

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16 - 31, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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: California Avocado Commission	
		RECEIVED
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 13-8506-1698-CA	
		JUL 16 2013
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Avocado Commission		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3315681		* c. Organizational DUNS: 096892252
d. Address:		
* Street1:	12 Mauchly, Suite L	
Street2:	_____	
* City:	Irvine	
County:	Orange	
* State:	California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	92618-6305	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Timothy	
Middle Name: Matthew	_____	
* Last Name: Spann	_____	
Suffix:	_____	
Title: Research Project Manager		
Organizational Affiliation: California Avocado Commission		
* Telephone Number: 949-341-1955	Fax Number: 949-341-1970	
* Email: tspann@avocado.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

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

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-047

* b. Program/Project CA-022

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

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

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on July 17, 2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Thomas

Middle Name: A.

* Last Name: Bellamore

Suffix:

* Title: President

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

* Email: tbellamore@avocado.org

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

**Other (Specify):

RECEIVED

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

JUL 16 2013

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Green For All

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

26-1140201

* c. Organizational DUNS:

0203669090000

d. Address:

* Street1:

1611 Telegraph Avenue

Street2:

Suite 600

* City:

Oakland

County/Parish:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612-2149

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

* First Name:

Jeffrey

Middle Name:

* Last Name:

Kositsky

Suffix:

Title:

Chief Operating Officer

Organizational Affiliation:

Green For All

* Telephone Number:

510-271-9821

Fax Number:

510-663-6510

* Email:

jeff@greenforall.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:**

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban and Community Forestry Program

*** 12. Funding Opportunity Number:**

USDA-FS-UCF-01-2014

* Title:

2014 National Urban and Community Forestry Grant Program

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Private Sector Green Infrastructure Job Assessment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

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="184,270.00"/>
* b. Applicant	<input type="text" value="184,930.00"/>
* 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="369,200.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0064
Expiration Date: 09/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
* 3. Date Received:		4. Applicant Identifier:	
Completed by Grants.gov upon submission.			
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	
		RECEIVED	
State Use Only:		JUL 16 2013	
6. Date Received by State:		7. State Application Identifier:	
		STATE CLEARING HOUSE	
6. APPLICANT INFORMATION:			
* a. Legal Name: Local Government Commission			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
94-2791699		7903864780000	
d. Address:			
* Street1:	1303 J Street, Suite 250		
Street2:			
* City:	Sacramento		
County/Parish:			
* State:	CA: California		
Province:			
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95814-2936		
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Ms.	* First Name:	Laura
Middle Name:			
* Last Name:	Podolsky		
Suffix:			
Title:	Director, Healthy Communities Programs		
Organizational Affiliation:			
* Telephone Number:	916-448-1198 x311	Fax Number:	916-448-8246
* Email:	lpodolsky@lgc.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:**

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban and Community Forestry Program

*** 12. Funding Opportunity Number:**

USDA-FS-UCF-01-2014

* Title:

2014 National Urban and Community Forestry Grant Program

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Integrating Urban Forestry into Multi-Benefit Green Infrastructure Stormwater Management and Mitigation Solutions by Supporting Local Innovation to Address Regulatory, Leadership and Capacity Barriers

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-624

16. Congressional Districts Of:

* a. Applicant CA-005

b. Program/Project CA1-53

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

California Congressional Districts 001.pdf

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2014

* b. End Date: 05/31/2016

18. Estimated Funding (\$):

* a. Federal	225,000.00
* b. Applicant	0.00
* c. State	234,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	459,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 07/15/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Linda
 Middle Name:
 * Last Name: Cloud
 Suffix:

* Title: Managing Director

* Telephone Number: 916-448-1198 ext319 Fax Number: 916-448-8246

* Email: lcloud@lgc.org

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01757

5. APPLICANT INFORMATION

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

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

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

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-82282	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Kellogg Park Acquisition City of Ventura

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 24
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 374,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/17/2013
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 24,500.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 350,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 749,000.00	

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

a. Authorized Representative

Prefix Ms. First Name Jean	Middle Name
Last Name Lacher	Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative <i>Vicki Patterson for Jean Lacher</i>	e. Date Signed 7/17/13

RECEIVED
JUL 17 2013
STATE CLEARING HOUSE

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01748

5. APPLICANT INFORMATION

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

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

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pico Park Renovation and Enhancement Project City of Pico Rivera
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-2411417	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2016	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 38
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 215,054.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/17/2013
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 15,054.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 200,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 430,108.00	

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

a. Authorized Representative	
Prefix Ms. First Name Jean	Middle Name
Last Name Lacher	Suffix
b. Title Chief	c. Telephone Number (give area code) (916) 651-8597
d. Signature of Authorized Representative <i>Jean A. Lacher</i>	e. Date Signed 7-17-13

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: Region 9 Tracking Number 12-148	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Bay Area Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746		*c. Organizational DUNS: 078781416	
d. Address:			
*Street1: 939 Ellis Street			
Street 2:			
*City: San Francisco			
County:			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 94109			
e. Organizational Unit:			
Department Name: Air Monitoring		Division Name: Technical Services	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Eric	
Middle Name: David			
*Last Name: Stevenson			
Suffix:			
Title: Director of Technical Services			
Organizational Affiliation:			
*Telephone Number: 415-749-4695		Fax Number: 415-749-5082	
*Email: estevenson@baaqmd.gov			

RECEIVED

JUL 18 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: D. Special District 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:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

*12. Funding Opportunity Number: XA-00T63001

*Title: National Ambient Toxic Trends Stations

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

*15. Descriptive Title of Applicant's Project:

Measurement of toxic air contaminants to determine national and local ambient trends.

Attach supporting documents as specified in agency instructions.

OMB Number 4040-0204
 Expiration Date: 04/01/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

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

See Attached

17. Proposed Project:

*a. Start Date: 07/01/2013

*b. End Date: 06/30/2014

18. Estimated Funding (\$):

*a. Federal

\$155,000.00

*d. Local

*b. Applicant

*e. Other

*c. State

*f. Program Income

*d. Local

*g. TOTAL

\$155,000.00

*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.)

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr,

*First Name: Jack

Middle Name:

*Last Name: Colbourn

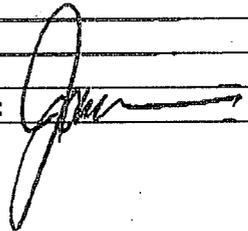
Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192

Fax Number: 415-749-5111

*Email: jcolbourn@baaqmd.gov

*Signature of Authorized Representative: 

Date Signed: 8/25/13

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier: Region 9 Tracking Number 12-148		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Bay Area Air Quality Management District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746			*c. Organizational DUNS: 078781416		
d. Address:					
*Street1: 939 Ellis Street					
Street 2:					
*City: San Francisco					
County:					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 94109					
e. Organizational Unit:					
Department Name: Air Monitoring			Division Name: Technical Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Eric			
Middle Name: David					
*Last Name: Stevenson					
Suffix:					
Title: Director of Technical Services					
Organizational Affiliation:					
*Telephone Number: 415-749-4695			Fax Number: 415-749-5082		
*Email: estevenson@baaqmd.gov					

RECEIVED

JUL 18 2013

STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: D. Special District 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:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

*12. Funding Opportunity Number: PM98977301

*Title: PM2.5 Monitoring Program

13. Competition Identification Number:

Title:

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

The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma

*15. Descriptive Title of Applicant's Project:

Measurement of particulate matter 2.5 microns or less (PM2.5) to determine progress toward National Ambient Air Quality Standards (NAAQS) achievement.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

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

See Attached

17. Proposed Project:

*a. Start Date: 4/1/2013

*b. End Date: 3/31/14

18. Estimated Funding (\$):

*a. Federal

\$237,215.00

*d. Local

*b. Applicant

*e. Other.

*c. State

*f. Program Income

*d. Local

*g. TOTAL

\$237,215.00

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

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Jack

Middle Name:

*Last Name: Colbourn

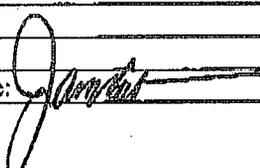
Suffix:

*Title: Director of Administrative Services

*Telephone Number: 415-749-5192

Fax Number: 415-749-5111

*Email: colbourn@baagmd.gov

*Signature of Authorized Representative: 

Date Signed: 7/18/13

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. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: TCY - 3-06-0259-	* 5b. Federal Award Identifier:
--	---------------------------------

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

B. APPLICANT INFORMATION:

* a. Legal Name: City of Tracy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000442	* c. Organizational DUNS: 074640111
---	--

d. Address: * Street 1: 520 Tracy Boulevard Street 2: * City: Tracy County: San Joaquin * State: California Province: Country: USA	* Zip/ Postal Code: 95376
---	---------------------------

RECEIVED

JUL 18 2013

STATE CLEARING HOUSE

e. Organizational Unit: Department Name: Parks and Community Services Department	Division Name: Airports
--	----------------------------

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

Prefix: Mr. Middle Name: * Last Name: Buchanan Suffix:	First Name: Rod
---	-----------------

Title: Director, Parks and Community Services Department

Organizational Affiliation:

City of Tracy, Parks and Community Services Department, Airports

* Telephone Number: 209-831-6203	Fax Number: 209-831-6218
* Email: rod.buchanan@ci.tracy.ca.us	

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type: **- Select One -**

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
20.106

CFDA Title:
Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Tracy, San Joaquin County, California

15. Descriptive Title of Applicant's Project:

Tracy Municipal Airport, Tracy, San Joaquin County, California: Airport Layout Plan Narrative Including ALP Updated Plans

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

18. Congressional Districts Of: CA-011

* a. Applicant CA-011

* b. Program/Project: CA-011

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

19. Estimated Funding (\$):

*a. Federal	\$76,500.00
*b. Applicant	\$4,675.00
*c. State	\$3,825.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$85,000.00

*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 6-26-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

*I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Rod

Middle Name:

*Last Name: Buchanan

Suffix:

*Title: Director of Parks and Community Services Department

*Telephone Number: 209-831-6203

Fax Number: 209-831-6218

*Email: rod.buchanan@ci.tracy.ca.us

*Signature of Authorized Representative:



Date Signed: 7-12-13

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 * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation * Other (Specify) <input type="checkbox"/> Revision
* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: E36 - 3-06-0193-	* 5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
* a. Legal Name: County of El Dorado	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511	*c. Organizational DUNS: 07-154-3201
d. Address:	
* Street1: 2850 Fairlane Court Street 2: * City: Placerville County: El Dorado * State: California Province: Country: USA	RECEIVED JUL 18 2013 STATE CLEARING HOUSE
* Zip/ Postal Code: 95667	
e. Organizational Unit:	
Department Name: Community Development Agency	Division Name: Airports
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr. Middle Name:	First Name: Michael
* Last Name: Pavlick Suffix:	
Title: Administrative Services Officer	
Organizational Affiliation: El Dorado County, Community Development Agency, Administration and Finance Division, Capital Programs Unit, Airports	
* Telephone Number: 530-621-5915	Fax Number: 530-626-0387
* Email: mike.pavlick@edcgov.us	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: B. County Government

Type of Applicant 2: Select Applicant Type: - Select One -

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Georgetown, El Dorado County, California

* 15. Descriptive Title of Applicant's Project:

Georgetown Airport, Georgetown, El Dorado County, California: Airport Layout Plan Narrative Including ALP Updated Plans

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$67,500.00
*b. Applicant	\$4,125.00
*c. State	\$3,375.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*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 1-18-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Kimberly

Middle Name: A.

*Last Name: Kerr

Suffix:

*Title: Acting Director, Community Development Agency

*Telephone Number: 530-621-7533 5914

Fax Number: 530-626-0387

*Email: kimberly.kerr@edcgov.us

*Signature of Authorized Representative: *Kimberly Kerr*

Date Signed: 2/15/13

See attached memo from EDC BOS chair
Related to 49CFR Part 29 Certification

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

Prefix: []	* First Name: []	Middle Name: W.
* Last Name: []		Suffix: []
* Title: []		* Email: []
* Telephone Number: []	Fax Number: []	
* Street1: []	Street2: []	
* City: []	County/Parish: []	
* State: []	Province: []	
* Country: USA: UNITED STATES	* Zip/Postal Code: []	

RECEIVED

JUL 19 2013

STATE CLEARING HOUSE

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

Same as Project Director (skip to item 9):

Prefix: []	* First Name: Miriam	Middle Name: []
* Last Name: Castañeda		Suffix: []
* Title: Grants Administrator		* Email: mcastaneda@btransit.com
* Telephone Number: (562) 599-8577	Fax Number: []	
* Street1: 1963 E. Anaheim St.	Street2: []	
* City: Long Beach	County/Parish: []	
* State: CA	Province: []	
* Country: USA: UNITED STATES	* Zip/Postal Code: 90801-0731	

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

* 1. NAME OF FEDERAL AGENCY:

DOT/ Federal Transit Administration

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20.507

CFDA TITLE:

Federal Transit-- Formula Grants (A)

RECEIVED

* 3. DATE RECEIVED:

Completed Upon Submission to Grants.gov

SYSTEM USE ONLY

* 4. FUNDING OPPORTUNITY NUMBER:

N/A

JUL 19 2013

* TITLE:

N/A

STATE CLEARING HOUSE

5. APPLICANT INFORMATION

* a. Legal Name:

Long Beach Public Transportation Company (Long Beach Transit)

b. Address:

* Street1:

1963 E. Anaheim St.

Street2:

* City:

Long Beach

County/Parish:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip/Postal Code:

90801-0731

c. Web Address:

http://

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

Noneprofit

Type of Applicant:

Type of Applicant:

* Other (specify):

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

94-1086275

* f. Organizational DUNS:

050125194

* g. Congressional District of Applicant:

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

6. PROJECT INFORMATION

* a. Project Title:

FY13 Bus and Bus Facilities section 5307 grant

* b. Project Description:

The Long Beach Public Transportation Company (Long Beach Transit) hereby requests section 5307; Bus and Bus Facilities capital grant funds, under grant application CA-04-Z053 for the following:

1. Clean Fuel Bus Replacement (12 Compressed Natural Gas Buses)
2. Bus Capital/ Associated Capital (Including purchase of bus components, tires, information systems/ computer equipment, health/ safety equipment, shop equipment and service vehicles).
3. Bus Stop Enhancements
4. Capitalization of Preventive Maintenance

c. Proposed Project:

* Start Date:

12/20/2012

* End Date:

09/30/2015

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

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

I Agree

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

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

Application for Federal Assistance SF-424

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

RECEIVED

* 3. Date Received:	4. Application Identifier: JUL 22 2013
---------------------	--

5a. Federal Entity Identifier: TCY - 3-06-0259-	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
--	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Tracy	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000442	*c. Organizational DUNS: 074640111

d. Address:

* Street1: 520 Tracy Boulevard Street 2:	*Zip/ Postal Code: 95376
* City: Tracy County: San Joaquin * State: California Province: Country: USA	

e. Organizational Unit:

Department Name: Parks and Community Services Department	Division Name: Airports
---	----------------------------

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

Prefix: Mr. Middle Name: * Last Name: Buchanan Suffix:	First Name: Rod
Title: Director, Parks and Community Services Department	

Organizational Affiliation:
City of Tracy, Parks and Community Services Department, Airports

* Telephone Number: 209-831-6203	Fax Number: 209-831-6218
* Email: rod.buchanan@ci.tracy.ca.us	

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type: - Select One -

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Tracy, San Joaquin County, California

* 15. Descriptive Title of Applicant's Project:

Tracy Municipal Airport, Tracy, San Joaquin County, California: Airport Layout Plan Narrative Including ALP Updated Plans

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-011

* a. Applicant CA-011

* b. Program/Project: CA-011

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$76,500.00
*b. Applicant	\$4,675.00
*c. State	\$3,825.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$85,000.00

***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 6-26-2013
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Rod

Middle Name:

*Last Name: Buchanan

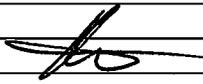
Suffix:

*Title: Director of Parks and Community Services Department

*Telephone Number: 209-831-6203

Fax Number: 209-831-6218

*Email: rod.buchanan@ci.tracy.ca.us

*Signature of Authorized Representative: 

Date Signed: 7-17-13

OMB Number: 4340-0102
Expiration Date: 07/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Habitat for Humanity Lake County, CA Inc.

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Habitat for Humanity Lake County, CA Inc.

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

08-0458758

* c. Organizational DUNS:

078392903

d. Address:

* Street1:

PO Box 1830

Street2:

* City:

Lower Lake

County/Parish:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95467

e. Organizational Unit:

Department Name:

Resource Development

Division Name:

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

Prefix:

* First Name:

Richard

Middle Name:

* Last Name:

Birk

Suffix:

Title: President

Organizational Affiliation:

President of Habitat for Humanity Lake County, CA

* Telephone Number:

707-994-1100

Fax Number:

707 994-1450

* Email:

main@lakehabitat.org

RECEIVED
JUL 22 2013
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Non-profit affordable housing 501 (c) 3 corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Housing Preservation Grant

* 12. Funding Opportunity Number:

USDA-RD-HPG-593-2013

* Title:

Housing Preservation Grant

13. Competition Identification Number:

Habitat for Humanity Lake County CA Inc.

Title:

HRR Project 4

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

Lake County, CA

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Home Repair and Rehabilitation Project 4

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 **California 5**

* b. Program/Project **California 5**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **10/01/2013**

* b. End Date: **9/30/2014**

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	21,950.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	121,950.00

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

Add Attachment

Delete Attachment

View Attachment

21. By signing this application, I cordly (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 assurance** 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: **Richard**

Middle Name:

* Last Name: **Birk**

Suffix:

* Title: **President**

* Telephone Number: **707-994-1100** Fax Number: **707-994-1450**

* Email: **main@lakershabitat.org**

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
		* If Revision, select appropriate letter(s): [] * Other (Specify) []
* 3. Date Received: []		4. Applicant Identifier: []
5a. Federal Entity Identifier: []		* 5b. Federal Award Identifier: []
RECEIVED JUL 22 2013 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: []	7. State Application Identifier: []	
B. APPLICANT INFORMATION:		
* a. Legal Name: Coachella Valley Housing Coalition		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3184898	* c. Organizational DUNS: 61-328-1070	
d. Address:		
* Street 1:	45701 Monroe Street, Suite G	
Street 2:	[]	
* City:	Indio	
County:	[]	
* State:	CA	
Province:	[]	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	92201	
e. Organizational Unit:		
Department Name: USDA	Division Name: Rural Development	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: John	
Middle Name: F.	[]	
* Last Name: Mealey	[]	
Suffix:	[]	
Title: Executive Director	[]	
Organizational Affiliation: []		
* Telephone Number: (760) 347-3157	Fax Number: (760) 342-6466	
* Email: john.mealey@cvhc.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1 - Select Applicant Type: <input type="text" value="Non-Profit Public Benefit Corporation"/>	
Type of Applicant 2- Select Applicant Type: <input type="text"/>	
Type of Applicant 3- Select Applicant Type: <input type="text"/>	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="NGMS Agency United States Department of Agriculture Rural Development"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="10.447"/> CFDA Title: <input type="text" value="Multi-Family Housing Preservation and Revitalization Demonstration Program"/>	
* 12. Funding Opportunity Number: <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> * Title: <input type="text" value="MBL-SF424 FAMILY-ALL FORMS"/> <input type="text" value="Multi-Family Housing Preservation and Revitalization Demonstration Program"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text" value="Multi-Family Housing Preservation and Revitalization Demonstration Program"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="City of Indio, County of Riverside, State of California"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Fred Young Farm Labor Center"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachment"/> <input type="button" value="Edit Attachment"/> <input type="button" value="View Attachment"/>	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$8,000,000.00"/>
* b. Applicant	<input type="text" value="\$361,929.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$4,227,686.00"/>
* e. Other	<input type="text" value="\$25,258,525.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$37,848,140.00"/>

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

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

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

Yes No

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

** I AGREE

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

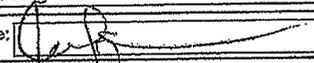
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424

* 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: 13-8506-1703-CA			* 5b. Federal Award Identifier: _____		
RECEIVED					
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
JUL 24 2010					
8. APPLICANT INFORMATION:					
STATE CLEARING HOUSE					
* 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:**

Weed Biological Control

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 23,971

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 23,971

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other-(Specify) _____	
* 3. Date Received: _____		4. Applicant Identifier: _____				
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____			
State Use Only:						
6. Date Received by State: _____		7. State Application Identifier: _____				
8. APPLICANT INFORMATION:						
* a. Legal Name: Monterey Bay Unified Air Pollution Control District						
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2301821			* c. Organizational DUNS: 125-103-275			
d. Address:						
* Street1: 24580 Silver Cloud Court						
Street2: _____						
* City: Monterey						
County: Monterey						
* State: CA						
Province: _____						
* Country: USA: UNITED STATES						
* Zip / Postal Code: 93940						
e. Organizational Unit:						
Department Name: Administration			Division Name: _____			
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix: Mrs.		* First Name: Joyce				
Middle Name: E.		_____				
* Last Name: Giuffre		_____				
Suffix: _____		_____				
Title: Administrative Services Manager						
Organizational Affiliation: Monterey Bay Unified Air Pollution Control District						
* Telephone Number: 831-647-9411, ext 229			Fax Number: 831-647-8501			
* Email: jgiuffre@mbuapcd.org						

RECEIVED

JUL 24 2013

STATE CLEARING HOUSE

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:**

EPA Region IX

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support (105)

*** 12. Funding Opportunity Number:**

Section 105

* Title:

Clean Air Act

13. Competition Identification Number:

Title:

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

San Benito, Santa Cruz, and Monterey Counties

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

Basin Wide Pollution Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 16th

* b. Program/Project 16th

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

17. Proposed Project:

* a. Start Date: 10/1/2013

* b. End Date: 9/30/2014

18. Estimated Funding (\$):

* a. Federal \$ 321,390
* b. Applicant \$3,004,907
* c. State \$1,760,500
* d. Local
* e. Other \$ 266,300
* f. Program Income
* g. TOTAL \$5,353,097

*** 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 07/22/2013
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Richard

Middle Name: A

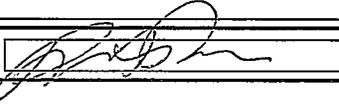
* Last Name: Stedman

Suffix:

* Title: Air Pollution Control Officer

* Telephone Number: 831-647-9411, ext 206 Fax Number: 831-647-8501

* Email: rstedman@mbuapcd.org

* Signature of Authorized Representative:  * Date Signed: 7/22/13

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

RECEIVED

Prefix: []	* First Name: []	Middle Name: W. []
* Last Name: []		Suffix: STATE CLEARING HOUSE
* Title: []	* Email: []	
* Telephone Number: []	Fax Number: []	
* Street1: []	Street2: []	
* City: []	County/Parish: []	
* State: []	Province: []	
* Country: USA: UNITED STATES	* Zip/Postal Code: []	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

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

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational	
* 1. NAME OF FEDERAL AGENCY: DOT/ Federal Transit Administration	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20.507	
CFDA TITLE: Federal Transit - Formula Grants (A)	
* 3. DATE RECEIVED: Completed Upon Submission to Grants.gov	SYSTEM USE ONLY
* 4. FUNDING OPPORTUNITY NUMBER: N/A	
* TITLE: N/A	
5. APPLICANT INFORMATION	
* a. Legal Name: Long Beach Public Transportation Company (Long Beach Transit)	
b. Address:	
* Street1: 1963 E. Anaheim St.	Street2:
* City: Long Beach	County/Parish:
* State: CA	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 90801-0731
c. Web Address: http://	
* d. Type of Applicant: Select Applicant Type Code(s): Noneprofit Type of Applicant: Type of Applicant: * Other (specify):	* e. Employer/Taxpayer Identification Number (EIN/TIN): 94-1086275 * f. Organizational DUNS: 050125194 * g. Congressional District of Applicant: 34,36,37,38,39,40,46
6. PROJECT INFORMATION	
* a. Project Title: FY13 Bus and Bus Facilities section 5307 grant	
* b. Project Description: The Long Beach Public Transportation Company (Long Beach Transit) hereby requests section 5307, Bus and Bus Facilities capital grant funds, under grant application CA-04-Z053 for the following: 1. Clean Fuel Bus Replacement (12 Compressed Natural Gas Buses) 2. Bus Capital/ Associated Capital (Including purchase of bus components, tires, information systems/ computer equipment, health/ safety equipment, shop equipment and service vehicles) 3. Bus Stop Enhancements 4. Capitalization of Preventive Maintenance	
c. Proposed Project: * Start Date: 12/20/2012	* End Date: 09/30/2015

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

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

** I Agree

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

AUTHORIZED REPRESENTATIVE

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

Application for Federal Assistance SF-424 Version 02

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

RECEIVED

*3. Date Received:	4. Application Identifier: E-13-MC-06-0534
---------------------------	--

5a. Federal Entity Identifier: E-13-MC-06-0534	*5b. Federal Award Identifier: JUL 26 2013 E-13-MC-06-0534
--	---

STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** CITY OF OXNARD

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000756	*c. Organizational DUNS: 081790214
--	--

d. Address:

***Street 1:** 300 W. THIRD STREET
Street 2:
***City:** OXNARD
County: VENTURA
***State:** CALIFORNIA
Province:
Country: U.S.A. ***Zip/ Postal Code:** 93030

e. Organizational Unit:

Department Name: HOUSING DEPARTMENT	Division Name: GRANTS MANAGEMENT DIVISION
---	---

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

Prefix: MRS. **First Name:** JULIETTE
Middle Name:

***Last Name:** DANG
Suffix:

Title: GRANTS COORDINATOR

Organizational Affiliation:

*Telephone Number: 805-385-7493	Fax Number: 805-385-7969
--	---------------------------------

***Email:** juliette.dang@ci.oxnard.ca.gov

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-23**

*b. Program/Project: **CA-23**

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

17. Proposed Project:

*a. Start Date: **07-01-2013**

*b. End Date: **06-30-2014**

18. Estimated Funding (\$):

*a. Federal **\$150,512.00**

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL **\$150,512.00**

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

a. This application was made available to the State under the Executive Order 12372 Process for review on **06-27-2013**

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: **MRS.** *First Name: **KAREN**

Middle Name: **R.**

*Last Name: **BURNHAM**

Suffix:

*Title: **INTERIM CITY MANAGER**

*Telephone Number: **805-385-7879**

Fax Number: **805-385-7595**

*Email: **karen.burnham@ci.oxnard.ca.us**

*Signature of Authorized Representative: *Karen R Burnham* Date Signed: **6-18-13**

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		_____	
<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. Applicant Identifier:			
Completed by Grants.gov upon submission.		_____			
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
_____			_____		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
_____		_____			
8. APPLICANT INFORMATION:					
* a. Legal Name: <u>The Camptonville Academy, Inc.</u>					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
<u>94-3353799</u>			<u>01-673-5883</u>		
d. Address:					
* Street 1: <u>619 9th St., Suite D</u>					
Street 2: _____					
* City: <u>Marysville</u>					
County/Parish: _____					
* State: <u>California</u>					
Province: _____					
* Country: _____ USA: UNITED STATES					
* Zip / Postal Code: <u>95901</u>					
e. Organizational Unit:					
Department Name:			Division Name:		
<u>N/A</u>			<u>N/A</u>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <u>Mr.</u>		* First Name: <u>Chris</u>			
Middle Name: _____					
* Last Name: <u>Mahurin</u>					
Suffix: _____					
Title: <u>School Director</u>					
Organizational Affiliation:					
<u>Camptonville Academy, Inc.</u>					
* Telephone Number:		Fax Number:			
<u>(530) 742-2786</u>		<u>(530) 742-6067</u>			
* Email: <u>cmahurin@coretca.org</u>					

RECEIVED

JUL 29 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

New

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

California Public Charter School

* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Grant (USDA Rural Development)

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

City of Marysville & Yuba County

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Development of a community educational resource center. Specific needs include computer lab, science lab, classroom audio/video equipment, and sola-tubes.

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 Attachments

Delete Attachments

View Attachments

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="\$163,306.00"/>
* 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="\$213,306.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

7-26-13

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/01/2013	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE 07/24/2013	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Municipality of Ciales	Organizational Unit: Department: FEDERAL PROGRAMS
Organizational DUNS: 091118869	Division: HOUSING REHABILITATION.

RECEIVED

JUL 29 2013

STATE CLEARING HOUSE

Address: Street: 8 Calle Palmer	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr	First Name: Hector
City: Ciales	Middle Name J	Last Name Mercado Santiago
County: USA	Suffix:	Email: federalescial@gmail.com
State: Puerto Rico	Zip Code: 00638	Phone Number (give area code): 787-871-3636
Country: USA	Fax Number (give area code): 787-871-1710	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[6][6]-[0][4][3][5][3][9][8]

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
C
Other (specify)

9. NAME OF FEDERAL AGENCY:
US DEPARTMENT OF AGRICULTURE-RURAL DEVELOPMENT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The project consist in the rehabilitation of owner occupied housing units of very low income to eliminate safety and health hazards.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[1][0]-[4][3][3]
TITLE (Name of Program):
HOUSING PRESERVATION GRANT, SECTION 533

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

13. PROPOSED PROJECT
Start Date: August 2013 Ending Date: July 2014

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

15. ESTIMATED FUNDING:

a. Federal	\$	275,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	275,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

Prefix Mr.	First Name JUAN	Middle Name JOSE
Last Name RODRIGUEZ PÉREZ	Suffix	
b. Title MAYOR	c. Telephone Number (give area code) 787-871-3500	
d. Signature of Authorized Representative	e. Date Signed 07/30/2013	

Previous Edition Usable
Authorized for Local Reproduction

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

OMB Number: 4047-0044
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* IF Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
	California Avocado Commission	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
	13-8506-1898-CA	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
B. APPLICANT INFORMATION:		
* a. Legal Name: California Avocado Commission		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
95-3315881	098892252	
d. Address:		
* Street1:	12 Mauchly, Suite L	
Street2:		
* City:	Irvine	
County:	Orange	
* State:	California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	92618-6305	
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	
Dr.	Timothy	
Middle Name:	Matthew	
* Last Name:	Spann	
Suffix:		
Title: Research Project Manager		
Organizational Affiliation:		
California Avocado Commission		
* Telephone Number:	Fax Number:	
949-341-1955	949-341-1970	
* Email: lspann@avocado.org		

RECEIVED

JUL 30 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

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

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-047

* b. Program/Project CA-022

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

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

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal 110,500

* b. Applicant 84,269

* c. State 0

* d. Local 0

* e. Other 0

* f. Program Income 0

* g. TOTAL 194,769

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

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

July 17, 2013

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

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

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

Yes

No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award: I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: Mr.

* First Name: Thomas

Middle Name: A.

* Last Name: Bellamore

Suffix:

* Title: President

* Telephone Number: 949-341-1955

Fax Number: 949-341-1970

* Email: tbellamore@avocado.org

* Signature of Authorized Representative:

Thomas Bellamore

* Date Signed:

7.17.13

Application for Federal Assistance SF-424

Version 3.2

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419		*c. Organizational DUNS: 025986159	
d. Address:			
*Street1: 21865 Copley Drive			
*Street 2:			
*City: Diamond Bar			
County: Los Angeles			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 91765			
e. Organizational Unit:			
Department Name:		Division Name:	
		Finance	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary	
Middle Name:			
*Last Name: Leonard			
Suffix:			
Title: Financial Analyst			
Organizational Affiliation:			
Finance Division			
*Telephone Number: 909-396-2780		Fax Number: 909-396-2765	
*Email: mleonard@aqmd.gov			

RECEIVED
JUL 31 2013
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Special District

*10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Orange and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

FY 14 Air Pollution Control Program Support

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-024-049

*b. Program/Project: CA-024-049

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

17. Proposed Project:

*a. Start Date: 10/01/2013

*b. End Date: 09/30/2014

18. Estimated Funding (\$):

*a. Federal	\$5,039,863.00	*d. Local	\$3,900,000.00
*b. Applicant	\$103,994,341.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$112,934,204.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **7-31-13**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: *First Name: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative *[Signature]*

Date Signed: 7-31-13

APPROVED AS TO FORM
KURT R WISE, GENERAL COUNSEL

By: *[Signature]*
Date: 7/31/13

OMB Number: 4040-0034
Expiration Date: 01/31/2009

Version 02

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: _____
---	--

State Use Only:

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

RECEIVED

JUL 31 2013

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California	* c. Organizational DUNS: 124726725
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123	

STATE CLEARING HOUSE

d. Address:

* Street1: Sponsored Projects Office
Street2: 2150 Shattuck Avenue, Suite 300
* City: Berkeley
County: Alameda
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94704-5940

e. Organizational Unit:

Department Name: Sponsored Projects Office	Division Name: _____
--	----------------------

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

Prefix: _____	* First Name: Kate
Middle Name: _____	
* Last Name: Lewis	
Suffix: _____	

Title: Contract and Grant Officer	
Organizational Affiliation: The Regents of the University of California	
* Telephone Number: 510-642-8117	Fax Number: 510-642-8236
* Email: kate.lewis@berkeley.edu	

OMB Number: 4040-0034
Expiration Date: 01/31/2016

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type: 	
Type of Applicant 3: Select Applicant Type: 	
* Other (specify): 	
* 10. Name of Federal Agency: Bureau of Land Management	
11. Catalog of Federal Domestic Assistance Number: 15.231	
CFDA Title: Fish, Wildlife and Plant Conservation Resource Management	
* 12. Funding Opportunity Number: L13AS00001	
* Title: BIM CA CESU Carrizo Plain Ecosystem Project	
13. Competition Identification Number: 	
Title: 	
14. Areas Affected by Project (Cities, Counties, States, etc.): Carrizo Plain National Monument, CA	
* 15. Descriptive Title of Applicant's Project: Carrizo Plain Ecosystem Project; Optimizing habitat management for the giant kangaroo rat and associated San Joaquin Valley upland species.	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-013

* b. Program/Project: CA-022

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2013

* b. End Date: 09/30/2017

18. Estimated Funding (\$):

* a. Federal	25,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	25,000.00

* 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.)

- Yes
- No []

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

** I AGREE

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

Authorized Representative:

Prefix: [] * First Name: Kate
 Middle Name: []
 * Last Name: Lewis
 Suffix: []

* Title: Contract and Grant Officer

* Telephone Number: 510-642-8117 Fax Number: 510-642-8336

* Email: spowards@berkeley.edu

* Signature of Authorized Representative: [Signature] * Date Signed: 7/31/13

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: 97.041	
RECEIVED JUL 31 2013		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
STATE CLEARING HOUSE		
a. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="State of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="52-1692634"/>	* c. Organizational DUNS: <input type="text" value="1712143070000"/>	
d. Address:		
* Street1: <input type="text" value="1416 9th Street, Room 849"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="Sacramento"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="95814-5510"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Water Resources"/>	Division Name: <input type="text" value="Safety of Dams"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Kathy"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Roberson"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Staff Services Analyst"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="916 227-4665"/>	Fax Number: <input type="text" value="916 227-4550"/>	
* Email: <input type="text" value="kroberson@water.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 text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

*** Other (specify):**

[Empty text box]

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.041

CFDA Title:

National Dam Safety Program

*** 12. Funding Opportunity Number:**

DHS-13-MT-041-000-01

*** Title:**

FY 13 National Dam Safety Program

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

[Empty text box]

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

State Dam Safety Enhancement

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="136,708.00"/>
* 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="136,708.00"/>

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

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

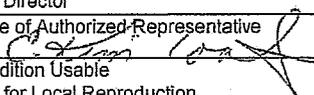
21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an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

Authorized Representative:

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:
 * Title:
 * Telephone Number: Fax Number:
 * Email:
 * Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/15/13	Applicant Identifier																					
<input type="checkbox"/> Pre-application <input checked="" 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: California Center for Cooperation Development		Organizational Unit: Department:																						
Organizational DUNS: 809999944 CAGE 50VPO EXP 5/6/2014		Division:																						
Address: Street: 979 F St. Suite A-1		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name First Name: Elizabeth Last Name: Coontz Suffix:																						
City: Davis		Email: ekcoontz@ccod.coop																						
County: Yolo		Phone Number (give area code): 530-297-1032																						
State: California	Zip Code: 95616	Fax Number (give area code): 530-297-1033																						
Country: United States of America		Other (specify):																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 39-2065673		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for profit organization <input type="checkbox"/> Other (specify)																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Rural Business Cooperative Services																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Cooperative Services		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Initiatives in Rural Cooperative Development																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California Statewide		13. PROPOSED PROJECT Start Date: 10/01/13 Ending Date: 09/31/14																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		15. ESTIMATED FUNDING:																						
<table border="1"> <tr> <td>a. Federal RCDG</td> <td>\$</td> <td>200,000⁰⁰</td> </tr> <tr> <td>b. Applicant Cash</td> <td>\$</td> <td>15,200⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>60,820⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>276,020⁰⁰</td> </tr> </table>		a. Federal RCDG	\$	200,000 ⁰⁰	b. Applicant Cash	\$	15,200 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	60,820 ⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	276,020 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7/15/13 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal RCDG	\$	200,000 ⁰⁰																						
b. Applicant Cash	\$	15,200 ⁰⁰																						
c. State	\$	⁰⁰																						
d. Local	\$	⁰⁰																						
e. Other	\$	60,820 ⁰⁰																						
f. Program Income	\$	⁰⁰																						
g. TOTAL	\$	276,020 ⁰⁰																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative																								
Prefix:		First Name: Elizabeth																						
Last Name: Coontz		Middle Name: Kim																						
b. Title: Executive Director		Suffix:																						
c. Telephone Number (give area code): 530-297-1032		d. Signature of Authorized Representative: 																						
e. Date Signed: 7/15/13																								

RECEIVED
JUL 31 2013
STATE CLEARING HOUSE

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			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier: 13-9419-0306		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494			*c. Organizational DUNS: 04-712-0084		
d. Address:					
*Street1: Office of Research-Sponsored Programs					
Street 2: 1850 Research Park Drive, Suite 300					
*City: Davis					
County: Yolo					
*State: CA					
Province:					
Country: USA			*Zip/ Postal Code: 95618		
e. Organizational Unit:					
Department Name: CA Animal Health & Food Safety Laboratory System			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name:			
Middle Name:					
*Last Name:					
Suffix:					
Title:					
Organizational Affiliation:					
*Telephone Number: 530-754-8266			Fax Number: 530-754-8229		
*Email:					

RECEIVED

JUL 31 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California and any other support of NAHLN as required

*15. Descriptive Title of Applicant's Project:

Classical swine fever surveillance**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

One

*b. Program/Project:

Classical Swine Fever Surveillance

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

17. Proposed Project:

*a. Start Date: 08/15/2013

*b. End Date: 03/31/2014

18. Estimated Funding (\$):

*a. Federal

\$11,770.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$11,770.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on 7/31/2013 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 1237220. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)** Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number: 530-754-8266

Fax Number: 530-754-8229

*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: _____	
5a. Federal Entity Identifier: N/A	* 5b. Federal Award Identifier: N/A	
RECEIVED JUL 31 2013		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Long Beach		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-600073	* c. Organizational DUNS: 07-5295832	
d. Address:		
* Street1: 333 W Ocean Blvd	Street2: _____	
* City: Long Beach	County: _____	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 90802		
e. Organizational Unit:		
Department Name: Health and Human Services	Division Name: Environmental Health Bureau	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Monica	
Middle Name: _____		
* Last Name: Cardenas		
Suffix: _____		
Title: Environmental Health Specialist III		
Organizational Affiliation: City of Long Beach Department of Health and Human Services		
* Telephone Number: (562) 570-4494	Fax Number: (562) 570-4038	
* Email: monica.cardenas@longbeach.gov		

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:**

United States Environmental Protection Agency Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements

*** 12. Funding Opportunity Number:**

* Title:

Palos Verdes Shelf Institutional Controls Program - White Croaker Market Inspection Program

13. Competition Identification Number:

n/a

Title:

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

Long Beach, CA

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

Palos Verdes Shelf Institutional Controls Program - White Croaker Market Inspection

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-046

* b. Program/Project CA-046

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

CA-037 and CA-039

17. Proposed Project:

* a. Start Date: 8/1/2013

* b. End Date: 7/31/2016

18. Estimated Funding (\$):

* a. Federal 89,190

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 89,190

*** 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 07/31/2013

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Susan

Middle Name:

* Last Name: Price

Suffix:

* Title: Acting Director, City of Long Beach Department of Health and Human Services

* Telephone Number: (562) 570-4016

Fax Number: (562) 570-4038

* Email: susan.price@longbeach.gov

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424 Version 22

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

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

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:	<p>JUL 31 2013</p> <p>STATE CLEARING HOUSE</p>
--------------------------------	--------------------------------	---

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 04-712-0084

d. Address:

*Street1: Office of Research-Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 95618

e. Organizational Unit:

Department Name: CA Animal Health & Food Safety Laboratory System	Division Name:
--	----------------

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

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

Organizational Affiliation:

*Telephone Number: 530-754-8266	Fax Number: 530-754-8229
---------------------------------	--------------------------

*Email:

Application for Federal Assistance SF-424

Version: 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California and any other support of NAHLN as required

*15. Descriptive Title of Applicant's Project:

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

One

*b. Program/Project:

Swine Surveillance

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

17. Proposed Project:

*a. Start Date: 08/15/2013

*b. End Date: 03/31/2014

18. Estimated Funding (\$):

*a. Federal

\$11,770.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$11,770.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 7/31/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number: 530-754-8266

Fax Number: 530-754-8229

*Email:

*Signature of Authorized Representative:

Date Signed: