

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>	1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>	1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/>		3. Applicant Identifier: N/A	5. Date Received by State: 07/01/2016	6. State Application Identifier: N/A
		4a. Federal Entity Identifier: 94-2186907	4b. Federal Award Identifier: N/A	

7. APPLICANT INFORMATION:

a. Legal Name: Santa Clara Valley Transportation Authority	
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186907	c. Organizational DUNS: 0922028370000
d. Address:	
Street1: 3331 N. First Street	Street2: Governor's Office of Planning & Research JUL 01 2016
City: San Jose	County / Parish: Santa Clara STATE CLEARINGHOUSE
State: CA: California	Province:
Country: USA: UNITED STATES	Zip / Postal Code: 95134-1927

e. Organizational Unit:

Department Name: Planning & Program Development	Division Name: Programming & Grants
---	---

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

Prefix: Ms.	First Name: Elizabeth	Middle Name:
Last Name: Donneau-Golencer		Suffix:
Title: Transportation Planner III		
Organizational Affiliation: S/A		
Telephone Number: 408-321-5737	Fax Number:	
Email: elizabeth.donneau-golencer@vta.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

D: Special District Government

Other (specify):

b. Additional Description:

Public Transportation Provider

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Real time inter-modal trip planning mobile applications: a mobility enhancement tool

12. Areas Affected by Funding:

Santa Clara County

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

17-20

b. Program/Project:

17-20

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

03/01/2017

b. End Date:

03/31/2019

15. ESTIMATED FUNDING:

a. Federal (\$):

240,000.00

b. Match (\$):

60,000.00

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

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

07/01/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

Mr.

First Name:

Bruce

Middle Name:

Last Name:

Abanathie

Suffix:

Title:

Principal Transportation Planner

Organizational Affiliation:

Santa Clara Valley Transportation Authority

Telephone Number:

408-321-5772

Fax Number:

408-321-5722

Email:

bruce.abanathie@vta.org

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): _____		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): _____		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: N/A		5. Date Received by State: 07/01/2016	
		4a. Federal Entity Identifier: 94-2186907		6. State Application Identifier: N/A	
		4b. Federal Award Identifier: N/A			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: _____					

7. APPLICANT INFORMATION:

a. Legal Name: Santa Clara Valley Transportation Authority	
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186907	c. Organizational DUNS: 0922028370000
d. Address:	
Street1: 3331 N. First Street	Street2: _____
City: San Jose	County / Parish: Santa Clara
State: CA: California	Province: _____
Country: USA: UNITED STATES	Zip / Postal Code: 95134-1927

Governor's Office of Planning & Research
 JUL 01 2016
 STATE CLEARINGHOUSE

e. Organizational Unit:		
Department Name: Planning & Program Development	Division Name: Programming & Grants	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Ms.	First Name: Elizabeth	Middle Name: _____
Last Name: Donneau-Golencer		Suffix: _____
Title: Transportation Planner III		
Organizational Affiliation: S/A		
Telephone Number: 408-321-5737	Fax Number: _____	
Email: elizabeth.donneau-golencer@vta.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

D: Special District Government

Other (specify):

b. Additional Description:

Public Transportation Provider

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

On-demand Transit Feeder: a dynamic multi-provider approach

12. Areas Affected by Funding:

Santa Clara County

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

17-20

b. Program/Project:

17-20

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

05/01/2017

b. End Date:

12/31/2018

15. ESTIMATED FUNDING:

a. Federal (\$):

1,197,300.00

b. Match (\$):

424,325.00

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

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

07/01/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

18. 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

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Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Consolidated Application/Plan/Funding Request Explanation:

[Empty box for Consolidated Application/Plan/Funding Request Explanation]

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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*3. Date Received: 07/01/2016	4. Applicant Identifier: _____
----------------------------------	-----------------------------------

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

Governor's Office of Planning & Research

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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III 01 2016

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

*a. Legal Name: California Agricultural Commissioners and Sealers Assoc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0063075	*c. Organizational DUNS: 9641969630000
--	---

d. Address:

* Street1: 680 N. Campus Drive, Suite B
Street2: _____
* City: Hanford
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93230

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: Martin
Middle Name: _____
*Last Name: Settevendemie
Suffix: _____

Title: President-elect

Organizational Affiliation:
California Agricultural Commissioners and Sealers Assoc.

*Telephone Number: 805-781-5913 Fax Number: 805-781-1035

*Email: msettevendemie@cacasa.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:**

USDA, APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*** 12. Funding Opportunity Number:**

1S.0060.00

* Title:
FY16 Farm Bill 10007 Goal 1 project 1S.0060.00 Khapra Beetle

13. Competition Identification Number:

Title:

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

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

Khapra beetle statewide detection survey (California)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-21

* b. Program/Project CA-All

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

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	75,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	75,000.00

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

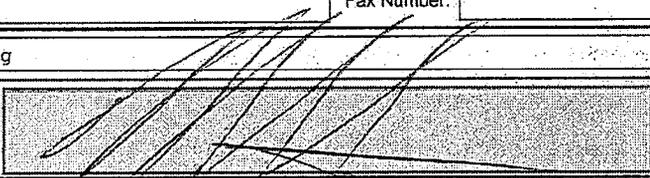
Authorized Representative:

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

* Title: President-elect

* Telephone Number: 805-781-5913 Fax Number:

* Email: msettevendemie@cacasa.org

* Signature of Authorized Representative:  * Date Signed: 07/01/2016

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>					

7. APPLICANT INFORMATION:

a. Legal Name: Napa Valley Transportation Authority		Governor's Office of Planning & Research	
b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0471080		c. Organizational DUNS: 8317259110000	
		JUL 05 2016	
d. Address:			
Street1: 625 Burnell St		Street2: <input type="text"/>	
City: Napa		County / Parish: Napa	
State: CA: California		Province: <input type="text"/>	
Country: USA: UNITED STATES		Zip / Postal Code: 94559-3420	
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: <input type="text"/>	First Name: Justin	Middle Name: Paul	
Last Name: Paniagua		Suffix: <input type="text"/>	
Title: Sr Finance/Policy Analyst			
Organizational Affiliation: Napa Valley Transportation Authority			
Telephone Number: 707-259-8781		Fax Number: 707-259-8638	
Email: jpaniagua@nvta.ca.gov			

STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

Other (specify)

Other (specify):

Joint Powers Agency

b. Additional Description:

CMA and Public Transit Agency

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Napa Valley Transportation Authority Express Bus/Local Shuttle Synchronization Project

12. Areas Affected by Funding:

This project will take place in the Napa UZA specifically the City of American Canyon.

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-005

b. Program/Project:

CA-005

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

14. FUNDING PERIOD:

a. Start Date:

10/01/2016

b. End Date:

09/30/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

300,000.00

b. Match (\$):

200,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/05/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture	JUL 05 2016
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5a. Federal Entity Identifier: 16-8506-0689-CA	5b. Federal Award Identifier: _____
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STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 07/05/2016	7. State Application Identifier: 16-0368-FR
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 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: Food and Agriculture	Division Name: 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:**

Asian Defoliating Moth 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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="425,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="425,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____ Governor's Office of Planning & Research		
* 3. Date Received: _____		4. Applicant Identifier: Dept. of Food and Agriculture
JUL 05 2016 STATE CLEARINGHOUSE		
5a. Federal Entity Identifier: 16-8506-1771-CA		5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: 07/05/2016		7. State Application Identifier: 16-0371-CA
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104		* c. Organizational DUNS: 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: Food and Agriculture		Division Name: 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:
[Empty field]

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

* Other (specify):
[Empty field]

*** 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:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

False Codling Moth Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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Yes No

If "Yes", provide explanation and attach

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

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Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

Governor's Office of Planning & Research

JUL 05 2016

5a. Federal Entity Identifier:

16-8506-0934-GR

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 12/31/2015

7. State Application Identifier: 15-0530-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

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:

Food and Agriculture

Division Name:

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:
[Empty field]

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

* Other (specify):
[Empty field]

*** 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:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,000,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

Other (specify):

1.b. Frequency:

- Annual
- Quarterly
- Other

Other (specify):

1.d. Version:

- Initial
- Resubmission
- Revision
- Update

2. Date Received:

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes No

Explanation

7. APPLICANT INFORMATION:

~~Governor's Office of Planning & Research~~

a. Legal Name:

City of Palo Alto

JUL 07 2016

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

94-6000389

c. Organizational DUNS:

0505207820000

STATE CLEARINGHOUSE

d. Address:

Street1:

250 Hamilton Avenue

Street2:

City:

Palo Alto

County / Parish:

Santa Clara County

State:

CA: California

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

94301-2531

e. Organizational Unit:

Department Name:

Transportation

Division Name:

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

Prefix:

Mr.

