Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1 - 15, 2015.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUL 01 2015
STATE CLEARING HOUSE

* 3. Date Received:
4. Application Identifier:

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

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

8. APPLICANT INFORMATION:

* a. Legal Name: Westover Field / Amador County Airport
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000505
*c. Organizational DUNS: 103474818

d. Address:

* Street1: 12200-B Airport Road
Street 2:
* City: Jackson
County: Amador
* State: CA
Province:
Country: USA
*Zip/ Postal Code: 95642

e. Organizational Unit:

Department Name: Amador County General Services Administration
Division Name: Airport

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

Prefix: Mr.
First Name: Jon
Middle Name:
* Last Name: Hopkins
Suffix:

Title: Director, Amador County General Services Administration

Organizational Affiliation:

* Telephone Number: (209) 223-6375
Fax Number: (209) 223-0749
* Email: JHopkins@amadorgov.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

Department of Transportation-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.):

Cities of Sutter Creek and Jackson
County of Amador
State of California

* 15. Descriptive Title of Applicant's Project:

Updating of existing Automated Weather Observation (AWOS III)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 14 *b. Program/Project: 14

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 06/30/2016

18. Estimated Funding ($):

*a. Federal	100,000.00
*b. Applicant	6,111.00
*c. State	5,000.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	111,111.00

***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 6-29-2015

☐ 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: Brian

Middle Name:

*Last Name: Oneto

Suffix:

*Title: Chairman, Amador County Board of Supervisors

*Telephone Number: (209) 223-6470 Fax Number: (209) 223-0619

* Email: BOneto@amadorgov.org

*Signature of Authorized Representative: Brian Oneto

*Date Signed: May 19, 2015

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUL 01 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: KJAQ	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Westover Field / Amador County Airport

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000505	103474818

d. Address:

* Street1: 12200-B Airport Road
Street 2:
* City: Jackson
County: Amador
* State: CA
Province:
Country: USA
*Zip/ Postal Code: 95642

e. Organizational Unit:

Department Name:	Division Name:
Amador County General Services Administration	Airport

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

Prefix: Mr.
First Name: Jon
Middle Name:
* Last Name: Hopkins
Suffix:

Title: Director, Amador County General Services Administration

Organizational Affiliation:

* Telephone Number: (209) 223-6375	Fax Number: (209) 223-0749

* Email: JHopkins@amadorgov.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

Department of Transportation-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.):

Cities of Sutter Creek and Jackson
County of Amador
State of California

* 15. Descriptive Title of Applicant's Project:

Design of Pavement Maintenance on existing runway and parallel/connecting taxiways

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 14 *b. Program/Project: 14

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 06/30/2016

18. Estimated Funding ($):

*a. Federal	50,000.00
*b. Applicant	3,055.00
*c. State	2,500.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	55,555.00

***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 6-29-2015

☐ 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.)**

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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)

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Authorized Representative:

Prefix: Mr. *First Name: Brian

Middle Name:

*Last Name: Oneto

Suffix:

*Title: Chairman, Amador County Board of Supervisors

*Telephone Number: (209) 223-6470 Fax Number: (209) 223-0619

* Email: BOneto@amadorgov.org

*Signature of Authorized Representative: Brian Oneto

*Date Signed: May 19, 2015

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUL 01 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
04/27/2015	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
3-06-0048	O08

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Colusa County

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000050	

d. Address:

* Street1: 100 Sunrise Blvd.
Street 2: Suite F
* City: Colusa
County: Colusa
* State: California
Province:
Country: United States
*Zip/ Postal Code: 95932

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mr.
First Name: Joe
Middle Name:
* Last Name: Damiano
Suffix:

Title: Director of Airport Operations

Organizational Affiliation:
N/A

* Telephone Number: (530) 458-0580
Fax Number: (530) 458-5000

* Email: jdamiano@countyofcolusa.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Colusa, Colusa County, California

* 15. Descriptive Title of Applicant's Project:

Airport Layout Plan Update and Narrative Report

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA 3rd

*b. Program/Project: CA 3rd

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

17. Proposed Project:

*a. Start Date: 06/01/2015

*b. End Date: 06/01/2016

18. Estimated Funding ($):

*a. Federal	226,208.00
*b. Applicant	25,134.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	251,342.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/1/15

☐ 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: Joe

Middle Name:

*Last Name: Damiano

Suffix:

*Title: Director of Airport Operations

*Telephone Number: (530) 458-0580

Fax Number: (530) 458-5000

* Email: jdamiano@countyofcolusa.org

*Signature of Authorized Representative: Joseph R. Damiano

*Date Signed: 6/30/2015

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

Application for Federal Assistance SF-424

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

RECEIVED
JUL 01 2015
STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
15-8506-1211-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
10/30/2014	14-0434-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1: 1220 N Street, Room 315
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health/Pest Prev Svcs

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

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

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(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:**

NA

* Title:

NA

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:**

Asian Citrus Psyllid

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: 6

* b. Program/Project: CA-All

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014

* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	9,015,978.00
* b. Applicant	0.00
* c. State	1,228,265.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,244,243.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.

☐ 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: 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:

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

Application for Federal Assistance SF-424

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

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

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JUL 01 2015
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
15-8506-0497-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
04/03/2015	15-0355-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health/Pest Prev Svcs

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

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

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(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:**

NA

* Title:

NA

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:**

Red Imported Fire Any Survey

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: 6
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015
* b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	120,030.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	120,030.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.

☐ 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: 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:

RECEIVED
JUL 01 2015
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 07/01/2015

4. Applicant Identifier: N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier: 06-01790

State Use Only:

6. Date Received by State: 07/01/2015

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606

* c. Organizational DUNS: 172070807000

d. Address:

* Street1: P.O. Box 942896
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: California Department of Parks

Division Name: Office of Grants & Local Svcs

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

Prefix: Mrs.
* First Name: Cristelle
Middle Name:
* Last Name: Erickson
Suffix:

Title: Associate Park & Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-654-8686
Fax Number:

* Email: Cristelle.Erickson@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

P14AS00001

* Title:

Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

Title:

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

GNIS Detail - Mount San Jacinto State Park.

Add Attachment | Delete Attachment | View Attachment

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

Mt. San Jacinto State Park Trail Rehabilitation Project / USGS ID#246273
25905 Highway 243
Idyllwild, CA 92549

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: 07
* b. Program/Project: 36

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015
* b. End Date: 06/30/2018

18. Estimated Funding ($):

* a. Federal	376,344.00
* b. Applicant	516,861.00
* c. State	38,904.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	932,109.00

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☐ 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: Ms. * First Name: Jean

Middle Name:

* Last Name: Lacher

Suffix:

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597 Fax Number:

* Email: jean.lacher@parks.ca.gov

* Signature of Authorized Representative: Jean A. Lacher * Date Signed: 7-1-15

RECEIVED
JUL 01 2015
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
07/01/2015	N/A

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	06-01789

State Use Only:

6. Date Received by State:	07/01/2015	7. State Application Identifier:	SAI-Exempt

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0303606	172070807000

d. Address:

* Street1:	P.O. Box 942896
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94296-0001

e. Organizational Unit:

Department Name:	Division Name:
California Department of Parks	Office of Grants & Local Svcs

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

Prefix:	Mrs.	* First Name:	Cristelle
Middle Name:			
* Last Name:	Erickson		
Suffix:			

Title: Associate Park & Recreation Specialist

Organizational Affiliation:
California Department of Parks and Recreation

* Telephone Number:	916-654-8686	Fax Number:	

* Email: Cristelle.Erickson@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

P14AS00001

* Title:

Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

Title:

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

GNIS Detail - Kenneth Hahn State Recreation

Add Attachment | Delete Attachment | View Attachment

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

Baldwin Hills Scenic Overlook - Hetzler Trail/ USGS ID# 1732787
6300 Hetzler Road
Culver City, CA 90232

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 33 * b. Program/Project 37

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015 * b. End Date: 06/30/2018

18. Estimated Funding ($):

* a. Federal	172,043.00
* b. Applicant	500,000.00
* c. State	37,635.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	709,678.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.

☐ 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: Ms. * First Name: Jean

Middle Name:

* Last Name: Lacher

Suffix:

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597 Fax Number:

* Email: jean.lacher@parks.ca.gov

* Signature of Authorized Representative: Jean A. Lacher * Date Signed: 7-1-15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: 201 - 3-06-0191-

* 5b. Federal Award Identifier: N/A

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Plumas

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528

*c. Organizational DUNS: 010997419

RECEIVED JUL 02 2015 STATE CLEARING HOUSE

d. Address:

* Street1: 198 Andy's Way
Street 2:
* City: Quincy
County: Plumas
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95971

e. Organizational Unit:

Department Name: Department of Facility Services

Division Name: Facilities - Airports

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

Prefix: Mr. First Name: Dony
Middle Name:
* Last Name: Sawchuk
Suffix:

Title: Director, Facilities and Airports

Organizational Affiliation:
County of Plumas, Department of Facility Services - Airports

* Telephone Number: (530) 283-6070 Fax Number: (530) 283-6103

* Email: DonySawchuk@countyofplumas.com

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

13. Competition Identification Number:

Title: N/A

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

Quincy, Plumas County, California

* 15. Descriptive Title of Applicant's Project:

Gansner Field, Quincy, Plumas County, California - Acquisition of Snow Blower

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: 08/01/2015 *b. End Date: 04/30/2016

18. Estimated Funding ($):

*a. Federal	171,000.00
*b. Applicant	10,450.00
*c. State	8,550.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	190,000.00

***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 06/30/2015

☐ 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: Dony

Middle Name:

*Last Name: Sawchuk

Suffix:

*Title: Director of Facilities and Airports

*Telephone Number: (530) 283-6070 Fax Number: (530) 283-6103

* Email: DonySawchuk@countyofplumas.com

*Signature of Authorized Representative: *Date Signed: 7/2/2015

OMB Number: 4040-0004
Expiration Date: 06/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: 201 - 3-06-0191-

* 5b. Federal Award Identifier: N/A

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Plumas

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528

*c. Organizational DUNS: 010997419

RECEIVED JUL 02 2015 STATE CLEARING HOUSE

d. Address:

* Street1: 198 Andy's Way
Street 2:
* City: Quincy
County: Plumas
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95971

e. Organizational Unit:

Department Name: Department of Facility Services

Division Name: Facilities - Airports

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

Prefix: Mr. First Name: Dony
Middle Name:
* Last Name: Sawchuk
Suffix:

Title: Director, Facilities and Airports

Organizational Affiliation:
County of Plumas, Department of Facility Services - Airports

* Telephone Number: (530) 283-6070 Fax Number: (530) 283-6103

* Email: DonySawchuk@countyofplumas.com

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

13. Competition Identification Number:

Title: N/A

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

Quincy, Plumas County, California

* 15. Descriptive Title of Applicant's Project:

Gansner Field, Quincy, Plumas County, California - Update Airfield Lighting

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: 08/01/2015 *b. End Date: 12/31/2015

18. Estimated Funding ($):

*a. Federal	43,200.00
*b. Applicant	2,640.00
*c. State	2,160.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	48,000.00

***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 06/30/2015

☐ 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: Dony

Middle Name:

*Last Name: Sawchuk

Suffix:

*Title: Director of Facilities and Airports

*Telephone Number: (530) 283-6070 Fax Number: (530) 283-6103

* Email: DonySawchuk@countyofplumas.com

*Signature of Authorized Representative: *Date Signed: 7/2/2015

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: O05 - 3-06-0040-

* 5b. Federal Award Identifier: N/A

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Plumas

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528

*c. Organizational DUNS: 010997419

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d. Address:

* Street1: 198 Andy's Way
Street 2:
* City: Quincy
County: Plumas
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95971

e. Organizational Unit:

Department Name: Department of Facility Services

Division Name: Facilities - Airports

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

Prefix: Mr. First Name: Dony
Middle Name:
* Last Name: Sawchuk
Suffix:

Title: Director, Facilities and Airports

Organizational Affiliation:
County of Plumas, Department of Facility Services - Airports

* Telephone Number: (530) 283-6070 Fax Number: (530) 283-6103

* Email: DonySawchuk@countyofplumas.com

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

13. Competition Identification Number:

Title: N/A

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

Chester, Plumas County, California

* 15. Descriptive Title of Applicant's Project:

Rogers Field, Chester, Plumas County, California - Acquisition of Snow Plow Truck

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: 08/01/2015 *b. End Date: 04/30/2016

18. Estimated Funding ($):

*a. Federal	211,500.00
*b. Applicant	12,925.00
*c. State	10,575.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	235,000.00

***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 06/30/2015

☐ 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: Dony

Middle Name:

*Last Name: Sawchuk

Suffix:

*Title: Director of Facilities and Airports

*Telephone Number: (530) 283-6070 Fax Number: (530) 283-6103

* Email: DonySawchuk@countyofplumas.com

*Signature of Authorized Representative: *Date Signed: 7/2/15

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

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Barbara County Flood Control & Water Conservation Dist

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956002833

* c. Organizational DUNS: 0107186580000

d. Address:

* Street1: 130 East Victoria Street, Suite 200
Street2:
* City: Santa Barbara
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93101-2109

e. Organizational Unit:

Department Name: Public Works

Division Name: Water Resources

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

Prefix: Ms.
* First Name: Karen
Middle Name:
* Last Name: Sullivan
Suffix:

Title: Civil Engineer

Organizational Affiliation:

* Telephone Number: 805-568-3458
Fax Number: 805-568-3434

* Email: ksulliv@cosbpw.net

Application for Federal Assistance SF-424

*** 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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2015-2004410

* Title:

Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

2528603

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Lower Mission Creek Flood Control and Restoration Project, Reach 2A - Enhanced flood conveyance, endangered steelhead trout and tidewater goby habitat restoration.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-24
* b. Program/Project: CA-24

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2016
* b. End Date: 12/15/2016

18. Estimated Funding ($):

* a. Federal	1,230,040.00
* b. Applicant	621,560.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,851,600.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Jon

Middle Name:

* Last Name: Frye

Suffix:

* Title: Engineering Manager

* Telephone Number: 805-568-3440 Fax Number: 805-568-3434

* Email: jfrye@co.sbpw.net

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

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

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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* a. Legal Name: State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968

* c. Organizational DUNS: 9083224080000

d. Address:

* Street1: 1330 Broadway, 13th Floor
Street2:
* City: Oakland
County/Parish: Alameda
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94612-2530

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Ms.
* First Name: Laura
Middle Name:
* Last Name: Cholodenko
Suffix:

Title: Project Manager

Organizational Affiliation:

* Telephone Number: 510-286-0752
Fax Number: 510-286-0470

* Email: laura.cholodenko@scc.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2015-2004410

* Title:

Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

2525603

Title:

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

Areas affected NOAA app.docx

Add Attachment | Delete Attachment | View Attachment

* 15. Descriptive Title of Applicant's Project:

Tidal Wetland Restoration of Pond A1

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: 13
* b. Program/Project: 18

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2016
* b. End Date: 12/29/2017

18. Estimated Funding ($):

* a. Federal	2,000,000.00
* b. Applicant	1,000,000.00
* c. State	2,000,000.00
* d. Local	1,818,738.00
* e. Other	4,500,000.00
* f. Program Income	0.00
* g. TOTAL	11,318,738.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Sam

Middle Name:

* Last Name: Schuchat

Suffix:

* Title: Executive Officer

* Telephone Number: 510-286-0523 Fax Number: 510-286-047

* Email: sam.schuchat@scc.ca.gov

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
07/01/2015	Michaelsen 20151425

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956006145	094878394

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d. Address:

* Street1:	3227 Cheadle Hall
Street2:	3rd floor, MC 2050
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

e. Organizational Unit:

Department Name:	Division Name:
Earth Research Institute	

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

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

Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number:	805-893-4763	Fax Number:	805-893-2611

* Email: ajao@research.ucsb.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2015-2004410

* Title:

Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

2525603

Title:

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

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

North Campus Open Space Coastal Lagoon Resilience

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-024 * b. Program/Project CA-024

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

17. Proposed Project:

* a. Start Date: 01/01/2016 * b. End Date: 12/31/2018

18. Estimated Funding ($):

* a. Federal	549,264.00
* b. Applicant	0.00
* c. State	300,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	849,264.00

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

● a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.

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

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

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

○ Yes ● No

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

Middle Name:

* Last Name: Vasquez

Suffix:

* Title: Sponsored Projects Officer

* Telephone Number: 805-893-7360 Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

* Signature of Authorized Representative: Hilda Vasquez * Date Signed: 07/01/2015

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

Application for Federal Assistance SF-424

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Trout, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
23-7097680	1034172000000

d. Address:

* Street1: 360 Pine Street
Street2: 4th Floor
* City: San Francisco
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94104-3219

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: Gabriella
Middle Name:
* Last Name: Roff
Suffix:

Title: Director, Institutional Giving

Organizational Affiliation:

* Telephone Number:	Fax Number:
415-392-8887 ext. 110	

* Email: groff@caltrout.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2015-2004410

* Title:

Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

2525603

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The pilot project in Santa Clara River/Santa Paula creek will be designed to stabilize and restore approx. 900 ft. downstream of the Diversion - currently a complete fish passage barrier.

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: 12
* b. Program/Project: 26

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2015
* b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	239,143.39
* b. Applicant	1,885.00
* c. State	140,600.00
* d. Local	184,624.65
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	566,253.04

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Executive Director

* Telephone Number: 415-392-8887 ext. 109
Fax Number:

* Email: cknight@caltrout.org

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

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: CIC - 3-06-0041-	* 5b. Federal Award Identifier: N/A

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000308	085287522

d. Address:

* Street1: 411 Main Street
Street 2:
* City: Chico
County: Butte
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95927

e. Organizational Unit:

Department Name:	Division Name:
City Manager's Office	Facilities - Airports

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

Prefix: Ms.
First Name: Debbie
Middle Name:
* Last Name: Collins
Suffix:

Title: Management Analyst

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* Telephone Number: (530) 896-7216
Fax Number: (530) 895-4825

* Email: debbie.collins@Chicoca.gov

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

- 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: N/A

13. Competition Identification Number:

Title: N/A

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

City of Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:

Chico Municipal Airport, Chico, Butte County, California - Relocate Supplemental Wind Cone Runway 13L

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 12/31/2015

18. Estimated Funding ($):

*a. Federal	31,459.00
*b. Applicant	3,241.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	34,700.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2015
- [ ] 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
- [x] 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)

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Mark

Middle Name:

*Last Name: Orme

Suffix:

*Title: City Manager, City of Chico

*Telephone Number: (530) 896-7202 | Fax Number: (530) 895-4825

* Email: mark.orme@Chicoca.gov

*Signature of Authorized Representative: Mark Orme

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a. PARTICIPATION IN FEDERAL, STATE, OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2015-16 ANNUAL BUDGET

*Date Signed: 6/30/15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received:

4. Application Identifier:

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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
CIC - 3-06-0041-	N/A

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000308	085287522

d. Address:

* Street1: 411 Main Street
Street 2:
* City: Chico
County: Butte
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95927

e. Organizational Unit:

Department Name:	Division Name:
City Manager's Office	Facilities - Airports

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

Prefix: Ms.
First Name: Debbie
Middle Name:
* Last Name: Collins
Suffix:

Title: Management Analyst

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* Telephone Number: (530) 896-7216
Fax Number: (530) 895-4825

* Email: debbie.collins@Chicoca.gov

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

- 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: N/A

13. Competition Identification Number:

Title: N/A

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

City of Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:

Chico Municipal Airport, Chico, Butte County, California - Pavement Maintenance Management Plan (PMMP)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

17. Proposed Project:

*a. Start Date: 07/01/2015 *b. End Date: 12/31/2015

18. Estimated Funding ($):

*a. Federal	113,325.00
*b. Applicant	11,675.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	125,000.00

***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 06/30/2015

☐ 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: Mark

Middle Name:

*Last Name: Orme

Suffix:

*Title: City Manager, City of Chico

*Telephone Number: (530) 896-7202 Fax Number: (530) 895-4825

* Email: mark.orme@Chicoca.gov

*Signature of Authorized Representative: Mark Orme

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a. PARTICIPATION IN FEDERAL, STATE, OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2015-16 ANNUAL BUDGET

*Date Signed: 6/30/15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: CIC - 3-06-0041-	* 5b. Federal Award Identifier: N/A
State Use Only:	
6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000308	085287522

d. Address:

* Street1: 411 Main Street
Street 2:
* City: Chico
County: Butte
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95927

e. Organizational Unit:

Department Name:	Division Name:
City Manager's Office	Facilities - Airports

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

Prefix: Ms.
First Name: Debbie
Middle Name:
* Last Name: Collins
Suffix:

Title: Management Analyst

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* Telephone Number: (530) 896-7216
Fax Number: (530) 895-4825

* Email: debbie.collins@Chicoca.gov

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- 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: N/A

13. Competition Identification Number:

Title: N/A

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

City of Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:

Chico Municipal Airport, Chico, Butte County, California - Airport Layout Plan Narrative including Updated Airport Layout Plan Drawings

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 09/30/2016

18. Estimated Funding ($):

*a. Federal	176,787.00
*b. Applicant	18,213.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	195,000.00

***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 06/30/2015

☐ 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: Mark

Middle Name:

*Last Name: Orme

Suffix:

*Title: City Manager, City of Chico

*Telephone Number: (530) 896-7202 Fax Number: (530) 895-4825

* Email: mark.orme@Chicoca.gov

*Signature of Authorized Representative: Mark Orme

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a. PARTICIPATION IN FEDERAL, STATE, OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2015-16 ANNUAL BUDGET

*Date Signed: 6/30/15

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

Application for Federal Assistance SF-424

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

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JUL 03 2015
STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
15-8506-1881-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
06/30/2015	14-0526-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health/Pest Prev Svcs

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

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

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(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:**

NA

* Title:

NA

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:**

Oriental Fruit Fly - Los Angeles County

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: 6
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/06/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	589,439.00
* b. Applicant	0.00
* c. State	589,439.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,178,878.00

*** 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 07/03/2015

☐ 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: 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:

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
07/01/2015	CA Dept. of Food & Agriculture

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JUL 03 2015
STATE CLEARINGHOUSE

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	15-8506-1884-GR

State Use Only:

6. Date Received by State:	7. State Application Identifier:
07/01/2015	

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1:	1220 N Street
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5603

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health & Pest Prevention

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

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

Title: Special Assistant

Organizational Affiliation:

* Telephone Number:	916-403-6627	Fax Number:	916-651-2900

* Email: david.pegos@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 & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

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:**

Prevent Fruit Fly Introduction and Spread

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA; 3r
* b. Program/Project: CA all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2015
* b. End Date: 04/30/2016

18. Estimated Funding ($):

* a. Federal	24,930.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	24,930.00

*** 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 07/03/2015.

☐ 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: Crystal
Middle Name:
* Last Name: Myers
Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6533
Fax Number:

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

* Signature of Authorized Representative:
* Date Signed:

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Santa Barbara

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
95-6000787	606969863

d. Address:

* Street1: 601 Norman Firestone Road
Street 2:
* City: Santa Barbara
County: Santa Barbara
* State: California
Province:
Country: United States
*Zip/ Postal Code: 93117

e. Organizational Unit:

Department Name:	Division Name:
Airport	

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

Prefix: Ms.
First Name: Hazel
Middle Name:
* Last Name: Johns
Suffix:

Title: Airport Director

Organizational Affiliation:
Employee

* Telephone Number: (805) 967-7111
Fax Number: (805) 968-1380

* Email: HJohns@SantaBarbaraCA.gov

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

- 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.):

City of Santa Barbara, City of Goleta, County of Santa Barbara, University of California, Santa Barbara

* 15. Descriptive Title of Applicant's Project:

Airfield Lighting and Safety Project

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-24 *b. Program/Project: CA-24

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

17. Proposed Project:

*a. Start Date: 06/01/2015 *b. End Date: 12/31/2016

18. Estimated Funding ($):

*a. Federal	3,051,480.00
*b. Applicant	314,370.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	3,365,850.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 12/18/2014
- [ ] 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
- [x] 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)

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Hazel

Middle Name:

*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: 06/29/2015 6/29/2015

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

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956006142	6277974260000

d. Address:

* Street1: 200 University Office Building
Street2:
* City: Riverside
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name:	Division Name:
Research and Economic Developm	Sponsored Programs Admin

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

Prefix: Mr. * First Name: Robert
Middle Name:
* Last Name: Chan
Suffix:

Title: Principal Contract and Grant Officer

Organizational Affiliation:
University of California, Riverside

* Telephone Number: 951-827-5535 Fax Number: 951-827-4483

* Email: rchan@ucr.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

CFDA 10.025

* Title:

Plant and Animal Disease, Pest Control and Animal Care

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:**

TARGETED IDENTIFICATION OF PHEROMONES AND RELATED ATTRACTANTS FOR INVASIVE CERAMBYCID BEETLES FROM ASIA

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-041
* b. Program/Project: CA-041

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2015
* b. End Date: 08/31/2016

18. Estimated Funding ($):

* a. Federal	163,074.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	163,074.00

*** 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 05/13/2015.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: Chan

Suffix:

* Title: Princial Contract and Grant Officer

* Telephone Number: 951-827-5535 Fax Number: 951-827-4483

* Email: rchan@ucr.edu

* Signature of Authorized Representative: * Date Signed: 05/13/2015

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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* 3. Date Received:	4. Application Identifier: O60
5a. Federal Entity Identifier: 3-06-0045	* 5b. Federal Award Identifier:

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: Ms.
First Name: Susan
Middle Name:
* Last Name: Jones
Suffix:

Title: Airport Manager (Acting)

Organizational Affiliation:

* Telephone Number: (707) 894-2150
Fax Number: (707) 894-5203

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

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Cloverdale, Sonoma County CA

* 15. Descriptive Title of Applicant's Project:

Design Taxiway Reconstruction

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: 08/01/2015 *b. End Date: 09/30/2016

18. Estimated Funding ($):

*a. Federal	246,335.00
*b. Applicant	15,053.00
*c. State	12,317.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	273,705.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15
- [ ] 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
- [x] 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)

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Susan

Middle Name:

*Last Name: Jones

Suffix:

*Title: Airport Manager (Acting)

*Telephone Number: (707) 894-2150 Fax Number: (707) 894-5203

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

*Signature of Authorized Representative: Craig A Scott for Susan Jones

*Date Signed: 7/1/15

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

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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STATE CLEARING HOUSE

* 3. Date Received: 02/03/2015

4. Applicant Identifier: N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier: 06-01777

State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606

* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: California Department of Parks

Division Name: Office of Grants & Local Svcs

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

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

Title: Project Officer

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-654-8686

Fax Number:

* Email: Cristelle.Erickson@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

P14AS00001

* Title:

Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

Title:

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

GNIS Detail - Lake Del Valle State Recreati

Add Attachment | Delete Attachment | View Attachment

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

Replacement of Campground Restroom #19 Del Valle, Geo-Code#:222244
7000 Del Valle Rd
Livermore, CA 94550

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: 03
* b. Program/Project: 13

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015
* b. End Date: 06/30/2018

18. Estimated Funding ($):

* a. Federal	127,766.00
* b. Applicant	
* c. State	8,943.00
* d. Local	118,822.00
* e. Other	
* f. Program Income	
* g. TOTAL	255,531.00

*** 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 07/06/2015.

☐ 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: Viktor
Middle Name:
* Last Name: Patino
Suffix:

* Title: Manager, Office of Grants and Local Services
* Telephone Number: 916-651-8598
Fax Number:
* Email: Viktor.Patino@parks.ca.gov
* Signature of Authorized Representative: Viktor Patino
* Date Signed: 7/6/15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: PAO
5a. Federal Entity Identifier: 3-06-0182	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Palo Alto

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000389	*c. Organizational DUNS: 050520782

d. Address:

* Street1: 250 Hamilton Avenue
Street 2:
* City: Palo Alto
County: Santa Clara
* State: CA
Province:
Country: United States
*Zip/ Postal Code: 94301

e. Organizational Unit:

Department Name: Public Works Department	Division Name: Palo Alto Airport

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

Prefix: Mr.
First Name: Andrew
Middle Name:
* Last Name: Swanson
Suffix:

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: 650-329-2688	Fax Number:

* Email: andrew.swanson@cityofpaloalto.com

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

- 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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Palo Alto, County of Santa Clara, California

* 15. Descriptive Title of Applicant's Project:

Apron Reconstruction Design, Phase I

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-018 *b. Program/Project: CA-018

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 07/30/2016

18. Estimated Funding ($):

*a. Federal	473,585.00
*b. Applicant	52,621.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	526,206.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15
- [ ] 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
- [x] 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)

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: James

Middle Name:

*Last Name: Keene

Suffix:

*Title: City Manager

*Telephone Number: (650) 329-2563 Fax Number:

* Email: james.keene@cityofpaloalto.org

*Signature of Authorized Representative: *Date Signed: 7.1.15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUL 07 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: PAO
5a. Federal Entity Identifier: 3-06-0182	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Palo Alto

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000389	*c. Organizational DUNS: 050520782

d. Address:

* Street1: 250 Hamilton Avenue
Street 2:
* City: Palo Alto
County: Santa Clara
* State: CA
Province:
Country: United States
*Zip/ Postal Code: 94301

e. Organizational Unit:

Department Name: Public Works Department	Division Name: Palo Alto Airport

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

Prefix: Mr.
First Name: Andrew
Middle Name:
* Last Name: Swanson
Suffix:

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: (650) 329-2688	Fax Number:

* Email: andrew.swanson@cityofpaloalto.com

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

- 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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Palo Alto, County of Santa Clara, California

* 15. Descriptive Title of Applicant's Project:

Wildlife Hazard Mitigation Plan

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-018 *b. Program/Project: CA-018

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 12/30/2016

18. Estimated Funding ($):

*a. Federal	36,000.00
*b. Applicant	4,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	40,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15

☐ 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: James

Middle Name:

*Last Name: Keene

Suffix:

*Title: City Manager

*Telephone Number: (650) 329-2563 Fax Number:

* Email: james.keene@cityofpaloalto.org

*Signature of Authorized Representative: *Date Signed: 7/8/15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUL 07 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: PAO
5a. Federal Entity Identifier: 3-06-0182	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Palo Alto

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000389	*c. Organizational DUNS: 050520782

d. Address:

* Street1: 250 Hamilton Avenue
Street 2:
* City: Palo Alto
County: Santa Clara
* State: CA
Province:
Country: United States
*Zip/ Postal Code: 94301

e. Organizational Unit:

Department Name: Public Works Department	Division Name: Palo Alto Airport

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

Prefix: Mr.
First Name: Andrew
Middle Name:
* Last Name: Swanson
Suffix:

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: 650-329-2688	Fax Number:

* Email: andrew.swanson@cityofpaloalto.com

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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:

- 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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Palo Alto, County of Santa Clara, California

* 15. Descriptive Title of Applicant's Project:

Airfield Electrical Evaluation / Study

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-018 *b. Program/Project: CA-018

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 08/30/2016

18. Estimated Funding ($):

*a. Federal	44,733.00
*b. Applicant	4,970.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	49,703.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15
- [ ] 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
- [x] 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)

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: James

Middle Name:

*Last Name: Keene

Suffix:

*Title: City Manager

*Telephone Number: 650-329-2563 Fax Number:

* Email: james.keene@cityofpaloalto.org

*Signature of Authorized Representative: *Date Signed: 7.1.15

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

Application for Federal Assistance SF-424

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

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

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JUL 07 2015
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
15-8506-1888-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
07/01/2015	14-0530-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health/Pest Prev Svcs

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

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

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(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:**

NA

* Title:

NA

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:**

Medfly Eradication Project - Riverside County

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: 6
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/10/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	1,114,850.00
* b. Applicant	0.00
* c. State	1,114,850.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,229,700.00

*** 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 07/07/2015.

☐ 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: 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:

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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JUL 07 2015
STATE CLEARING HOUSE

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: 3-06-0095

* 5b. Federal Award Identifier:

State Use Only:

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

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 Maldu Avenue
Street 2:
* City: Nevada City
County: Nevada County
* State: California
Province:
Country: United States
*Zip/ Postal Code: 95959

e. Organizational Unit:

Department Name: Nevada County Airport

Division Name: Airports

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

Prefix: Mr. First Name: Lee
Middle Name:
* Last Name: Ocker
Suffix:

Title: Airport Manager

Organizational Affiliation: N/A

* Telephone Number: (530) 273-3374 Fax Number: (530) 274-1003

* Email: lee.ocker@co.nevada.ca.us

OMB Number: 4040-0004
Expiration Date: 06/31/2016

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Nevada, Grass Valley, County of Nevada, California

* 15. Descriptive Title of Applicant's Project:

ALP Narrative Update & Survey

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: 12/01/2015 *b. End Date: 12/30/2016

18. Estimated Funding ($):

*a. Federal	175,786.00
*b. Applicant	10,743.00
*c. State	8,789.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	195,318.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15

☐ 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: Steve

Middle Name:

*Last Name: Monaghan

Suffix:

*Title: Chief Information Officer

*Telephone Number: (530) 265-1239 Fax Number:

* Email: steve.monaghan.co.nevada.ca.us

*Signature of Authorized Representative: *Date Signed: 6-25-2015

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUL 07 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: HAF
5a. Federal Entity Identifier: 3-06-0097	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of San Mateo, California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000532	073132177

d. Address:

* Street1: 620 Airport Way, Suite 10
Street 2:
* City: San Carlos
County: San Mateo
* State: California
Province:
Country: United States
*Zip/ Postal Code: 94070

e. Organizational Unit:

Department Name:	Division Name:
Department of Public Works	Airports Division (Half Moon Bay Airport)

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

Prefix: Ms.
First Name: Gretchen
Middle Name:
* Last Name: Kelly
Suffix:

Title: Airports Division Manager

Organizational Affiliation:
N/A

* Telephone Number: (650) 573-3700
Fax Number: (650) 728-2014

* Email: gkelly@smcgov.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

San Mateo County and the State of California

* 15. Descriptive Title of Applicant's Project:

1. Taxiway B Culvert Repair (Construction)
2. Replacement Windsock (Construction)
3. Install Perimeter Fence (Construction)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 14 *b. Program/Project: 12

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

17. Proposed Project:

*a. Start Date: 08/01/2015 *b. End Date: 12/31/2016

18. Estimated Funding ($):

*a. Federal	707,272.00
*b. Applicant	43,222.00
*c. State	35,364.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	785,858.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15

☐ 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: James

Middle Name: C.

*Last Name: Porter

Suffix:

*Title: Director of Public Works

*Telephone Number: (650) 599-1421 Fax Number: (650) 728-2014

* Email: jporter@smcgov.org

*Signature of Authorized Representative: *Date Signed: 6-30-15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Application Identifier: SQL	RECEIVED JUL 07 2015 STATE CLEARING HOUSE
5a. Federal Entity Identifier: 3-06-0210	* 5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	

8. APPLICANT INFORMATION:

* a. Legal Name: County of San Mateo, California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000532	073132177

d. Address:

* Street1: 620 Airport Way, Suite 10
Street 2:
* City: San Carlos
County: San Mateo
* State: California
Province:
Country: United States
*Zip/ Postal Code: 94070

e. Organizational Unit:

Department Name:	Division Name:
Department of Public Works	Airport's Division (Half Moon Bay Airport)

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

Prefix: Ms.
First Name: Gretchen
Middle Name:
* Last Name: Kelly
Suffix:

Title: Airports Division Manager

Organizational Affiliation:
N/A

* Telephone Number: (650) 573-3700
Fax Number: (650) 728-2014

* Email: gkelly@smcgov.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of San Carlos, County of San Mateo, and the State of California

* 15. Descriptive Title of Applicant's Project:

Airport Layout Plan Update and Narrative Report

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 14 *b. Program/Project: 12

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

17. Proposed Project:

*a. Start Date: 09/01/2015 *b. End Date: 12/31/2016

18. Estimated Funding ($):

*a. Federal	251,387.00
*b. Applicant	15,363.00
*c. State	12,569.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	279,319.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/15

☐ 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: James

Middle Name: C.

*Last Name: Porter

Suffix:

*Title: Director of Public Works

*Telephone Number: (650) 599-1421 Fax Number: (650) 728-2014

* Email: jporter@smcgov.org

*Signature of Authorized Representative: *Date Signed: 6-30-15

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
07/01/2015	CA Dept. of Food & Agriculture

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

RECEIVED
JUL 07 2015
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:	7. State Application Identifier:
07/01/2015	

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1:	1220 N Street
Street2:	Room 325
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-56003

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	PHPPS

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

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

Title: Branch Chief

Organizational Affiliation:

* Telephone Number:	916-654-0312	Fax Number:	916-654-0986

* Email: duane.schnabel@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.):

Add Attachment | Delete Attachment | View Attachment

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

Detector Dog Teams

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-3rd
* b. Program/Project: State

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015
* b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	3,897,860.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,897,860.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2015.

☐ 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: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6653

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

*3. Date Received: 4. Application Identifier:

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

*c. Organizational DUNS: 627797426

d. Address:

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

e. Organizational Unit:

Department Name: Sponsored Programs Administration

Division Name: Research and Economic Development

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

Prefix: Mr.
First Name: Robert
Middle Name:
*Last Name: Chan
Suffix:

Title: Principal Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-7986
Fax Number: 951-827-4483

*Email: robert.chan@ucr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA-APHIS-PPQ-CPHST (VS)

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: 7 USC 7701

*Title: Plant Protection Act

13. Competition Identification Number: N/A

Title:

N/A

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

California

*15. Descriptive Title of Applicant's Project:

Natural Enemies and Control of Polyphagous Shot Hole Borer (Euwallacea sp.)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041 *b. Program/Project: CA-ALL

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

17. Proposed Project:

*a. Start Date: 8/01/2015 *b. End Date: 7/31/2016

18. Estimated Funding ($):

*a. Federal	$73,753.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$73,753.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 7/08/2015
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Principal Contract and Grant Officer

*Telephone Number: 951-827-7986 Fax Number:

*Email: robert.chan@ucr.edu

*Signature of Authorized Representative: Date Signed:

7/08/2015

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

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8. APPLICANT INFORMATION:

* a. Legal Name: California State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-3169468	808322408

d. Address:

* Street1:	1330 Broadway
Street2:	13th Floor
* City:	Oakland
County:	Alameda County
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94612

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Ms.	* First Name:	Julia
Middle Name:			
* Last Name:	Elkin		
Suffix:			

Title: Project Manager, South Coast Region

Organizational Affiliation:

* Telephone Number:	510-286-0736	Fax Number:	(510) 286-1883

* Email: julia.elkin@scc.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

NOAA National Marine Fisheries Service

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA - NMFS - HCPO - 2015 - 2004410

* Title:

Coastal Ecosystem Resiliency Grants Program

13. Competition Identification Number:

Title:

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

City of Chula Vista, San Diego County

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

San Diego Bay Native Oyster Restoration and Living Shoreline Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
15-8506-0478-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
04/03/2015	

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	8074876650000

d. Address:

* Street1: 1220 N Street, Room 315
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health/Pest Prev Svcs

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

Prefix:
* First Name: Jason
Middle Name:
* 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:**

NA

* Title:

NA

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:**

Exotic Woodborer Survey

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: 6
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015
* b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	150,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/09/2015.

☐ 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: 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:

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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* 3. Date Received:	4. Application Identifier: KSTS
5a. Federal Entity Identifier: 3-06-0241	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sonoma - Charles M Schulz Sonoma County Airport

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000539	*c. Organizational DUNS: 145551912

d. Address:

* Street1: 2290 Airport Blvd.
Street 2:
* City: Santa Rosa
County: Sonoma
* State: California
Province:
Country: United States
*Zip/ Postal Code: 95403

e. Organizational Unit:

Department Name:	Division Name:
County of Sonoma, Department of Transportation and Public Works	Charles M. Schulz - Sonoma County Airport

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

Prefix: Mr.
First Name: Jon
Middle Name: G.
* Last Name: Stout
Suffix: CAE, AAE

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: (707) 565-7243
Fax Number: (707) 542-5303

* Email: jon.stout@sonoma-county.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: n/a

Title: n/a

13. Competition Identification Number: n/a

Title: n/a

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

Santa Rosa, Sonoma County, California

* 15. Descriptive Title of Applicant's Project:

Runway Safety Area Improvements Project - Construction Phase - Land Acquisition

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-2,5 *b. Program/Project: CA2,5

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

17. Proposed Project:

*a. Start Date: 07/01/2013 *b. End Date: 08/01/2015

18. Estimated Funding ($):

*a. Federal	1,326,824.00
*b. Applicant	136,692.43
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,463,516.43

***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 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: Jon

Middle Name: G.

*Last Name: Stout

Suffix:

*Title: Airport Manager

*Telephone Number: (707) 565-7243 Fax Number: (707) 542-5303

* Email: jon.stout@sonoma-county.org

*Signature of Authorized Representative: *Date Signed: 7/2/15

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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* 3. Date Received:	4. Application Identifier: KSTS
5a. Federal Entity Identifier: 3-06-0241	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sonoma

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-6000539	145551912

d. Address:

* Street1: 2290 Airport Boulevard
Street 2:
* City: Santa Rosa
County: Sonoma
* State: California
Province:
Country: United States
*Zip/ Postal Code: 95403

e. Organizational Unit:

Department Name:	Division Name:
Sonoma County Airport	Airports

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

Prefix: Mr.
First Name: Jon
Middle Name: G.
* Last Name: Stout
Suffix: CAE, AAE

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: (707) 565-7243
Fax Number: (707) 542-5303

* Email: jon.stout@sonoma-county.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: N/A

13. Competition Identification Number:

Title: N/A

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

Santa Rosa and surrounding ciites, Sonoma County, California

* 15. Descriptive Title of Applicant's Project:

Design and Construction of Bridges and Service Roads (RSA Construction Phase 2)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA 2,5 *b. Program/Project: CA2,5

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

17. Proposed Project:

*a. Start Date: 05/01/2015 *b. End Date: 05/01/2016

18. Estimated Funding ($):

*a. Federal	1,606,951.00
*b. Applicant	165,552.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,772,503.00

***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 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: Jon

Middle Name: G.

*Last Name: Stout

Suffix: CAE, AAE

*Title: Airport Manager

*Telephone Number: (707) 565-7243 Fax Number: (707) 542-5303

* Email: jon.stout@sonoma-county.org

*Signature of Authorized Representative: *Date Signed: 7/2/15

Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

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

N/A

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier: KSTS
5a. Federal Entity Identifier: 3-06-0241	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sonoma (Charles M Schulz Sonoma County Airport)

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-600039	145551912

d. Address:

* Street1: 2290 Airport Blvd.
Street 2:
* City: Santa Rosa
County: Sonoma
* State: California
Province:
Country: United States
*Zip/ Postal Code: 95403

e. Organizational Unit:

Department Name:	Division Name:
County of Sonoma, Department of Transportation and Public Works	Charles M. Schulz - Sonoma County Airport

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

Prefix: Mr.
First Name: Jon
Middle Name: G.
* Last Name: Stout
Suffix: CAE, AAE

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: (707) 565-7243
Fax Number: (707) 542-5303

* Email: jon.stout@sonoma-county.org

OMB Number: 4040-0004
Expiration Date: 08/31/2016

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: n/a

Title: n/a

13. Competition Identification Number: n/a

Title: n/a

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

Santa Rosa, Sonoma County, California

* 15. Descriptive Title of Applicant's Project:

Runway Safety Area Improvements Project - Mitigation Credit Acquisition - Phase 4

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-2,5 *b. Program/Project: CA2,5

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

17. Proposed Project:

*a. Start Date: 07/01/2013 *b. End Date: 08/01/2015

18. Estimated Funding ($):

*a. Federal	1,194,151.00
*b. Applicant	123,024.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,317,175.00

***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 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: Jon

Middle Name: G.

*Last Name: Stout

Suffix:

*Title: Airport Manager

*Telephone Number: (707) 565-7243 | Fax Number: (707) 542-5303

* Email: jon.stout@sonoma-county.org

*Signature of Authorized Representative: *Date Signed: 7/2/15

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

Application for Federal Assistance SF-424

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

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* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494

* c. Organizational DUNS: 0471200840000

d. Address:

* Street1: 1850 RESEARCH PARK DRIVE, SUITE #300
Street2:
* City: DAVIS
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95618-6153

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: WILLIAM

Middle Name:

* Last Name: PACUILLA

Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 530-754-8280

Fax Number:

* Email: bpacuilla@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA APHIS PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*** 12. Funding Opportunity Number:**

FARM BILL SUGGESTION

* Title:

DETECTION OF ASYMPTOMATIC INFECTIONS BY PHYTOPHTHORA RAMORUM AND PHYTOPHTHORA

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:**

DETECTION OF CRYPTIC PHYTOPHTHORA INFECTIONS

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003 * 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: 07/01/2015 * b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	35,494.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	35,494.00

*** 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: WILLIAM

Middle Name:

* Last Name: PACUILLA

Suffix:

* Title: CONTRACTS AND GRANTS ANYLST

* Telephone Number: 530-754-8280 Fax Number:

* Email: bpacuilla@ucdavis.edu

* Signature of Authorized Representative: William Pacuilla * Date Signed: July 10, 2015

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
07/10/2015	Tague 20151460

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STATE CLEARING HOUSE

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	G15AS00096

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956006145	094878394

d. Address:

* Street1:	3227 Cheadle Hall
Street2:	3rd floor, MC 2050
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

e. Organizational Unit:

Department Name:	Division Name:
Earth Research Institute	Office of Research

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

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

Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number:	805-893-4034	Fax Number:	805-893-2611

* Email: proposals@research.ucsb.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G15AS00096

* Title:

Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:

G15AS00096

Title:

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

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

The Western Mountain Initiative: Vulnerability and Adaptation to Climate Change in Western Mountain Ecosystems

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-024 * b. Program/Project CA-024

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

17. Proposed Project:

* a. Start Date: 07/01/2015 * b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	70,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	70,000.00

*** 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 07/10/2015.

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

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

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

○ Yes ● No

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

Middle Name:

* Last Name: Vasquez

Suffix:

* Title: Sponsored Projects Officer

* Telephone Number: 805-893-7360 Fax Number: 805-893-2611

* Email: proposals@research.ucsb.edu

* Signature of Authorized Representative: Hilda Vasquez * Date Signed: 07/10/2015

Authorized for Local Reproduction

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

Funding Opportunity Number: **Received Date: Time Zone: GMT-5**

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

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

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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: Lamont Public Utility District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004714

* c. Organizational DUNS: 085401461

d. Address:

* Street 1: 8624 Segrue Road

Street 2:

* City: Lamont

County/Parish:

* State: CA

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93241

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.

* First Name: Leticia

Middle Name:

* Last Name: Prado

Suffix:

Title: President, Lamont Public Utility District

Organizational Affiliation: Board President

* Telephone Number: (661) 845-1213

Fax Number: (661) 845-4436

* Email: nturner@lpud.org

Application for Federal Assistance SF-424

8. Type of Applicant 1 - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA - Rural Developement

11. Catalog of Federal Domestic Assistance Number:

10-763

CFDA Title:

Emergency and Imminent Community Water Assistance Grants

* 12. Funding Opportunity Number:

* Title:

Lamont Public Utility

13. Competition Identification Number:

Title:

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

Fairfax Rd, Lamont, Kern County, CA

Add Attachments | Delete Attachments | View Attachments

* 15. Descriptive Title of Applicant's Project:

Fairfax Road Emergency Water Supply Project: to extend a water line from Lamont PUD TO Fairfax Road to replace a failed dry well impacted by the drought

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 21
* b. Program/Project: 21

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 08-01-2015
* b. End Date: 12-31-2015

18. Estimated Funding ($):

* a. Federal	3444,781.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	3444,781.00

*** 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 07-13-2015.

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

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

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

☐ Yes ☑ No

If "Yes, provide explanation and attach

Add Attachments | Delete Attachments | View Attachments

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: Leticia Prado

Prefix: Mrs. * First Name: Leticia

Middle Name:

* Last Name: Prado

Suffix:

* Title: Board President

* Telephone Number: (661) 845-1213 Fax Number:

* Email: ncurner@lpud.org

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

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 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: LOST HILLS UTILITY DISTRICT, INC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0278818

* c. Organizational DUNS: 101466121

d. Address:

* Street 1: 21331 HIGHWAY 46
Street 2: P.O. BOX 246
* City: LOST HILLS
County/Parish: KERN
* State: CALIFORNIA
Province:
* Country: USA; UNITED STATES
* Zip / Postal Code: 93249

e. Organizational Unit:

Department Name: ADMINISTRATION

Division Name: ENGINEERING

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

Prefix:

* First Name: LUCILLE

Middle Name: ELIZABETH

* Last Name: HOLT

Suffix:

Title: CONTRACT GRANT WRITER

Organizational Affiliation: LOST HILLS UTILITY DISTRICT, INC.

* Telephone Number: (661) 797-2903

Fax Number: (661) 797-2010

* Email: lhutilitydistrict@exede.net

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

UTILITY DISTRICT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

DEPARTMENT OF AGRICULTURE

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

LOST HILLS CALIFORNIA

Add Attachments | Delete Attachments | View Attachments

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

DEEPENING OF TWO WELLS (EAST AND NORTH) AND REPLACEMENT OF PUMPS, MOTORS, TUBES AND SHAFTS.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 21
* b. Program/Project: 21

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 10-01-2015
* b. End Date: 10-15-2016

18. Estimated Funding ($):

* a. Federal	$416,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$416,500.00

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 07-14-2015.

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

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

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

☐ Yes ☑ No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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:	EMMA
Middle Name:	
* Last Name:	CLIFFORD
Suffix:	
* Title:	PRESIDENT OF THE BOARD
*Telephone Number:	(661) 797-3903
Fax Number:	(661) 797-2010
* Email:	[illegible]@[illegible]
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

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

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

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Tulare

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000545	071861884

d. Address:

* Street 1: 2800 W. Burrel Avenue
Street 2:
* City: Visalia
County/Parish:
* State: CA
Province
* Country: USA: UNITED STATES
* Zip / Postal Code: 93291

e. Organizational Unit:

Department Name:	Division Name:
County Administrative Office	N/A

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

Prefix: Ms. * First Name: Denise
Middle Name:
* Last Name: England
Suffix:

Title: Senior Administrative Analyst for Water Resources

Organizational Affiliation:
County Board of Supervisors

* Telephone Number:	Fax Number:
(559) 636-5005	(559) 733-6898

* Email: dnakins@co.tulare.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

County

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY-ALL FORMS

13. Competition Identification Number:

Title:

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

Uninc Okieville, Tulare Co. CA | Add Attachments | Delete Attachments | View Attachments

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

Okieville Drought Emergency Water Supply Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 21,22&23
* b. Program/Project: 22

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 09-01-2015
* b. End Date: 09-01-2016

18. Estimated Funding ($):

* a. Federal	$500,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$500,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07-15-2015.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix: Mr. | * First Name: Jean

Middle Name:

* Last Name: Rousseau

Suffix:

* Title: County Administrative Officer

*Telephone Number: (559) 636-5000 | Fax Number: (559) 733-6898

* Email: jrousseau@co.tulare.ca.us

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

Jean Rousseau 7/14/15