

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16 - 31, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify):**

RECEIVED

JUL 16 2014

STATE CLEARING HOUSE

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Academy of Sciences

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

94-1156258

*** c. Organizational DUNS:**

0743624560000

d. Address:

*** Street1:**

55 Music Concourse Drive

Street2:

*** City:**

San Francisco

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94118-4503

e. Organizational Unit:

Department Name:

Vert Zoology & Anthropology

Division Name:

Research

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

Prefix:

*** First Name:**

John

Middle Name:

P

*** Last Name:**

Dumbacher

Suffix:

Title: Curator of Ornithology and Mammalogy

Organizational Affiliation:

California Academy of Sciences

*** Telephone Number:**

415-379-5377

Fax Number:

415-379-5738

*** Email:**

jdumbacher@calacademy.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:

United States Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

SF424 June 2014 areas affected attachment.p

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Biological surveys on National Wildlife Refuges in the Pacific Southwest Region

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-008

* b. Program/Project NV-004

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014

* b. End Date: 07/31/2016

18. Estimated Funding (\$):

* a. Federal	19,996.26
* b. Applicant	29,614.32
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	49,610.58

* 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 06/26/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Alison
Middle Name: R
* Last Name: Brown
Suffix:

* Title: Chief of Staff / Chief Financial Officer

* Telephone Number: 415-379-5148 Fax Number: 415-379-5727

* Email: abrown@calacademy.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

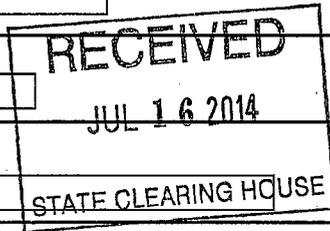
* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture



5a. Federal Entity Identifier:

14-8506-1211-CA

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

State Use Only:

6. Date Received by State: November 14, 2013

7. State Application Identifier: 13-0263-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS:
807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County:

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:
California Department of Food and Agriculture

Division Name:
Plant Health & Pest Prevention Services

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

Prefix: * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid

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 6,803,332
* b. Applicant
* c. State 1,071,851
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 7,875,183

*** 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 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission.
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation		STATE USE ONLY: 5. Date Received by State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 6. State Application Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
7. APPLICANT INFORMATION: * a. Legal Name: City of Taft		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 16 2014 STATE CLEARING HOUSE </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000800	* c. Organizational DUNS: 120971288	
d. Address: * Street1: 209 E. Kern Street		
* City: Taft		Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
* State: CA: California		County: Kern
* Country: USA: UNITED STATES		Province: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
e. Organizational Unit: Department Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		* Zip / Postal Code: 93268
Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
f. Name and contact information of person to be contacted on matters involving this submission: Prefix: Mrs. * First Name: Yvette Middle Name:		
* Last Name: Mayfield		Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Title: Grant Administrator		
Organizational Affiliation: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
* Telephone Number: 661-763-1222	Fax Number: 661-765-2480	
* Email: ymayfield@cityoftaft.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

C: City or Township Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA23

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

01/01/2015

b. End Date:

12/31/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

153,000.00

b. Match (\$):

17,000.00

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

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

07/15/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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

Authorized Representative:

Prefix:

Mr.

* First Name:

Craig

Middle Name:

* Last Name:

Jones

Suffix:

* Title:

City Manager

Organizational Affiliation:

* Telephone Number:

661-763-1222

* Fax Number:

661-765-2480

* Email:

cjones@cityoftaft.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

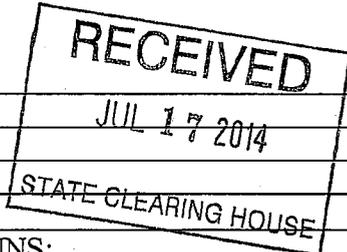
Application for Federal Assistance SF-424

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

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:	6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

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

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

d. Address:

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

e. Organizational Unit:

Department Name: Research and Economic Develoment	Division Name: Sponsored Programs Administration
---	--

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

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

Title: Sr. Contract & Grant Officer

Organizational Affiliation:
Office of Research, Sponsored Programs Administration
University of California, Riverside CA 92521

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

***Email:** rchan@ucr.edu

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: CFDA 10.025

*Title: Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number:

Title:

N/A

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

United States

*15. Descriptive Title of Applicant's Project:

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

A

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

14-8506-0934-GR

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: March 25, 2014

7. State Application Identifier: 13-0445-FR

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JUL 17 2014

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 1220 N Street, Room 315

Street2:

* City: Sacramento

County:

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix: * First Name: Jason

Middle Name: K

* Last Name: Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Exotic Fruit Fly

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 6,682,098

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 6,682,098

*** 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, 2014

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424 Version 02

<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(a): <input type="text"/> * Other (Specify) <input type="text"/></p>
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<p>* 3. Date Received: Completed by Grants.gov upon submission.</p>	<p>4. Applicant Identifier: <input type="text"/></p>
---	--

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

RECEIVED

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: 61498105	JUL 16 2014
---	---	-------------

B. APPLICANT INFORMATION: STATE CLEARING HOUSE

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

d. Address:

* Street1:	1831 9TH STREET
Street2:	<input type="text"/>
* City:	SACRAMENTO
County:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

<p>Department Name: FISH AND WILDLIFE</p>	<p>Division Name: GRANTS MANAGEMENT BRANCH</p>
---	--

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

Prefix: <input type="text"/>	* First Name: LISA
Middle Name: <input type="text"/>	
* Last Name: BAYS	
Suffix: <input type="text"/>	
Title: GRANT ADMINISTRATOR	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: 916-327-0062	Fax Number: 916-445-3701
* Email: lisa.bays@wildlife.ca.gov	

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH-NCR WILDLIFE MGT-GAME SPECIES

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2008

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="553,253.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="184,418.00"/>
* 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="737,671.00"/>

* 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**

1. TYPE OF SUBMISSION: Application		DATE SUBMITTED 7-17-2014	Applicant Identifier FTA R. Ident ID# 1658
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY 7-17-14	Federal Identifier CA-95-X275
5. APPLICANT INFORMATION			
Legal Name: Sacramento Area Council of Governments		Organizational Unit: Department:	
Organizational DUNS: 555895705		Division:	
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Barbara	
City: Sacramento		Middle Name Jane Evans	
County: Sacramento		Last Name VaughanBechtold	
State: California		Suffix:	
Zip Code 95814		Email: bvaughanbechtold@sacog.org	
Country: USA		Phone Number (give area code) 916-321-9000	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="68-0153162"/>		Fax Number (give area code) 916-321-9551	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="20-607"/>		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, Sacramento & Yolo Cos., & Sacramento and West Sacramento cities.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Downtown Riverfront Streetcar Project Development	
13. PROPOSED PROJECT Start Date: 5-1-2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5	
Ending Date: 12-31-2015		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,000,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 7-17-2014	
b. Applicant	\$ 0 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 1,570,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 5,000,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 11,570,000 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	First Name Azadeh	Middle Name	
Last Name Doherty	Suffix		
b. Title Senior Planner	c. Telephone Number (give area code) 916-321-9000		
d. Signature of Authorized Representative <i>Azadeh Doherty</i>	e. Date Signed		

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

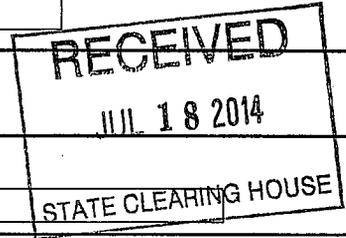
- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:



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:

Sky High Ranch of Calaveras Home Owners Association

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

94-1513812

* c. Organizational DUNS:

014916354

d. Address:

* Street1:

~~932 W. Orangeburg Ave~~ 3560 ST LUCIA PL

Street2:

* City:

~~Modesto~~ WEST SACRAMENTO

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

~~95350~~ 95691

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:

Mark

Middle Name:

* Last Name:

Korte

Suffix:

Title:

Board Member

Organizational Affiliation:

* Telephone Number:

916-719-3714

Fax Number:

* Email:

korte4@gmail.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SR'S HIGH RANCH

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

Sky High Ranch HOA Water System Replacement and Expansion

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$4,100,000"/>
* b. Applicant	<input type="text" value="\$400,000"/>
* 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"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

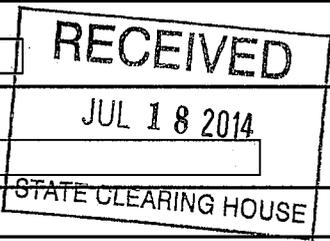
* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

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



5a. Federal Entity Identifier: 14-8130-0376-CA	* 5b. Federal Award Identifier: _____
--	---

State Use Only:

6. Date Received by State: July 16, 2014	7. State Application Identifier: 14-0147-FR
---	--

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665

d. Address:

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

e. Organizational Unit:

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

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

Prefix: _____	* First Name: Jason
Middle Name: K	
* Last Name: Chan	
Suffix: _____	
Title: _____	

Organizational Affiliation: California Department of Food and Agriculture
--

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
---	-----------------------------------

* Email: jason.chan@cdfa.ca.gov
--

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Brown Marmorated Stink Bug in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 14,690

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 14,690

*** 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 18, 2014

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

14-8506-1782-CA

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

JUL 18 2014

STATE CLEANING HOUSE

State Use Only:

6. Date Received by State: July 17, 2014

7. State Application Identifier: 13-0519-FR

8. APPLICANT INFORMATION:

*** a. Legal Name:** State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:** 1220 N Street, Room 315

Street2:

*** City:** Sacramento

County:

*** State:** California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix: *** First Name:** Jason

Middle Name: K

*** Last Name:** Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

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

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Mediterranean Fruit Fly Eradication Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 3/1/2014

* b. End Date: 9/30/2014

18. Estimated Funding (\$):

* a. Federal 1,265,736

* b. Applicant

* c. State 1,265,736

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 2,531,472

*** 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 18, 2014

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ - Other (Specify): _____
3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
RECEIVED JUL 21 2014 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
a. Legal Name: Mendocino Food and Nutrition Program Inc.		
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2577092	c. Organizational DUNS: 171546294	
d. Address:		
- Street 1: 310 N Franklin St	Street 2: _____	
City: Fort Bragg	County/Parish: Mendocino Co	
State: CA	Province: _____	
Country: USA: UNITED STATES	Zip / Postal Code: 95437	
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: Nancy	
Middle Name: _____	- Last Name: Severny	
Suffix: _____	Title: Executive Director	
Organizational Affiliation: _____		
* Telephone Number: (707) 964-9404	Fax Number: (707) 964-0435	
* Email: foodbank@domen.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Nonprofit with 501(c)3 Status (Other than Institution of Higher Education)

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

*** Other (specify):**

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Mendocino County, California

Add Attachments

Delete Attachments

View Attachments

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

Equipment for Food Bank Distribution Center Warehouse

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="\$10,175.00"/>
* b. Applicant	<input type="text" value="\$8,325.00"/>
* 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="\$18,500.00"/>

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

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

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

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

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

Yes No

If "Yes, provide explanation and attach.

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, 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:

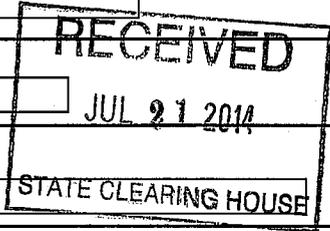
* Email:

* 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: 06/27/2014	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:** Democracy at Work Institute

* b. Employer/Taxpayer Identification Number (EIN/TIN): 275265123	* c. Organizational DUNS: 0793974840000
---	---

d. Address:

*** Street1:** 564 Market Street, Suite 521
Street2: _____
*** City:** San Francisco
County/Parish: _____
*** State:** CA: California
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 94104-5402

e. Organizational Unit:

Department Name: CAGE Code: 74VG1 Exp. 5/20/15	Division Name: _____
--	--------------------------------

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

Prefix: _____ *** First Name:** Melissa
Middle Name: _____
*** Last Name:** Hoover
Suffix: _____

Title: _____

Organizational Affiliation:

*** Telephone Number:** 415-392-7277 **Fax Number:** _____

*** Email:** melissa.hoover@institute.usworker.coop

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:**

Rural Business Cooperative Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.771

CFDA Title:

*** 12. Funding Opportunity Number:**

RDBCP-RCDG-2014

* Title:

Rural Cooperative Development Grants

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:**

Technical assistance for rural worker cooperatives.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="71,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="271,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1	
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)	
* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update		* 2. Date Received: Completed by Grants.gov upon submission.	
3. Applicant Identifier: 2765		STATE USE ONLY:	
4a. Federal Entity Identifier:		5. Date Received by State:	
4b. Federal Award Identifier:		6. State Application Identifier:	
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:			
7. APPLICANT INFORMATION:			
* a. Legal Name: County of Sonoma - Sonoma County Transit			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539		* c. Organizational DUNS: 080126444	
d. Address:			
* Street1: 355 West Robles Avenue		Street2:	
* City: Santa Rosa		County: Sonoma	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 95407	
e. Organizational Unit:			
Department Name: Transportation & Public Works		Division Name: Transit	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Mr.	* First Name: Bryan	Middle Name:	
* Last Name: Albee		Suffix:	
Title: Transit Systems Manager			
Organizational Affiliation: Sonoma County Transit			
* Telephone Number: 707-585-7516		Fax Number: 707-585-7713	
* Email: bryan@scstransit.com			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 8a. TYPE OF APPLICANT:**

B: County Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

County of Sonoma

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

2 & 5

b. Program/Project:

2 & 5

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

Add Attachment

Deletes Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

01/01/2015

b. End Date:

12/31/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

500,000.00

b. Match (\$):

125,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/23/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

7A

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ • Other (Specify) _____	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: Dana Adobe Nipomo Amigos					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-051-3007			* c. Organizational DUNS: 168054711		
d. Address:					
* Street 1: 671 S. Oakglen Avenue					
Street 2: _____					
* City: Nipomo					
County/Parish: _____					
* State: CA					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 93444					
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: Marina			
Middle Name: B.		_____			
* Last Name: Washburn					
Suffix: _____					
Title: Executive Director					
Organizational Affiliation: Dana Adobe Nipomo Amigos					
* Telephone Number: (805) 929-5679		Fax Number: _____			
* Email: marina@danaadobe.org					

RECEIVED
JUL 24 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Nonprofit Organization, Inc.

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan and Grants

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Nipomo, San Luis Obispo County, CA

Add Attachments

Delete Attachments

View Attachments

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

Barn and security building construction at Rancho Nipomo Dana Adobe, Heritage Park

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 23

* b. Program/Project 23

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

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 10-01-2014

* b. End Date: 06-01-2015

18. Estimated Funding (\$):

* a. Federal	\$300,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$300,000.00

* 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 07-17-2014

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

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

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

Yes No

If "Yes, provide explanation and attach.

[Empty text box]

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:

Marina Washburn

Prefix: [Empty] * First Name: Marina

Middle Name: B.

* Last Name: Washburn

Suffix: [Empty]

* Title: Executive Director

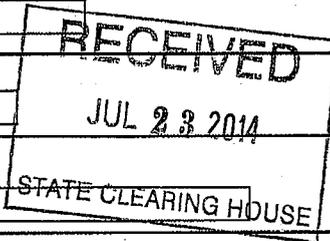
* Telephone Number: (805) 929-5679 Fax Number: [Empty]

* Email: marina@danaadobe.org

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

Application for Federal Assistance SF-424

* 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) _____
---	---	---



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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 14-8506-1165-CA
--	---

State Use Only:

6. Date Received by State: 7/2/2014	7. State Application Identifier: _____
--	---

8. APPLICANT INFORMATION:

*** a. Legal Name:** _____

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
--	---

d. Address:

* Street1:	1220 N Street
Street2:	Room 325
* City:	Sacramento
County:	_____
* State:	CA
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5603

e. Organizational Unit:

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

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

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

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-854-0312	Fax Number: 916-654-0986
---	---------------------------------

*** Email:** duane.schnabel@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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.):

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

Detector Dog Teams

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-3rd

* b. Program/Project Statewide

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

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal 3,000,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 3,000,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 7/2/2014

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

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

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

* Signature of Authorized Representative: *Crystal Myers* * Date Signed: 7/20/14

**APPLICATION FOR
FEDERAL ASSISTANCE (SF 424)**

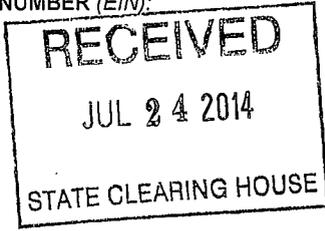
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 7/21/2014	Applicant Identifier
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 5830

5. APPLICANT INFORMATION

Legal Name: Andre Colaiace	Organizational Unit: Access Services DUNS: 883300121
Address (give city, county, State, and zip code): 3449 Santa Anita Ave, El Monte, CA 91734	Name and telephone number of person to be contacted on matters involving this application (give area code) Andre Colaiace (213) 270-6007

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-4489711



7. TYPE OF APPLICANT: (enter appropriate letter in box) B

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- H. Independent School District
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify) Non-Profit

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

- A. Increase Award B. Decrease Award C. Increase Duration
- D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:

Los Angeles County Metropolitan Transportation Authority (LACMTA) received the funds. LACMTA awarded a portion of this grant through competitive bid to Access Services. Access Services is a direct recipient of Federal Funds, therefore Access is applying directly to FTA to access the funds.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

— — — — —

TITLE:

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles County, Areas of Orange County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Service Area Expansion
This application is to add Section 5317 New Freedom funds in the amount of \$740,500 to provide paratransit service beyond what is required by the Americans with Disabilities Act (ADA). The Project's Scope of Work consists of operating assistance to provide paratransit service beyond what is required by the ADA to/from origins/destinations outside the Agency's service area within regions of Los Angeles County that are part of the Los Angeles-Long Beach-Anaheim (UZA 2).

13. PROPOSED PROJECT:

Start Date 1/1/2015
Ending Date 12/31/2017

14. CONGRESSIONAL DISTRICT OF:

a. Applicant 23, 25-30, 32-35, 37-40, 43-49

b. Project FY 2015, New Freedom, Access Services Grant CA-57-X049-01

15. ESTIMATED FUNDING:

a. Federal	\$740,500.00
b. Applicant	\$
c. State	\$
d. Local	\$740,500.00
e. Other	\$
f. Program Income	
g. TOTAL	\$1,481,000.00

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 7/21/2014
- b. NO PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation.
 No

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative Andre Colaiace	b. Title Deputy Executive Director of Planning & Governmental Affairs	c. Telephone Number (213) 270-6007
d. Signature of Authorized Representative 		e. Date Signed 7/21/2014

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	RECEIVED JUL 24 2014
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="University Enterprises, Inc. on behalf of CSU Sacramento"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="941337638"/>	* c. Organizational DUNS: <input type="text" value="029031796"/>	
d. Address:		
* Street1: <input type="text" value="6000 J Street"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Sacramento"/>	County: <input type="text" value="Sacramento"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95819-6111"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Research Affairs"/>	Division Name: <input type="text" value="Academic Affairs"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr"/>	* First Name: <input type="text" value="David"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Earwicker"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Assistant Vice President"/>	
Organizational Affiliation: <input type="text" value="California State University, Sacramento"/>		
* Telephone Number: <input type="text" value="916-278-3669"/>	Fax Number: <input type="text" value="916-278-6163"/>	
* Email: <input type="text" value="david.earwicker@csus.edu"/>		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

CSU Sacramento auxiliary org

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G14AS00003

* Title:

USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch

13. Competition Identification Number:

G14AS00003

Title:

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

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

Environmental Science Research, Education, and Outreach in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-006	* b. Program/Project: CA-006
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 03/15/2014	* b. End Date: 04/14/2019
18. Estimated Funding (\$):	
* a. Federal	3,950,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,950,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 07/24/2014. <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr	* First Name: David
Middle Name: <input type="text"/>	
* Last Name: Earwicker	
Suffix: <input type="text"/>	
* Title: Assistant Vice President	
* Telephone Number: 916-278-3669	Fax Number: 916-278-6163
* Email: david.earwicker@csus.edu	
* Signature of Authorized Representative: David Earwicker	* Date Signed: <input type="text"/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	RECEIVED JUL 25 2014
State Use Only:	STATE CLEARING HOUSE	
6. Date Received by State: _____	7. State Application Identifier: _____	STATE CLEARING HOUSE
8. APPLICANT INFORMATION:		
* a. Legal Name: Riverbank Central Associates, a California Limited Partnership		
* b. Employer/Taxpayer Identification Number (EIN/TIN): TRG	* c. Organizational DUNS: 07-8664865	07-8664865
d. Address:		
* Street1: 3351 M Street, Suite 100	_____	
* Street2: _____	_____	
* City: Merced	_____	
* County/Parish: Merced	_____	
* State: CA: California	_____	
* Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95348 95348	_____	
e. Organizational Unit:		
Department Name: California Limited Partnership	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Margo	_____
Middle Name: E.	_____	
* Last Name: VanSlate	_____	
Suffix: _____	_____	
Title: Owner		
Organizational Affiliation: M-VanSlate Consulting		
* Telephone Number: 530-823-9250	Fax Number: _____	
* Email: mvanslate@ncbb.net		

Application for Federal Assistance SF-424

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

0: For-Profit Organization (Other than Small Business)

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:

10-405

CFDA Title:

Farm Labor Housing Loan / Section 514

* 12. Funding Opportunity Number:

MBL-SF424 Family - all forms

* Title:

Farm Labor Housing

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:

Riverbank Central Apartments: 72-unit farm labor housing: 24/2-bd, 40/3-bd, 8/4-bd units & community bldg; 6108 Claus Road, Riverbank, Stanislaus County, California (4.59 acres)
APN:062-022-001

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-019

* b. Program/Project: CA-017

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

17. Proposed Project:

* a. Start Date: 10/01/2015

* b. End Date: 10/01/2016

18. Estimated Funding (\$):

* a. Federal	1,000,000.00
* b. Applicant	1,000,000.00
* c. State	17,645,854.00
* d. Local	
* e. Other	1,900,000.00
* f. Program Income	
* g. TOTAL	21,545,854.00

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

07-25-2012

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

07-25-2012

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Christina

Middle Name:

* Last Name: Alley

Suffix:

* Title: Chief Executive Officer (CEO)

* Telephone Number: 209-388-0782 Fax Number:

* Email: chris@centralvalley coalition.com

* Signature of Authorized Representative: *Christina Alley*

* Date Signed: 07-24-14

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify):

[Redacted]

* 3. Date Received:

[Redacted]

4. Applicant Identifier:

[Redacted]

RECEIVED
JUL 25 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name: Great Northern Corporation

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

94-2562423

* c. Organizational DUNS:

1316247510000

d. Address:

* Street1: 780 South Davis Avenue

Street2:

* City: Weed

County/Parish: Siskiyou County

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

96094

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

Rod

Middle Name:

Brent

* Last Name:

Merys

Suffix:

[Redacted]

Title: HPG Program Manager

Organizational Affiliation:

[Redacted]

* Telephone Number:

530 938-4115 x112

Fax Number:

530 938-1040

* Email:

rmerys@gnccorp.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Agriculture Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

* 12. Funding Opportunity Number:

USDA-RD-HCFP-HPG-2014

* Title:

Section 533 Housing Preservation Grant

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:

USDA Housing Preservation Grant Program - Siskiyou County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* 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="71,959.00"/>
* b. Applicant	<input type="text" value="33,102.00"/>
* 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="105,061.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

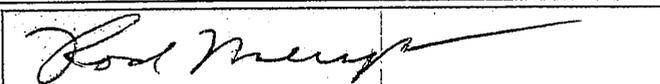
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

RECEIVED

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

JUL 28 2014

5a. Federal Entity Identifier:

14-8506-1782-CA

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: July 17, 2014

7. State Application Identifier: 13-0519-FR

8. APPLICANT INFORMATION:

*** a. Legal Name:** State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:** 1220 N Street, Room 315

Street2:

*** City:** Sacramento

County:

*** State:** California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix: *** First Name:** Jason

Middle Name: K

*** Last Name:** Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

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

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Mediterranean Fruit Fly Eradication Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 3/12/2014

* b. End Date: 9/30/2014

18. Estimated Funding (\$):

* a. Federal 1,265,736

* b. Applicant

* c. State 1,265,736

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 2,531,472

*** 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 28, 2014

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 14-8130-0396-CA
---	--

State Use Only:

6. Date Received by State: 7/30/14	7. State Application Identifier: _____
------------------------------------	--

RECEIVED

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	JUL 30 2014
--------------------------------------	-------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665	STATE CLEARING HOUSE
---	--	----------------------

d. Address:

* Street1:	1220 N Street, Suite 325
Street2:	_____
* City:	Sacramento
County:	_____
* State:	California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name: CA Department of Food and Agriculture	Division Name: Plant Health and Pest Prevention Services
---	---

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

Prefix:	_____	* First Name:	Duane
Middle Name:	_____		
* Last Name:	Schnabel		
Suffix:	_____		
Title:	Branch Chief		
Organizational Affiliation:	_____		

* Telephone Number:	916.654.0312	Fax Number:	916.654.0986
---------------------	--------------	-------------	--------------

* Email:	Duane.schnabel@cdfa.ca.gov
----------	----------------------------

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* 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:**

National Ornamental Research Site at Dominican University (NORSUDUC)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA:3rd

* b. Program/Project **Statewide**

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

17. Proposed Project:

* a. Start Date: **7/1/14**

* b. End Date: **6/30/15**

18. Estimated Funding (\$):

* a. Federal \$50,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$50,000

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

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

8/1/14

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: **Crystal**

Middle Name:

* Last Name: **Myers**

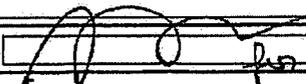
Suffix:

* Title: **Federal Funds Manager**

* Telephone Number: **916.403-6653**

Fax Number:

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

* Signature of Authorized Representative: 

* Date Signed: **7/30/14**

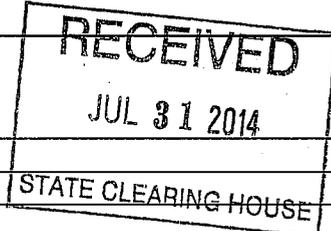
Application for Federal Assistance SF-424

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)
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*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:** The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142	*c. Organizational DUNS: 62-779-7426
---	--

d. Address:

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

e. Organizational Unit:

Department Name: Sponsored Programs Administration	Division Name: Research and Economic Development
--	--

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

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

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

***Telephone Number:** 951-827-7986 **Fax Number:** 951-827-4483
***Email:** rchan@ucr.edu

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA

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:

Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

Development of IPM and biological control strategies for management of Asian Citrus Psyllid (ACP) in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 9/30/2014

*b. End Date: 9/29/2015

18. Estimated Funding (\$):

*a. Federal \$273,978.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$273,978.00

***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 7/31/2014

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986

Fax Number: (951) 827-4483

*Email: rchan@ucr.edu

*Signature of Authorized Representative: 

Date Signed: 7/31/2014

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
RECEIVED			
JUL 31 2014			
STATE CLEARING HOUSE			
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142		*c. Organizational DUNS: 627797426	
d. Address:			
*Street1: 200 University Office Building			
Street 2:			
*City: Riverside			
County:			
*State: CA			
Province:			
Country: USA		*Zip/ Postal Code: 92521-0217	
e. Organizational Unit:			
Department Name: Sponsored Projects Administration		Division Name: Research and Economic Development	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Robert	
Middle Name:			
*Last Name: Chan			
Suffix:			
Title: Senior Contract and Grant Officer			
Organizational Affiliation:			
*Telephone Number: 951-827-7986		Fax Number: 951-827-4483	
*Email: robert.chan@ucr.edu			

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA-APHIS-PPQ-CPHST (VS)

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

*Title:

Farm Bill - Cooperative Agreement No. 14-8130-0382-CA

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-41

*b. Program/Project: CA-ALL

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

17. Proposed Project:

*a. Start Date: 8/1/2014

*b. End Date: 7/31/2015

18. Estimated Funding (\$):

*a. Federal	\$98,487.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$98,487.00

***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 7/31/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Senior Contract and Grant Officer

*Telephone Number: 951-827-7986

Fax Number: 951-827-4483

*Email: robert.chan@ucr.edu

*Signature of Authorized Representative: 

Date Signed: 7/31/2014

Application for Federal Assistance SF-424 Version 02

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

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

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

State Use Only:

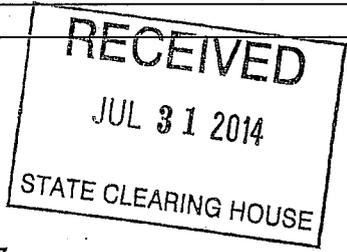
6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142	*c. Organizational DUNS: 62-779-7426
--	---

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



e. Organizational Unit:

Department Name: Research and Economic Development	Division Name: Sponsored Programs Administration
---	---

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

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

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

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

*Email: rchan@ucr.edu

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: 10.025

*Title: Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number: 10.025

Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

California

*15. Descriptive Title of Applicant's Project:

Land Snail Aggregation Pheromones a Tool to Detect and Control Giant African Snail

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041

*b. Program/Project: CA-041

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

17. Proposed Project:

*a. Start Date: 09/01/2014

*b. End Date: 08/31/2015

18. Estimated Funding (\$):

*a. Federal \$95,236.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$95,236.00

***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 7/31/2014

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986

Fax Number: (951) 827-4483

*Email: rchan@ucr.edu

*Signature of Authorized Representative: 

Date Signed: 7/31/2014

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
*3. Date Received:		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: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142	*c. Organizational DUNS 627797426	
d. Address:		
*Street1: 200 University Office Building Street 2: *City: Riverside County: *State: CA Province: Country: USA		
		*Zip/ Postal Code: 92521-0217
e. Organizational Unit:		
Department Name: Sponsored Projects Administration		Division Name: Research and Economic Development
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. Middle Name: *Last Name: Chan Suffix:		First Name: Robert
Title: Senior Contract and Grant Officer		
Organizational Affiliation:		
*Telephone Number: 951-827-7986		Fax Number: 951-827-4483
*Email: robert.chan@ucr.edu		

RECEIVED

JUL 31 2014

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-PPQ-CPHST (VS)

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

*Title:

Farm Bill - Cooperative Agreement No. 14-8130-0238-CA

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

Attraction and Detection of Polyphagous Shot Hole Borer, *Euwallacea fornicatus*

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-41

*b. Program/Project: CA-ALL

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

17. Proposed Project:

*a. Start Date: 7/1/2014

*b. End Date: 6/30/2015

18. Estimated Funding (\$):

*a. Federal	\$60,000.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$60,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 7/31/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: Chan

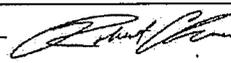
Suffix:

*Title: Senior Contract and Grant Officer

*Telephone Number: 951-827-7986

Fax Number: 951-827-4483

*Email: robert.chan@ucr.edu

*Signature of Authorized Representative: 

Date Signed: 7/31/2014

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update * 2. Date Received: Completed by Grants.gov upon submission.	
		3. Applicant Identifier: Offboard Fare Vending Machines		STATE USE ONLY: 5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: 942222398		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: FTA-2014-004-TPM			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: Monterey-Salinas Transit District		RECEIVED JUL 31 2014	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942222398		* c. Organizational DUNS: 073957813	
d. Address:			
* Street1: One Ryan Ranch Road		Street2: <input type="text"/>	
* City: Monterey		County: <input type="text"/>	
* State: CA: California		Province: <input type="text"/>	
* Country: USA: UNITED STATES		* Zip / Postal Code: 93940	
e. Organizational Unit:			
Department Name: Finance		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Ms.	* First Name: Michelle	Middle Name: <input type="text"/>	
* Last Name: Overmeyer		Suffix: <input type="text"/>	
Title: Grants & Compliance Analyst			
Organizational Affiliation: Monterey-Salinas Transit			
* Telephone Number: 831-393-8131		Fax Number: 831-899-3954	
* Email: movermeyer@mst.org			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

Public Transit District

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Monterey County, California

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

20

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

11/01/2014

b. End Date:

01/31/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

175,000.00

b. Match (\$):

75,000.00

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

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

07/31/2014

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

~~Explanation:~~

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

** I Agree

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

Authorized Representative:

Prefix:

Mr.

* First Name:

Carl

Middle Name:

* Last Name:

Sedoryk

Suffix:

* Title:

General Manager/CEO

Organizational Affiliation:

* Telephone Number:

831-393-8123

* Fax Number:

831-899-3954

* Email:

csedoryk@mst.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

~~Add Attachments~~

~~Delete Attachments~~

~~View Attachments~~

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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
--	---

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

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

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

8. APPLICANT INFORMATION:

*a. Legal Name: State of California	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-030-3606	*c. Organizational DUNS: 172070807

d. Address:	
*Street 1: P.O. Box 942896	RECEIVED JUL 31 2014 STATE CLEARING HOUSE
Street 2: _____	
*City: Sacramento	
County: Sacramento	
*State: CA	
Province: _____	
*Country: USA	
*Zip / Postal Code 91296-0001	

e. Organizational Unit:	
Department Name: Department of Parks and Recreation	Division Name: Office Of Historic Preservation

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	*First Name: John
Middle Name: _____	
*Last Name: Thomas	
Suffix: _____	

Title: Associate Park and Recreation Specialist
--

Organizational Affiliation:

*Telephone Number: (916) 445-7024	Fax Number: (916) 445-7053
--	-----------------------------------

*Email: John.Thomas@parks.ca.gov

Application for Federal Assistance SF-424

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904 _____

CFDA Title:

Historic Preservation Fund, Grants in Aid _____

***12 Funding Opportunity Number:**

L14AS00185 _____

*Title:

BLM CA-California Office of Historic Preservation Partnership _____

13. Competition Identification Number:

N/A _____

Title:

N/A _____

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

State of California

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

20 State Historic Preservation Office Operations Grant