First Name:

Gil

Middle Name:

Last Name:

Friend

Suffix:

Title: Chief Sustainability Officer

Organizational Affiliation:

Telephone Number:

650-329-2447

Fax Number:

Email:

Gil.Friend@cityofpaloalto.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

C: City or Township Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Bay Area Fair Value Commuting Demonstration

12. Areas Affected by Funding:

public transit, mobility, pathways to jobs, GHG, congestion

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-018

b. Program/Project:

CA-018

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

SF424_field13_congressional_

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

10/01/2016

b. End Date:

09/30/2018

15. ESTIMATED FUNDING:

a. Federal (\$):

1,085,000.00

b. Match (\$):

1,964,800.00

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

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

07/05/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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

Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

* 3. Date Received: 06/06/2016	4. Applicant Identifier: CA Dept. of Food & Agriculture
--	---

5a. Federal Entity Identifier:	5b. Federal Award Identifier: 15-8506-1494-CA
---------------------------------------	---

State Use Only:

6. Date Received by State:	7. State Application Identifier: 15-0359-FR
-----------------------------------	--

B. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

* Street1: 3294 Meadowview Road, Building E
Street2:
* City: Sacramento
County/Parish: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95832-1437

e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Stephen
Middle Name:	
* Last Name: Gaimari	
Suffix: Ph.D.	
Title: Environmental Program Manager I	

Organizational Affiliation:

* Telephone Number: 916-262-1131	Fax Number: 916-262-1190
* Email: stephen.gaimari@cdfa.ca.gov	

Governor's Office of Planning & Research
JUL 11 2016
STATE CLEARINGHOUSE

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:**

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

CDEA Agmt # 15-0359-ER

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	65,828.00
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	65,828.00

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

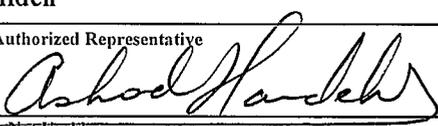
* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/5/2015	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Diego Ramirez (213) 922-2468	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20.500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Bus and Bus Facility (High Priority / Transportation Improvement) - 5309 - 5566-2016-18	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 1/4/ 2016	Ending Date 3/30/2018	a. Applicant Districts 34	b. Project Same as Applicant

Governor's Office of Planning & Research
JUL 11 2016
STATE CLEARINGHOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 1,668,557.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/4/2015</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 417,140 .00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 2,085,697.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

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

a Typed Name of Authorized Representative Ashad Hamideh	b Title Director, Countywide Planning & Development	c Telephone number (213) 922-4299
d. Signature of Authorized Representative 	e. Date Signed 07/06/16	

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY			
1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>	
		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: <input type="text"/>	STATE USE ONLY:
		3. Applicant Identifier: <input type="text"/>	5. Date Received by State: <input type="text"/>
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text"/>
		4b. Federal Award Identifier: <input type="text"/>	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>			
7. APPLICANT INFORMATION:			
a. Legal Name: <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>			
b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>		c. Organizational DUNS: <input type="text" value="0440555230000"/>	
d. Address:			
Street1: <input type="text" value="One Gateway Plaza"/>		Street2: <input type="text"/>	
City: <input type="text" value="Los Angeles"/>		County / Parish: <input type="text" value="Los Angeles"/>	
State: <input type="text" value="CA: California"/>		Province: <input type="text"/>	
Country: <input type="text" value="USA: UNITED STATES"/>		Zip / Postal Code: <input type="text" value="90012-2952"/>	
e. Organizational Unit:			
Department Name: <input type="text" value="Countywide Planning"/>		Division Name: <input type="text" value="Regional Grants Management"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: <input type="text" value="Ms."/>	First Name: <input type="text" value="Cosette"/>	Middle Name: <input type="text"/>	
Last Name: <input type="text" value="Stark"/>		Suffix: <input type="text"/>	
Title: <input type="text" value="Deputy Executive Officer, Countywide Planning"/>			
Organizational Affiliation: <input type="text"/>			
Telephone Number: <input type="text" value="213-922-2822"/>		Fax Number: <input type="text"/>	
Email: <input type="text" value="starkco@metro.net"/>			

Governor's Office of Planning & Research
 JUL 11 2016
 STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

E: Regional Organization

Other (specify):

b. Additional Description:

Transportation Planning Agency

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

The Los Angeles County and Puget Sound MOD Partnership is an innovative partnership to explore the viability and benefits of using a Transportation Network Company to deliver accessible first and last mile connections to transit riders.

12. Areas Affected by Funding:

Los Angeles County, Ca; King County, Wa; Pierce County, Wa; Snohomish County, Wa.

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-033

b. Program/Project:

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

Project Congressional Distri

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

01/02/2017

b. End Date:

06/28/2019

15. ESTIMATED FUNDING:

a. Federal (\$):

1,350,000.00

b. Match (\$):

400,000.00

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

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

07/05/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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

Authorized Representative:

Prefix:

Ms.

First Name:

Cosette

Middle Name:

Last Name:

Stark

Suffix:

Title:

Deputy Executive Officer, Countywide Planning

Organizational Affiliation:

Telephone Number:

213-922-2822

Fax Number:

Email:

starkco@metro.net

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/3/16	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction		3. DATE RECEIVED BY STATE	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	
Legal Name Los Angeles County Metropolitan Transportation Authority		Federal Identifier	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Organizational Unit: Regional Grants Management	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		Name and telephone number of the person to be contacted on matters involving this application (give area code) Anne Flores (213) 922-4894	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation Revision		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 New Starts Program – Regional Connector Transit Corridor Project, FAIN 5566-2016-017	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 1/26/2009	Ending Date 6/1/2036	a. Applicant District 34	b. Project Same as Applicant

Governor's Office of Planning & Research
JUL 11 2016
STATE CLEARINGHOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 100,000,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>7/6/16</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 98,649,186.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$.00		
g TOTAL	\$ 198,649,186.00		

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

a Typed Name of Authorized Representative Frank Flores	b Title Executive Officer	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 	e. Date Signed <u>07/06/16</u>	

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

07/05/2016

4. Applicant Identifier:

CA Dept. of Food & Agriculture

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

16-8506-1494-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Governor's Office of Planning & Research

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

8074876650000

JUL 11 2016
STATE CLEARINGHOUSE

d. Address:

* Street1: 3294 Meadowview Road, Building E

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95832-1437

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health & Pest Prevention

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

Prefix: Dr.

* First Name: Stephen

Middle Name:

* Last Name: Gaimari

Suffix: Ph.D

Title: Environmental Program Manager I

Organizational Affiliation:

* Telephone Number: 916-262-1131

Fax Number: 916-262-1190

* Email: stephen.gaimari@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:**

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

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 world

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: 07/31/2017

18. Estimated Funding (\$):

* a. Federal	222,143.00
* b. Applicant	0.00
* c. State	64,362.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	286,505.00

* 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 07/08/2016
- 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: Branch Chief

* Telephone Number: 916-403-6653 Fax Number:

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

* Signature of Authorized Representative: 

* Date Signed: 7/11/16

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>					

7. APPLICANT INFORMATION:

a. Legal Name: Los Angeles County Metropolitan Transportation Authority	
b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975	c. Organizational DUNS: 0440555230000
d. Address:	
Street1: One Gateway Plaza	Street2: <input type="text"/>
City: Los Angeles	County / Parish: Los Angeles
State: CA: California	Province: <input type="text"/>
Country: USA: UNITED STATES	Zip / Postal Code: 90012-2952
e. Organizational Unit:	
Department Name: Countywide Planning	Division Name: Regional Grants Management
f. Name and contact information of person to be contacted on matters involving this submission:	
Prefix: Ms.	First Name: Cosette
	Middle Name: <input type="text"/>
Last Name: Stark	Suffix: <input type="text"/>
Title: Deputy Executive Officer, Countywide Planning	
Organizational Affiliation: <input type="text"/>	
Telephone Number: 213-922-2822	Fax Number: <input type="text"/>
Email: starkco@metro.net	

Governor's Office of Planning & Research
 JUL 12 2016
 STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

E: Regional Organization

Other (specify):

b. Additional Description:

Transportation Planning Agency

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

The Integrative Arrival and Alert System (IAAS) is an accessible data platform, aimed at integrating transit, traffic, and multi-mobility (i.e., car and bike sharing) data with service delay and disruption information.

12. Areas Affected by Funding:

Los Angeles County, Ca.

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-033

b. Program/Project:

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

Congressional Districts.pdf

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

10/01/2016

b. End Date:

10/01/2019

15. ESTIMATED FUNDING:

a. Federal (\$):

390,000.00

b. Match (\$):

390,000.00

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

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

07/05/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

Ms.

First Name:

Cosette

Middle Name:

Last Name:

Stark

Suffix:

Title:

Deputy Executive Officer, Countywide Planning

Organizational Affiliation:

Telephone Number:

213-922-2822

Fax Number:

Email:

starkco@metro.net

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: 1268-1522
------------------------------	---------------------------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

Governor's Office of Planning & Research

* a. Legal Name: Giant Leap Technologies LLC	JUL 12 2016
--	--------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 90-0938206	* c. Organizational DUNS: 078758832	STATE CLEARINGHOUSE
---	--	----------------------------

d. Address:

* Street1:	2600 Hilltop Drive
Street2:	Building B, C142
* City:	Richmond
County/Parish:	Contra Costa
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94806

e. Organizational Unit:

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

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

Prefix: Dr.	* First Name: Leo
Middle Name: David	
* Last Name: DiDomenico	
Suffix:	
Title: CEO	

Organizational Affiliation: Giant Leap Technologies LLC
--

* Telephone Number: 510-410-3471	Fax Number: _____
----------------------------------	-------------------

* Email: Leoddd@giant-leap-tech.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001268

*** Title:**

Concentrating Solar Power: Concentrating Optics for Lower Levelized Energy Costs (COLLECTS)

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:**

CSP Based On Active Microfluidic Mirror Arrays

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-011

* b. Program/Project CA-011

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2016

* b. End Date: 10/01/2018

18. Estimated Funding (\$):

* a. Federal	1,750,000.00
* b. Applicant	437,500.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,187,500.00

* 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 07/12/2016

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: Dr. * First Name: Leo

Middle Name: David

* Last Name: DiDomenico

Suffix:

* Title: CEO

* Telephone Number: 510-410-3471 Fax Number:

* Email: Leoddd@giant-leap-tech.com

* Signature of Authorized Representative: Leo David DiDomenico

Leo David DiDomenico

* Date Signed: 07/12/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

16-8506-2062-CA

5b. Federal Award Identifier:

Governor's Office of Planning & Research

State Use Only:

JUL 13 2016

6. Date Received by State:

7. State Application Identifier:

16-0370-FR

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

68-0325104

* c. Organizational DUNS:

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:

Food and Agriculture

Division Name:

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:**

Citrus Commodity 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

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="485,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="485,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

16-8506-0689-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 07/05/2016

7. State Application Identifier: 16-0368-FR

Governor's Office of Planning & Research

JUL 13 2016

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

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:

Food and Agriculture

Division Name:

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:**

Asian Defoliating Moth 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

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="425,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="425,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: Dept. of Food and Agriculture	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: 16-0370-FR	Governor's Office of Planning & Research
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California	JUL 13 2016 STATE CLEARINGHOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 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: Food and Agriculture	Division Name: 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:**

Citrus Commodity 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

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="485,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="485,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: Governor's Office of Planning & Research		
5a. Federal Entity Identifier: _____		* 5b. Federal Award Identifier: JUL 14 2016 STATE CLEARINGHOUSE		
State Use Only:				
6. Date Received by State: _____		7. State Application Identifier: _____		
8. APPLICANT INFORMATION:				
* a. Legal Name: City of Newman				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000381		* c. Organizational DUNS: 004952974		
d. Address:				
* Street 1: 938 Fresno Street				
Street 2: _____				
* City: Newman				
County/Parish: Stanislaus				
* State: California				
Province: _____				
* Country: USA: UNITED STATES				
* Zip / Postal Code: 95360				
e. Organizational Unit:				
Department Name: Public Works		Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: _____	* First Name: Stephanie			
Middle Name: _____				
* Last Name: Ocasio				
Suffix: _____				
Title: Planner				
Organizational Affiliation: _____				
* Telephone Number: (209) 862-3725		Fax Number: (209) 862-3199		
* Email: socasio@cityofnewman.com				

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

City Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

* Title:

West Mariposa Street Safe Drinking Water Project

13. Competition Identification Number:

Title:

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

City of Newman & Stanislaus County

Add Attachments

Delete Attachments

View Attachments

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

Extending water service from the City of Newman to a small residential community located in Stanislaus County by extending water distribution main line from the City system.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$3,951,037.81"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$3,951,037.81"/>

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

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

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

Yes No

If "Yes, provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

Governor's Office of Planning & Research

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

N/A

JUL 14 2016

5a. Federal Entity Identifier:

N/A

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

N/A

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Santa Ana

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

95-6000785

* c. Organizational DUNS:

0831532470000

d. Address:

* Street1:

20 CIVIC CENTER PLAZA

Street2:

* City:

SANTA ANA

County/Parish:

Orange

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92701-4058

e. Organizational Unit:

Department Name:

Planning and Building Agency

Division Name:

Planning

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

Prefix:

* First Name:

Verny

Middle Name:

* Last Name:

Carvajal

Suffix:

Title:

Principal Planner

Organizational Affiliation:

City of Santa Ana

* Telephone Number:

714-647-5899

Fax Number:

* Email:

vcarvajal@santa-ana.org

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund Grants-In-Aid

*** 12. Funding Opportunity Number:**

P16AS00184

* Title:

Historic Preservation Fund Grants to Underrepresented Communities

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:**

Logan Barrio Historic Neighborhood Nomination 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

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="30,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="80,000.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

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

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

Governor's Office of Planning & Research
MAY 14 2016

State Use Only:

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

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-030-3606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: 1725 23RD STREET, SUITE 100
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95816-7200

e. Organizational Unit:

Department Name: DEP'T OF PARKS AND RECREATION	Division Name: OFFICE OF HISTORIC PRESERVATIO
--	---

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

Prefix: _____	* First Name: JOHN
Middle Name: _____	
* Last Name: THOMAS	
Suffix: _____	

Title: ASSOCIATE PARKS AND RECREATION SPECIALIST

Organizational Affiliation:

* Telephone Number: 916-445-7024	Fax Number: _____
----------------------------------	-------------------

* Email: John.Thomas@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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund Grants-In-Aid

*** 12. Funding Opportunity Number:**

P16AS00184

* Title:

Historic Preservation Fund Grants to Underrepresented Communities

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:**

2016 UNDERREPRESENTED COMMUNITIES GRANT ROUND III

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="21,950.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="71,950.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Application Identifier:			
		Governor's Office of Planning & Research			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:			
3-06-0045		JUL 14 2016			
State Use Only:		STATE CLEARINGHOUSE			
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):			*c. Organizational DUNS:		
94-6000310			004-952-867		
d. Address:					
* Street1: 124 North Cloverdale Blvd.					
Street 2:					
* City: Cloverdale					
County: Sonoma					
* State: CA					
Province:					
Country: United States			*Zip/ Postal Code: 95425		
e. Organizational Unit:					
Department Name:			Division Name:		
Airports					
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Paul			
Middle Name:					
* Last Name: Cayler					
Suffix:					
Title: City Manager					
Organizational Affiliation:					
City of Cloverdale					
* Telephone Number: (707) 894-1710			Fax Number: (707) 894-3451		
* Email: pcayler@ci.cloverdale.ca.us					

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- 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:

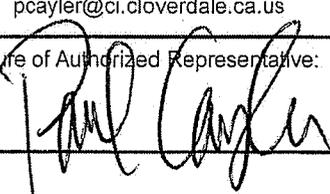
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Cloverdale, Sonoma County, California

* 15. Descriptive Title of Applicant's Project:

Environmental Assessment for Obstruction Removal and Mitigation

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 1st	*b. Program/Project: 1st
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 10/01/2016	*b. End Date: 03/30/2018
18. Estimated Funding (\$):	
*a. Federal	137,169.00
*b. Applicant	8,383.00
*c. State	6,858.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	152,410.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>7-11-16</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list; is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Paul
Middle Name:	
*Last Name: Cayler	
Suffix:	
*Title: City Manager	
*Telephone Number: (707) 894-1710	Fax Number: (707) 894-3451
* Email: pcayler@ci.cloverdale.ca.us	
*Signature of Authorized Representative: 	*Date Signed: 7/12/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A * Other (Specify)
* 3. Date Received: 	4. Applicant Identifier: Dept. of Food and Agriculture	Governor's Office of Planning & Research
5a. Federal Entity Identifier: 16-8506-1211-CA	* 5b. Federal Award Identifier: 	JUL 14 2016 STATE CLEARINGHOUSE
State Use Only:		
6. Date Received by State: 06/13/2016	7. State Application Identifier: 15-0462-FR	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665	
d. Address:		
* Street1: 1220 N Street, Room 315	Street2:	
* City: Sacramento	County:	
* State: California	Province:	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 95814		
e. Organizational Unit:		
Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Jason	Middle Name: K
* Last Name: Chan	Suffix:	
Title:		
Organizational Affiliation: California Department of Food and Agriculture		
* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555	
* Email: jason.chan@cdfa.ca.gov		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid/Huanglongbing

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2015

* b. End Date: 9/30/2016

18. Estimated Funding (\$):

* a. Federal 7,810,524

* b. Applicant

* c. State 868,519

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 8,679,043

*** 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 07/14/2016

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Office of Grants Administration

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 07/11/2016	4. Applicant Identifier: Governor's Office of Planning & Research
--	---

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 2016 FISHERIES JUL 15 2016 STATE CLEARINGHOUSE
--	---

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

8. APPLICANT INFORMATION:
* a. Legal Name: Siskiyou Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2430963	* c. Organizational DUNS: 0404557550000
--	---

d. Address:
* Street1: P.O. Box 268
Street2: _____
* City: Etna
County/Parish: _____
* State: CA: California
Province: _____
* Country: OSA: UNITED STATES
* Zip / Postal Code: 96027-268

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: Lindsay
Middle Name: _____	
* Last Name: Magranet	
Suffix: _____	

Title: District Secretary

Organizational Affiliation: Siskiyou Resource Conservation District

* Telephone Number: 530-467-3975	Fax Number: 530-467-5617
---	---------------------------------

* Email: sisqrzd@sisqtel.net

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 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:**

Mid Klamath River Fall Chinook Spawner 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 CA-001

* b. Program/Project CA-001

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

17. Proposed Project:

* a. Start Date: 08/01/2016

* b. End Date: 09/30/2017

18. Estimated Funding (\$):

* a. Federal	3,243.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,243.00

* 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 07/15/2016 .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Lindsay
Middle Name:
* Last Name: Magranet
Suffix:

* Title: District Secretary

* Telephone Number: 530-467-3975 Fax Number:

* Email: sisgrcd@sisqtel.net

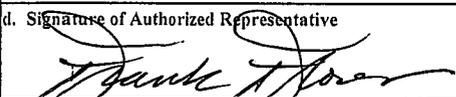
* Signature of Authorized Representative: 

* Date Signed: 07/15/2016

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/7/16	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 New Starts Program – Metro Westside Purple Line Ext. – Section 2, FAIN 5566-2016-15 Governor's Office of Planning & Research JUL 15 2016 STATE CLEARINGHOUSE	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date	Ending Date	a. Applicant	b. Project
5/28/13	12/31/2028	Districts 33, 37	Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 100,000,000 .00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>7/7/16</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c State	\$.00		
d Local	\$ 2,208,343,795.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 2,308,343,795.00		

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

a Typed Name of Authorized Representative Frank Flores	b Title Executive Officer	c Telephone number (213) 922-2456
d Signature of Authorized Representative 	e. Date Signed 07/07/16	

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 06/30/2016	4. Applicant Identifier: Dept. of Food and Agriculture	
5a. Federal Entity Identifier: 16-8506-1903-CA	5b. Federal Award Identifier: _____	
State Use Only:	Governor's Office of Planning & Research	
6. Date Received by State: _____	7. State Application Identifier: 16-0372-FR	JUL 15 2016
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California	STATE CLEARINGHOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 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: Food and Agriculture	Division Name: 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:**

Stone Fruit Commodity 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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="225,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="225,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: