23616		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Farmersville Park Development City of Farmersville	
---	--	--	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 21	
---	--	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 322,581.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/11/2013	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 41,398.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 550,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 913,979.00		

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 Ms.	First Name Jean	Middle Name	
Last Name Lacher		Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597		
d. Signature of Authorized Representative		e. Date Signed 7-11-13	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

JUL 11 2013

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01750

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
---	--

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Paul Revere Park - City of Anaheim

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-84074	13. PROPOSED PROJECT Start Date: Ending Date: 6/30/2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 47
---	--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 276,882.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/11/2013
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 19,382.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 257,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$	
f. Program Income \$	
g. TOTAL \$ 553,764.00	

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 Ms.	First Name Jean	Middle Name
Last Name Lacher		Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean A. Lacher</i>		Date Signed 7-11-13

Previous Edition Usable
Authorized for Local Reproduction

JUL 11 2013

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01753

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
--	--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)
--	--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McLaren Bike Park, Phase I City & County of San Francisco
---	--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-67000		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
---	--	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 08
---	--	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 268,640.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/12/2013	
b. Applicant	\$ 249,835.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 18,805.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 537,280.00		

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 Ms.	First Name Jean	Middle Name	
Last Name Lacher		Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597		
d. Signature of Authorized Representative <i>Jean Lacher</i>		e. Date Signed 7-12-13	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01755
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807	RECEIVED		Division: Office of Grants and Local Services
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Jean
County: Sacramento		Middle Name	
State: California		Last Name Lacher	
Zip Code 94296-0001	Suffix:		
Country: USA	Email: Jean.Lacher@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68] - [0303606]		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15] - [916]		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mark West Creek Reg Park & Open Space Preserve Acq County of Sonoma	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-70098		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 1	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/12/2013 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
16. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 268,817.00		
b. Applicant	\$ 1,750,000.00		
c. State	\$ 131,721.00		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 2,150,538.00		
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 Ms.	First Name Jean	Middle Name	
Last Name Lacher	Suffix		
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597		
d. Signature of Authorized Representative	e. Date Signed		7-12-13

Application for Federal Assistance SF-424

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

RECEIVED

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

JUL 12 2013

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

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State University, Fresno Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946003272	* c. Organizational DUNS: 1508370030000
--	--

d. Address:

* Street1: 4910 North Chestnut Avenue, MS OF123
Street2: _____
* City: Fresno
County/Parish: Fresno
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93726-1852

e. Organizational Unit:

Department Name: Academic Affairs	Division Name: OCED
--------------------------------------	------------------------

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

Prefix: Mr. * First Name: Mike
Middle Name: _____
* Last Name: Dozier
Suffix: _____

Title: Executive Director, OCED

Organizational Affiliation:
California State University, Fresno

* Telephone Number: (559) 294-6021 Fax Number: (559) 294-6024

* Email: mdozier@csufresno.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:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

S: Hispanic-serving Institution

*** Other (specify):**

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

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban and Community Forestry Program

*** 12. Funding Opportunity Number:**

USDA-FS-UCF-01-2014

*** Title:**

2014 National Urban and Community Forestry Grant Program

13. Competition Identification Number:

Title:

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

Areas Affected By Project San Joaquin Valle

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

Waterwise Greenspace Management for Urban Communities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="75,000.00"/>
* b. Applicant	<input type="text" value="50,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="25,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="150,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received:

4. Applicant Identifier:

0837-1527

JUL 12 2013

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

University of California/ Lawrence Berkeley Nat'l Laboratory

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

942951741

* c. Organizational DUNS:

078576738

d. Address:

* Street1:

1 Cyclotron Road

Street2:

* City:

Berkeley

County:

Alameda County

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94720-8135

e. Organizational Unit:

Department Name:

Building Technology and Urban Systems

Division Name:

Environmental Energy Technologies Division

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

Prefix:

* First Name:

Aimee

Middle Name:

T

* Last Name:

McKane

Suffix:

Title:

Deputy Group Leader - High Tech & Industrial Systems Group

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number:

(518) 782-7002

Fax Number:

(518) 782-0556

* Email:

atmckane@lbl.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Federally Funded Research and Development Center

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

Department of Energy - Energy Efficiency & Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

81117

CFDA Title:

Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assista

*** 12. Funding Opportunity Number:**

DE-FOA-0000837

* Title:

Accelerating the Deployment of Energy Efficiency and Renewable Energy Technologies in South Africa and Saudi Arabia

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County) McLean, VA (Fairfax County)
Albany, NY (Albany County)
Atlanta, GA (Fulton County)

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

Energy and Demand Management Toolbox and Technology Workshops

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="450,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="450,000.00"/>

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

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

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

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

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

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

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

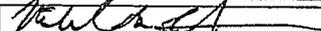
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
5. APPLICANT INFORMATION		Legal Name: California - Department of Parks and Recreation		
Organizational DUNS: 172070807		Organizational Unit: Department: California Department of Parks and Recreation		
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean		
City: Sacramento		Middle Name		
County: Sacramento		Last Name Lacher		
State: California Zip Code 94296-0001		Suffix:		
Country: USA		Email: Jean.Lacher@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597		Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-03666		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Barnes Park Fitness Zone City of Baldwin Park		
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 32		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 65,054.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/12/2013		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 4,554.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 60,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	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.		
g. TOTAL	\$ 130,108.00	a. Authorized Representative		
Prefix Ms. First Name Jean		Middle Name		
Last Name Lacher		Suffix		
b. Title Chief		c. Telephone Number (give area code) (916) 651-8597		
d. Signature of Authorized Representative		e. Date Signed		

Previous Edition Usable
Authorized for Local Reproduction

Jean A Lacher RECEIVED 7-12-13

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

JUL 12 2013

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01752

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jean	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Lacher	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: Jean.Lacher@parks.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-73255	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County of San Diego Dairy Mart Ponds Overlook
--	---

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 51
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 107,527.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 7,527.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 100,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 215,054.00	

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 Ms. First Name Jean	Middle Name
Last Name Lacher	Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative <i>Jean A. Lacher</i>	e. Date Signed 7-12-13

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

JUL 12 2013

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01736

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms. First Name: Jean
City: Sacramento	Middle Name: JUL 12 2013
County: Sacramento	Last Name: Lacher
State: California Zip Code 94296-0001	Suffix: STATE CLEARING HOUSE
Country: USA	Email: Jean.Lacher@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0303606

Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
---	---

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)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-916

TITLE (Name of Program): Land & Water Conservation Fund

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Tracks at Brea Development
City of Brea

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

06-08100

13. PROPOSED PROJECT

Start Date: Ending Date: 06/30/2016

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03 b. Project 42

15. ESTIMATED FUNDING:

a. Federal	\$	553,564.00
b. Applicant	\$	
c. State	\$	38,750.00
d. Local	\$	514,814.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,107,128.00

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: 07/12/2013
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 Ms.	First Name Jean	Middle Name
Last Name Lacher	Suffix	
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean A Lacher</i>	e. Date Signed 7-12-13	

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

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

JUL 12 2013

5a. Federal Entity Identifier:

13-8506-0478-CA

*** 5b. Federal Award Identifier:**

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: July 3, 2013

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:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County:

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:
California Department of Food and Agriculture

Division Name:
Plant Health & Pest Prevention Services

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

Prefix: * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.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:**

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.):

State of California

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

Exotic Woodborer Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 23

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2013

* b. End Date: 6/30/2014

18. Estimated Funding (\$):

* a. Federal 240,250

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 240,250

*** 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 12, 2013

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: Crystal

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

RECEIVED
JUL 15 2013

State Use Only:

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

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: The Port of San Francisco	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-17005778	* c. Organizational DUNS: 001360213

d. Address:

* Street1: Pier 1
Street2: _____
* City: San Francisco
County: _____
* State: CA
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94111

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: Richard
Middle Name: _____	
* Last Name: Berman	
Suffix: _____	
Title: Utility Specialist	
Organizational Affiliation: _____	
* Telephone Number: 415-274-0276	Fax Number: 415-274-0578
* Email: richard.berman@sfport.com	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-008	* b. Program/Project CA-All
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: January 2014	* b. End Date: July 2017
18. Estimated Funding (\$):	
* a. Federal \$ 966,000.00	
* b. Applicant	
* c. State	
* d. Local \$ 965,000.00	
* e. Other	
* f. Program Income	
* g. TOTAL \$ 1,930,000.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 7/9/2013	
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	
<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.	
Authorized Representative:	
Prefix: Ms.	* First Name: Monique
Middle Name:	
* Last Name: Moyer	
Suffix:	
* Title: Executive Director	
* Telephone Number: 415-274-0401	Fax Number: 415-274-0412
* Email: monique.moyer@sport.com	
* Signature of Authorized Representative: <i>Monique Moyer</i>	* Date Signed: July 8, 2013

RECEIVED

JUL 15 2013

APPLICATION FOR FEDERAL ASSISTANCE

STATE CLEARING HOUSE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: River Pines Public Utility District		Organizational DUNS: 004954756		Organizational Unit: Department: N/A Division: N/A	
Address: Street: 22900 Canyon Lane P.O. Box 70		City: River Pines		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Patricia Middle Name: Jean Last Name: Johnson	
County: Amador		State: CA		Zip Code: 95675	
Country: USA		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1540099		Email: RPPUD@RPPUD.org Phone Number (give area code): 209-245-6723 Fax Number (give area code): 209-245-5710	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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) Special District Other (specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Wastewater Disposal Loan Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Repair and replace water distribution system components as required and/or needed.		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Town in Amador Co.	
13. PROPOSED PROJECT Start Date: 9/1/2013 Ending Date: 9/1/2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th		15. ESTIMATED FUNDING: \$1.5M	
a. Federal \$		b. Applicant \$		c. State \$	
d. Local \$		e. Other \$		f. Program Income \$	
g. TOTAL \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <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 ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: First Name: Patricia Middle Name: Jean Last Name: Johnson Suffix: Mrs. b. Title: Clerk c. Telephone Number (give area code): 209-245-6723 d. Signature of Authorized Representative: <i>Patricia Johnson</i> e. Date Signed: 7/10/13					

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

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

RECEIVED

JUL 15 2013

STATE CLEARING HOUSE

* 3. Date Received: _____	4. Applicant Identifier: California Avocado Commission
-------------------------------------	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 13-8506-1698-CA
--	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Avocado Commission

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3315681	* c. Organizational DUNS: 096892252
--	---

d. Address:

* Street1: 12 Mauchly, SuiteL
Street2: _____
* City: Irvine
County: Orange
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92618-6305

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

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

Prefix: Dr.	* First Name: Timothy
Middle Name: Matthew	
* Last Name: Spann	
Suffix: _____	

Title: Research Project Manager
--

Organizational Affiliation: California Avocado Commission

* Telephone Number: 949-341-1955	Fax Number: 949-341-1970
---	---------------------------------

* Email: tspann@avocado.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA APHIS

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.):

San Luis Obispo, Santa Barbara, Ventura, Los Angeles, Orange, San Diego, San Bernardino and Riverside Counties

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

Polyphagous Shot Hole Borer/Fusarium Dieback: Producer and Consumer Education in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-047

* b. Program/Project CA-022

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

CA-023, CA-024, CA-025, CA-026

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal 110,500
* b. Applicant 84,269
* c. State 0
* d. Local 0
* e. Other 0
* f. Program Income 0
* g. TOTAL 194,769

*** 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 17, 2013

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:

Mr.

* First Name:

Thomas

Middle Name:

A.

* Last Name:

Bellamore

Suffix:

* Title:

President

* Telephone Number:

949-341-1955

Fax Number:

949-341-1970

* Email:

tbellamore@avocado.org

* Signature of Authorized Representative:

* Date Signed: