

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1 - 15, 2014**. 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.

RECEIVED

JUL 01 2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		STATE CLEARING HOUSE	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: TCY - 3-06-0059		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text" value="City of Tracy"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000442"/>		* c. Organizational DUNS: <input type="text" value="9316714030000"/>	
d. Address:			
* Street1:	<input type="text" value="520 Tracy Boulevard"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Tracy"/>		
County/Parish:	<input type="text" value="San Joaquin"/>		
* State:	<input type="text" value="CA: California"/>		
Province:	<input type="text"/>		
* Country:	<input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code:	<input type="text" value="953764917"/>		
e. Organizational Unit:			
Department Name: <input type="text" value="Public Works"/>		Division Name: <input type="text" value="Airports"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Ed"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Lovell"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Management Analyst II, Public Works"/>		
Organizational Affiliation: <input type="text" value="City of Tracy, Public Works Department, Airports"/>			
* Telephone Number:	<input type="text" value="209-831-6204"/>	Fax Number:	<input type="text" value="209-831-6218"/>
* Email:	<input type="text" value="ed.lovell@ci.tracy.ca.us"/>		

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*** 12. Funding Opportunity Number:**

* Title:

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:**

Tracy Municipal Airport, Tracy, San Joaquin County, CA: Partial Reimbursement for Engineering Design - Reconstruct R/Ws, T/Ws, and Aprons; Replace AWOS AV; Reconstruct R/W 12-30 and T/Ws B, D, & E

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="5,114,707.00"/>
* b. Applicant	<input type="text" value="518,300.00"/>
* c. State	<input type="text" value="50,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="5,683,007.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

** 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

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		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED JUL 02 2014</div>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation			
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier:		<div style="border: 1px solid black; padding: 5px;">STATE CLEARING HOUSE</div>	
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Santa Barbara					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-60000787			*c. Organizational DUNS: 606969863		
d. Address:					
*Street1: 601 Norman Firestone Rd.					
Street 2:					
*City: Santa Barbara					
County: Santa Barbara					
*State: California					
Province:					
Country: United States			*Zip/ Postal Code: 93117		
e. Organizational Unit:					
Department Name: Airport Department			Division Name: Facilities Planning and Development		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Andrew			
Middle Name: Rogers					
*Last Name: Bermond					
Suffix:					
Title: Project Planner					
Organizational Affiliation: Employee and Airport Representative on Goleta Slough Management Committee.					
*Telephone Number: 805-692-6032			Fax Number: 805-964-1380		
*Email: ABermond@SantaBarbara.gov					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **C. City or Township Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.630

CFDA Title:

Coastal Program

*12. Funding Opportunity Number:

F14AS00018

*Title:

Coastal Program

13. Competition Identification Number:

Not Applicable

Title:

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

City of Santa Barbara, City of Goleta, unincorporated County of Santa Barbara, and the University of California, Santa Barbara.

*15. Descriptive Title of Applicant's Project:

Goleta Slough Mouth Hydrologic Modeling Study, as detailed in the Notice of Award Letter's Enclosure 2 (Project Work Plan)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: **Lois Capps (24th)**

*a. Applicant **Lois Capps (24th)**

*b. Program/Project:

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

17. Proposed Project: **Goleta Slough Mouth Hydrologic Modeling Study**

*a. Start Date: **8/15/2014**

*b. End Date: **6/30/2015**

18. Estimated Funding (\$):

*a. Federal **\$16,480.00**

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL **\$16,480.00**

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

AB

a. This application was made available to the State under the Executive Order 12372 Process for review on **7/2/14**

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Hazel

Middle Name: Marie

*Last Name: Johns

Suffix:

*Title: Airport Director

*Telephone Number: 805-967-7111

Fax Number: 805-964-1380

*Email: HJohns@SantaBarbaraCA.gov

*Signature of Authorized Representative: *Hazel Johns* Date Signed: July 1, 2014

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: _____		4. Applicant Identifier: Dept. of Food and Agriculture		RECEIVED JUL 07 2014 STATE CLEARING HOUSE	
5a. Federal Entity Identifier: 14-8506-1771-CA		* 5b. Federal Award Identifier: _____			
State Use Only:					
6. Date Received by State: July 2, 2014		7. State Application Identifier: 14-0134-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:**

False Codling Moth

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: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 100,000

* b. Applicant

* c. State 100,000

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 100,000

*** 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 July 7, 2014

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: * First Name: Crystal

Middle Name:

* 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

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

5. APPLICANT INFORMATION

Legal Name: **CITY OF WEED** Organizational Unit: _____
 Department: **POLICE**

Organizational DUNS: **111411885** Division: _____

Address: _____
 Street: **550 MAIN ST.** Name and telephone number of person to be contacted on matters involving this application (give area code):
 Prefix: _____ First Name: **STEVE**

City: **WEED** Middle Name: _____
 County: **SISKIYOU** Last Name: **SHANNON**

State: **CA** Zip Code: **96094** Suffix: _____
 Country: **USA** Email: **SHANNON@CL.WEED.CA.US**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **74-7050404** Phone Number (give area code): **530-938-5000** Fax Number (give area code): **530-938-5005**

7. TYPE OF APPLICANT: (See back of form for Application Types)
 New Continuation Revision
 Other (specify): _____

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

9. NAME OF FEDERAL AGENCY: **USDA, Rural Development**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **10-766**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
EQUIPMENT INSTALLATION AND PURCHASE OF HVAC

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

13. PROPOSED PROJECT
 Start Date: **8-1-14** Ending Date: **11-1-14**

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant **1** b. Project **1**

15. ESTIMATED FUNDING:

a. Federal	\$ 21,000	
b. Applicant	\$	
c. State	\$	
d. Local	\$ 7,000	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$ 28,000	

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: **7/3/2014**

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

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix: _____ First Name: **RON** Middle Name: _____
 Last Name: **STOCK** Suffix: _____

b. Title: **CITY ADMINISTRATOR** c. Telephone Number (give area code): **530-938-5020**

d. Signature of Authorized Representative: _____ e. Date Signed: **7/2/14**

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

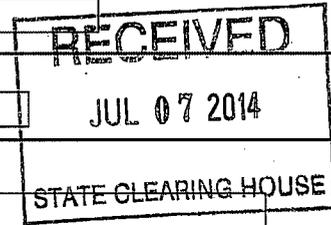
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:



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:

San Pasqual Band of Mission Indians

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

95-346938

* c. Organizational DUNS:

8061139160000

d. Address:

* Street1:

16400 Kumeyaay Way

Street2:

* City:

Valley Center

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92082-0000

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:

Michael

Middle Name:

* Last Name:

Manriquez

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

760-749-3200 xt 229

Fax Number:

* Email:

mmanriquez@sanpasqualtribe.org

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.863

CFDA Title:

Community Connect Grant Program

*** 12. Funding Opportunity Number:**

RDRUS-CC-2014

* Title:

Community Connect

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:**

San Pasqual High-Speed Broadband Internet Initiative (SHINE)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,579,516.00"/>
* b. Applicant	<input type="text" value="499,801.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,079,317.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

** 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

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED

JUL 07 2014

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

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

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

94-6002123

*c. Organizational DUNS:

1247267250000

d. Address:

*Street 1: c/o Sponsored Projects Office
Street 2: 2150 Shattuck Avenue, Suite 313
*City: Berkeley
County: Alameda
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code 94704-5940

e. Organizational Unit:

Department Name:
Environmental Science, Policy and Management

Division Name:
College of Natural Resources

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

Prefix: _____ *First Name: Erin
Middle Name: _____
*Last Name: Lentz
Suffix: _____

Title: Contracts and Grants Officer

Organizational Affiliation:
Sponsored Projects Office, University of California Berkeley

*Telephone Number: (510)643-2152 Fax Number: (510)642-8236

Application for Federal Assistance SF-424

Version 02

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Monterey to Humboldt County

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

Confirming the pathogenicity and host range of Phytophthora ramorum -Berkeley

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-013

*b. Program/Project: CA-all

17. Proposed Project:

*a. Start Date: 09/01/14

*b. End Date: 08/31/15

18. Estimated Funding (\$):

*a. Federal	_____	75,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	75,000

***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 7/7/14
- 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: <u>Erin</u>
Middle Name: _____	<i>Erin</i>
*Last Name: <u>Lentz</u>	
Suffix: _____	
*Title: <u>Contracts and Grants Officer</u>	
*Telephone Number: <u>(510) 643-2152</u>	Fax Number: <u>(510)642-8236</u>
* Email: <u>spoawards@berkeley.edu</u>	
*Signature of Authorized Representative: 	*Date Signed: <u>7/7/14</u>

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

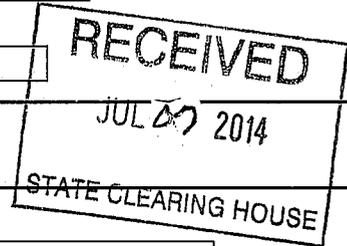
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

14-8506-0689-CA

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

State Use Only:

6. Date Received by State:

July 2, 2014

7. State Application Identifier:

13-0538-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:**

Asian Defoliating Moth

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: 5/1/2014

* b. End Date: 4/30/2015

18. Estimated Funding (\$):

* a. Federal 542,482

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 542,482

*** 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 7, 2014

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:

* First Name: Crystal

Middle Name:

* 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:

- 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 07 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

14-8506-1771-CA

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: July 2, 2014

7. State Application Identifier: 14-0134-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:**

False Codling Moth

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: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 100,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 100,000

*** 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 July 7, 2014

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: * First Name: Crystal

Middle Name:

* 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:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

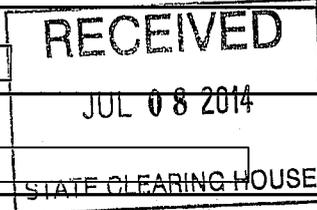
*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture



5a. Federal Entity Identifier:

14-8506-1050-CA

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

State Use Only:

6. Date Received by State: July 8, 2014

7. State Application Identifier: 13-0539-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:**

Citrus Commodity Survey

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: 6/1/2014

* b. End Date: 5/31/2015

18. Estimated Funding (\$):

* a. Federal 350,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 350,000

*** 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 July 8, 2014

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: * First Name: Crystal

Middle Name:

* 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: <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 08 2014

* 3. Date Received: 06/27/2014	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: G149851
----------------------------------	--

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

a. 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: BLAINE
Middle Name: _____	
* Last Name: NICKENS	
Suffix: _____	

Title: CHIEF

Organizational Affiliation: _____

* Telephone Number: 916-445-9300	Fax Number: 916-327-6320
----------------------------------	--------------------------

* Email: blaine.nickens@wildlife.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

Imperial County and Riverside County

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE (SAN JACINTO & IMPERIAL)

Attach supporting documents as specified in agency instructions.

Add Attachments	Delete Attachments	View Attachments
-----------------	--------------------	------------------

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-51"/>	* b. Program/Project <input type="text" value="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="07/01/2014"/>	* b. End Date: <input type="text" value="06/20/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,263,061.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="421,020.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="71,000.00"/>	
* g. TOTAL	<input type="text" value="1,755,081.00"/>	
* 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="06/30/2014"/>		
<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.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="EXPLANATION"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<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="DAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-9300"/>	Fax Number: <input type="text" value="(916) 327-6320"/>
* Email:	<input type="text" value="blaine.nickens@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Blaine Nickens"/>	* Date Signed: <input type="text" value="06/27/2014"/>

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

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 08/28/2014	4. Applicant Identifier: <input type="text"/>
-----------------------------------	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
--	---

RECEIVED
JUL 08 2014

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: 61498101
--	---

STATE CLEARING HOUSE

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:	1831 9TH STREET
Street2:	<input type="text"/>
* City:	SACRAMENTO
County:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* 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:	<input type="text"/>	* First Name:	JASON
Middle Name:	<input type="text"/>		
* Last Name:	WILLIAMS		
Suffix:	<input type="text"/>		

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-327-0062	Fax Number: 916-327-6320
----------------------------------	--------------------------

* Email: JASON.WILLIAMS@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00056

*** Title:**

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

13. Competition Identification Number:

[Empty field]

Title:

[Empty field]

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

INYO, MONO, RIVERSIDE, IMPERIAL, SAN BERNARDINO COUNTIES

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

Wildlife Surveys and Inventories: Resource Assessment in the Sierra Nevada and Peninsular Ranges

Attach supporting documents as specified in agency instructions.

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="460,628.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="153,543.00"/>
* 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="614,171.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Presapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Presapplication <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): _____
* 1. Type of Submission: <input type="checkbox"/> Presapplication <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: 06/27/2014	4. Applicant Identifier: _____ JUL 08 2014				
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____				
State Use Only:					
6. Date Received by State: _____	7. State Application Identifier: G1496102				
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 9th STREET	Street2: _____				
* City: SACRAMENTO	County: _____				
* 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: JASON	Middle Name: _____			
* Last Name: WILLIAMS	Suffix: _____				
Title: GRANT ADMINISTRATOR	Organizational Affiliation: _____				
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320				
* Email: JASON.WILLIAMS@WILDLIFE.CA.GOV					

RECEIVED

STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

Imperial County, Inyo County, Mono County, Riverside County, and San Bernardino County

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

WILDLIFE SURVEYS AND INVENTORIES; WILDLIFE MANAGEMENT OF THE INLAND DESERT REGION (GAME)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="747,573.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="249,191.00"/>
* 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="996,764.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

08/26/2014

4. Applicant Identifier:

[Empty box]

RECEIVED

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

[Empty box]

JUL 08 2014

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1498061

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:

1831 9th STREET

Street2:

[Empty box]

* City:

SACRAMENTO

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* 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:

[Empty box]

* First Name:

JASON

Middle Name:

[Empty box]

* Last Name:

WILLIAMS

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

JASON.WILLIAMS@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

CALIFORNIA WILDLIFE RESTORATION COORDINATION

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-006	* b. Program/Project
		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="Move Attachment"/>		
17. Proposed Project:		
* a. Start Date:	07/01/2014	* b. End Date:
		06/30/2015
18. Estimated Funding (\$):		
* a. Federal	270,115.00	
* b. Applicant	0.00	
* c. State	90,039.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	360,154.00	
* 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		06/18/2014
<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.)		
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<input type="button" value="Provide Explanation"/>		
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>		
Authorized Representative:		
Prefix:		* First Name: JASON
Middle Name:		
* Last Name:	WILLIAMS	
Suffix:		
* Title:	GRANT ADMINISTRATOR	
* Telephone Number:	916-327-0062	Fax Number: 916-327-6320
* Email:	JASON.WILLIAMS@WILDLIFE.CA.GOV	
* Signature of Authorized Representative:	Elaine Nickens	* Date Signed: 09/28/2014

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 08/28/2014	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: JUL 08 2014 _____	
STATE CLEARING HOUSE		
6. Date Received by State: _____	7. State Application Identifier: 61496107	
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 9TH STREET	Street2: _____	
* City: SACRAMENTO	County: _____	
* 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: LISA	
Middle Name: _____	* Last Name: BAYS	
Suffix: _____	Title: STAFF SERVICES MANAGER I	
Organizational Affiliation: _____		
* Telephone Number: 916-445-3701	Fax Number: 916-327-6320	
* Email: LISA.BAYS@WILDLIFE.CA.GOV		

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

San Diego and Santa Barbara Counties

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 5

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="432,105.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="144,035.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="18,788.00"/>
* g. TOTAL	<input type="text" value="594,928.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

RECEIVED
JUL 08 2014
STATE CLEARING HOUSE

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1498082

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223560000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* 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:

LISA

Middle Name:

* Last Name:

BAYS

Suffix:

Title:

STAFF SERVICES MANAGER I

Organizational Affiliation:

* Telephone Number:

916-445-3701

Fax Number:

916-327-6320

* Email:

LISA.BAYS@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14A800058

* Title:

R9 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

SAN BERNARDINO (8), RIVERSIDE (36), IMPERIAL (51) COUNTIES

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

LANDS MANAGEMENT INLAND DESERTS REGION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-005"/>	* 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="Cancel Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="224,187.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="74,730.00"/>	
* 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="298,917.00"/>	
* 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="06/30/2014"/>
<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.)		
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** 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.</small>		
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="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."/>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture	
5a. Federal Entity Identifier: 14-8506-1780-CA	* 5b. Federal Award Identifier: _____	
RECEIVED JUL 10 2014 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: July 10, 2014	7. State Application Identifier: 14-0198-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:**

Palm Commodity-Based Survey

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: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 280,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 280,000

*** 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 July 10, 2014

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: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

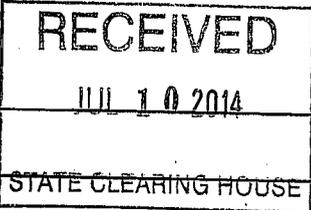
* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission <input 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): - Select One - * Other (Specify)
--	--	---



* 3. Date Received:	4. Application Identifier: O60
5a. Federal Entity Identifier: 3-06-0045	* 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: City of Cloverdale	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000310	* c. Organizational DUNS: 004-952-867

d. Address:

* Street1: 124 N. Cloverdale Blvd Street 2:
* City: Cloverdale County: Sonoma * State: CA Province:
Country: United States * Zip/ Postal Code: 95425

e. Organizational Unit:

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

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

Prefix: Mr. Middle Name:	First Name: Mark
* Last Name: Tuma Suffix:	
Title: Airport Manager	
Organizational Affiliation:	

* Telephone Number: (707) 894-2150	Fax Number: (707) 894-3471
* Email: mtuma@ci.cloverdale.ca.us	

Application for Federal Assistance SF-424

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

X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify): Municipal

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*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:

Obstruction Survey and Mitigation Plan

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 1st

*b. Program/Project: 1st

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

17. Proposed Project:

*a. Start Date: 08/01/2014

*b. End Date: 12/31/2015

18. Estimated Funding (\$):

*a. Federal	81,000.00
*b. Applicant	9,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	90,000.00

***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 07/10/2014
- 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 on next page.)**

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: Paul

Middle Name:

*Last Name: Cayler

Suffix:

*Title: City Manager

*Telephone Number: (707) 894-2521

Fax Number: (707) 894-3451

* Email: pcayler@ci.cloverdale.ca.us

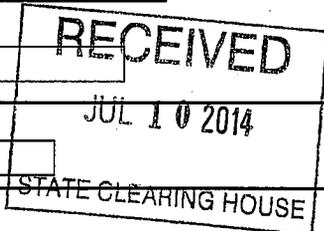
*Signature of Authorized Representative:

Kevin Massey for Paul Cayler

*Date Signed:

7/10/14

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture	
5a. Federal Entity Identifier: 14-8506-1775-CA	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: July 8, 2014	7. State Application Identifier: 14-0135-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:**

Solanaceous/Tomato Commodity Survey

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: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 120,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 120,000

*** 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 July 8, 2014

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: * First Name: Crystal

Middle Name:

* 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:**

- 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:

JUL 11 2014

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:**

South County Housing Corporation

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

94-2590572

*** c. Organizational DUNS:**

0985422020000

d. Address:

*** Street1:**

7455 Carmel Street

Street2:

*** City:**

Gilroy

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95020-5755

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:**

Seth

Middle Name:

*** Last Name:**

Capron

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

408-843-9253

Fax Number:

408-842-0277

*** Email:**

seth@scounty.com

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:
[Empty text box]

Type of Applicant 3: Select Applicant Type:
[Empty text box]

* Other (specify):
[Empty text box]

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

[Empty text box]

CFDA Title:
[Empty text box]

*** 12. Funding Opportunity Number:**

[Empty text box]

* Title:
Section 523 mutual and self-help housing technical assistance grant.

13. Competition Identification Number:

[Empty text box]

Title:
[Empty text box]

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

[Empty text box]

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

South County Housing is requesting \$737,804 in technical assistance funds to develop 27 mutual self help homes in San Benito County. Qualifying home builders and will apply for USDA 502 mortgages.

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="737,804.00"/>
* 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="737,804.00"/>

*** 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:

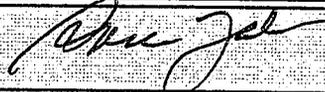
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:		
<input type="text"/>		<input type="text"/>		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:		
<input type="text"/>		<input type="text"/>		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
<input type="text"/>		<input type="text"/>		
8. APPLICANT INFORMATION:				
* a. Legal Name: <input type="text" value="The Regents of the University of California"/>				
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:		
<input type="text" value="1946036494A1"/>		<input type="text" value="047120084"/>		
d. Address:				
* Street1:	<input type="text" value="One Shields Avenue"/>			
* Street2:	<input type="text" value="1850 Research Park Drive, Suite 300"/>			
* City:	<input type="text" value="Davis"/>			
* County:	<input type="text" value="Yolo"/>			
* State:	<input type="text" value="CA"/>			
* Province:	<input type="text"/>			
* Country:	<input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code:	<input type="text" value="95618-6153"/>			
e. Organizational Unit:				
Department Name:		Division Name:		
<input type="text" value="Veterinary Medicine"/>		<input type="text" value="Medicine & Epidemiology"/>		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix:	<input type="text" value="Dr."/>	* First Name:	<input type="text" value="Pamela"/>	
Middle Name:	<input type="text" value="Joanne"/>			
* Last Name:	<input type="text" value="Hullinger"/>			
Suffix:	<input type="text"/>			
Title:	<input type="text" value="Specialist"/>			
Organizational Affiliation:				
<input type="text" value="Veterinary Medicine - Medicine & Epidemiology"/>				
* Telephone Number:	<input type="text" value="530-601-0714"/>	Fax Number:	<input type="text" value="530-752-1618"/>	
* Email:	<input type="text" value="phullinger@ucdavis.edu"/>			

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STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:
 This is a cooperative agreement - Title is NA.

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-001	* b. Program/Project CA-001
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	09/01/2014	* b. End Date: 08/31/2014
18. Estimated Funding (\$): 188,305		
* a. Federal	188,305	
* b. Applicant		
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	188,305	
* 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"/>	
<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.)		
<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:	Mrs.	* First Name: Lisa
Middle Name:	Y.	
* Last Name:	Parker	
Suffix:	<input type="text"/>	
* Title:	Contracts and Grants Analyst, Office of Research - Sponsor	
* Telephone Number:	530-754-8017	Fax Number: 530-754-8229
* Email:	lyparker@ucdavis.edu	
* Signature of Authorized Representative:		* Date Signed: 7/11/14

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
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): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: Dept. of Food and Agriculture	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 14 2014 </div>
5a. Federal Entity Identifier: <input type="text"/> 14-8506-1399-CA	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/> July 14 2014	7. State Application Identifier: <input type="text"/> 14-0166-FR	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 68-0325104	* c. Organizational DUNS: <input type="text"/> 807487665	
d. Address:		
* Street1: <input type="text"/> 1220 N Street, Room 315	Street2: <input type="text"/>	
* City: <input type="text"/> Sacramento	County: <input type="text"/>	
* State: <input type="text"/> California	Province: <input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	* Zip / Postal Code: <input type="text"/> 95814	
e. Organizational Unit:		
Department Name: <input type="text"/> California Department of Food and Agriculture	Division Name: <input type="text"/> Plant Health & Pest Prevention Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/> Jason	
Middle Name: <input type="text"/> K	* Last Name: <input type="text"/> Chan	
Suffix: <input type="text"/>	Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/> California Department of Food and Agriculture		
* Telephone Number: <input type="text"/> (916) 654-1211	Fax Number: <input type="text"/> (916) 654-0555	
* Email: <input type="text"/> 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:**

Comprehensive Detection Surveys for Invasive Pest Threats

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 502,730
- * b. Applicant
- * c. State 0
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL 502,730

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

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

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

RECEIVED
JUL 14 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: E36
---------------------	-----------------------------------

5a. Federal Entity Identifier: 3-06-0093	* 5b. Federal Award Identifier:
---	---------------------------------

State Use Only: 6. Date Received by State:	7. State Application Identifier:
---	----------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: County of El Dorado

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-8000511	* c. Organizational DUNS: 07-154-9201
---	--

d. Address:

* Street1: 2850 Fairlane Court
Street 2:
* City: Placerville
County: El Dorado
* State: CA
Province:
Country: United States * Zip/ Postal Code: 95667

e. Organizational Unit:

Department Name: Community Development Agency	Division Name: Administration and Finance
--	--

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

Prefix: Ms. First Name: Sherrie
Middle Name:
* Last Name: Busby
Suffix:

Title: Administrative Services Officer

Organizational Affiliation:
County of El Dorado, Community Development Agency, Administration and Finance Division, Operations Unit, Airports

* Telephone Number: (530) 621-5984	* Fax Number: (530) 626-0387
------------------------------------	------------------------------

* Email: sherrie.busby@edogov.us

Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Georgetown, El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Obstruction Survey and Mitigation Plan

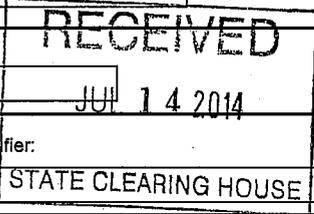
Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 01/01/2015	*b. End Date: 06/30/2016
18. Estimated Funding (\$):	
*a. Federal	81,000.00
*b. Applicant	9,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	90,000.00
*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 <u>07/11/2014</u>	
<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 on next page.)	
<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 28, 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: Mr.	*First Name: Steven
Middle Name: M.	
*Last Name: Pedretti	
Suffix:	
*Title: Director of Community Development Agency	
*Telephone Number: (530) 621-5914	Fax Number: (530) 626-0387
* Email: steve.pedretti@edcgov.us	
*Signature of Authorized Representative: 	*Date Signed: 7-11-14

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture
-------------------------------------	--



5a. Federal Entity Identifier: 14-8506-1399-CA	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
--	--

State Use Only:

6. Date Received by State: July 14, 2014	7. State Application Identifier: 14-0166-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:**

Comprehensive Detection Surveys for Invasive Pest Threats

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: 7/11/2014

* b. End Date: 7/10/2015

18. Estimated Funding (\$):

* a. Federal 502,730

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 502,730

*** 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 14, 2014

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

Middle Name:

* 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

_____ JUL 15 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

_____ STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

County of Nevada

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

94-6000526

* c. Organizational DUNS:

010979029

d. Address:

* Street1:

950 Maidu Avenue

Street2:

* City:

Nevada City

County:

Nevada

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95959

e. Organizational Unit:

Department Name:

Health and Human Services

Division Name:

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

Prefix:

Mr.

* First Name:

Rob

Middle Name:

* Last Name:

Choate

Suffix:

Title:

Administrative Services Associate

Organizational Affiliation:

* Telephone Number:

530-265-1645

Fax Number:

530-265-9860

* Email:

rob.choate@co.nevada.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B. County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development, Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Rural Housing Preservation Grants

* 12. Funding Opportunity Number:

USDA-RD-HCFP-HPG-2014

* Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

HPG-2014

Title:

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

Nevada County will use the HPG funds in the unincorporated areas of Nevada County.

* 15. Descriptive Title of Applicant's Project:

Low and very low-income single family home rehabilitation grants in the unincorporated areas of Nevada County, CA.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA 004

* b. Program/Project CA 004

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

17. Proposed Project:

* a. Start Date: 10-1-2014

* b. End Date: 9-30-2015

18. Estimated Funding (\$):

* a. Federal \$100,000

* b. Applicant

* c. State \$105,000

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$205,000

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

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

7-11-2014

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: Rick

Middle Name:

* Last Name: Haffey

Suffix:

* Title: County Executive Officer

* Telephone Number: 530-265-7040

Fax Number: 530-265-9839

* Email: ceo@co.nevada.ca.us

* Signature of Authorized Representative:

* Date Signed: 7/11/14