

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 16 - 31, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 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. Applicant Identifier: []
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5a. Federal Entity Identifier: []	5b. Federal Award Identifier: []
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Governor's Office of Planning & Research

State Use Only:

6. Date Received by State: []	7. State Application Identifier: []
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JUL 18 2016

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Humboldt State University Sponsored Programs Foundation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946050071	* c. Organizational DUNS: 0143020740000

d. Address:

* Street1: 1 Harpst Street
Street2: []
* City: Arcata
County/Parish: []
* State: CA: California
Province: []
* Country: USA: UNITED STATES
* Zip / Postal Code: 95521-8299

e. Organizational Unit:

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

Prefix: []	* First Name: Erika
Middle Name: []	
* Last Name: Wright	
Suffix: []	
Title: Pre-Award Specialist	
Organizational Affiliation: []	
* Telephone Number: 707-826-5166	Fax Number: []
* Email: Erika.Wright@humboldt.edu	

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 12. Funding Opportunity Number:**

-

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Northern Spotted Owl Habitat: Fire Effects

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="11,973.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="11,973.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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*3. Date Received: 07/15/2016	*4. Applicant Identifier: _____
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*5a. Federal Entity Identifier: _____	*5b. Federal Award Identifier: 2016 FISHERIES
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State Use Only:

*6. Date Received by State: _____	*7. State Application Identifier: _____	Governor's Office of Planning & Research
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8. APPLICANT INFORMATION: JUL 21 2016

*a. Legal Name: Siskiyou Resource Conservation District	STATE CLEARINGHOUSE
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2430963	*c. Organizational DUNS: 0404557550000

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

*e. Organizational Unit:	
Department Name: _____	Division Name: _____

*f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Lindsay
Middle Name: _____	_____
* Last Name: Magranet	_____
Suffix: _____	_____
Title: District Secretary	_____

Organizational Affiliation: Siskiyou Resource Conservation District

* Telephone Number: 530-467-3975	Fax Number: _____
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* Email: sisorcd@sisqtel.net

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 12. Funding Opportunity Number:**

N/A

*** Title:**

N/A

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Adult Coho Spawning Ground Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

** b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="8,600.00"/>
* b. Applicant	<input type="text" value="2,071.00"/>
* c. State	<input type="text" value="1,030.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="2,552.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,253.00"/>

* 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):

* 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:

Governor's Office of Planning & Research

8. APPLICANT INFORMATION:

* a. Legal Name:

Quechan Indian Tribe

JUL 22 2016

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

86-0211181

* c. Organizational DUNS:

0733643580000

STATE CLEARINGHOUSE

d. Address:

* Street1:

350 Picacho Road

Street2:

* City:

Winterhaven

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92283

e. Organizational Unit:

Department Name:

Quechan Public Works

Division Name:

Utility Department

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

Prefix:

Mr.

* First Name:

Mike

Middle Name:

* Last Name:

Jackson

Suffix:

Sr.

Title:

President

Organizational Affiliation:

Quechan Indian Tribe

* Telephone Number:

760-572-0213

Fax Number:

760-572-2102

* Email:

grantswriter@quechantribe.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.770

CFDA Title:

Water and Waste Disposal Loans and Grants

*** 12. Funding Opportunity Number:**

* Title:

USDA RD Native American Set Aside

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:**

Fort Yuma Water Treatment and SCADA Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 051

* b. Program/Project 051

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2016

* b. End Date: 09/30/2017

18. Estimated Funding (\$):

* a. Federal	830,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	830,000.00

* 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

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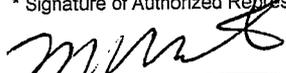
Authorized Representative:

Prefix: Mr. * First Name: Mike
Middle Name:
* Last Name: Jackson
Suffix: Sr.

* Title: President

* Telephone Number: 760-572-0213 Fax Number: 760-572-2102

* Email: tribalsecretary@quechantribe.com

* Signature of Authorized Representative: 

* Date Signed: 06/15/2016

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text box for Applicant Federal Debt Delinquency Explanation]

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

07/21/2016

* 4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Governor's Office of Planning & Research

JUL 22 2016

8. APPLICANT INFORMATION:

* a. Legal Name: Newport Bay Naturalists and Friends

STATE CLEARINGHOUSE

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

33-0545786

* c. Organizational DUNS:

9606646880000

d. Address:

* Street1:

P.O. Box 10804

Street2:

* City:

Newport Beach

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92658-5008

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:

Richard

Middle Name:

* Last Name:

Zemba

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

949-640-1751

Fax Number:

* Email:

info@newportbay.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:**

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.630

CFDA Title:

Coastal Program

***12. Funding Opportunity Number:**

F16AS00006

* Title:

Upper Newport Bay -- Control of Non-native Sea Lavender

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:**

Control of Invasive Algerian Sea Lavender in Upper Newport Bay, Orange County, CA

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: 48

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 10/01/2016

*b. End Date: 09/30/2021

18. Estimated Funding (\$):

*a. Federal	25,000.00
*b. Applicant	48,558.00
*c. State	3,870.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	77,428.00

*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 07/21/2016
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Donna
Middle Name: S.
* Last Name: Flower
Suffix:

* Title: Treasurer

* Telephone Number: 949.852.9517 Fax Number: 949.660.0270

* Email: flower-carroll@sbcglobal.net

* Signature of Authorized Representative: 

* Date Signed: 07/21/2016

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): AC: Increase Award, Increase Duration * Other (Specify):
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*3. Date Received: 07/22/2016	4. Applicant Identifier:
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5a. Federal Entity Identifier:	5b. Federal Award Identifier: 15-8130-0604-CA
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State Use Only:

6. Date Received by State: 07/22/2016	7. State Application Identifier: 15-0463-FR-1
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8. APPLICANT INFORMATION:

*a. Legal Name: State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	*c. Organizational DUNS: 8074876550000
--	---

Governor's Office of Planning & Research

d. Address:

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

JUL 22 2016

STATE CLEARINGHOUSE

e. Organizational Unit:

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

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

Prefix:	* First Name: Shaun
Middle Name:	
* Last Name: Winterton	
Suffix:	
Title: Senior Insect Biosystematist	

Organizational Affiliation:

* Telephone Number: 916-262-1166	Fax Number: 916-262-1190
* Email: shaun.winterton@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:

***12. Funding Opportunity Number:**

n/a

* Title:

n/a

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Development of the Third Edition of the Aquarium and Pond Plants of the World (APPW) Tool and a New APPW Mobile App

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

CDFA Agmt # 15-0463-FR-1

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	45,495.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	45,495.00

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

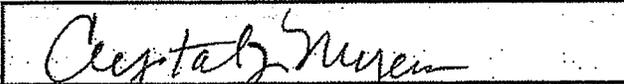
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A: Increase Award * Other (Specify):
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* 3. Date Received: 07/18/2016	4. Applicant Identifier: CA Dept of Food & Agriculture
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5a. Federal Entity Identifier: 16-8506-0484-CA	5b. Federal Award Identifier: Governor's Office of Planning & Research JUL 21 2016
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State Use Only: STATE CLEARINGHOUSE	6. Date Received by State:	7. State Application Identifier: 15-0451-FR-2
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8. APPLICANT INFORMATION:

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

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

d. Address:

*** Street1:** 1220 N Street
Street2:
*** City:** Sacramento
County/Parish: Sacramento
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95814-5621

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Pierce's Disease Control Prgm
---	--

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

Prefix: Mr. *** First Name:** Roger
Middle Name:
*** Last Name:** Spencer
Suffix:

Title: Environmental Program Manager II

Organizational Affiliation:

*** Telephone Number:** (916) 900-5024 **Fax Number:** (916) 900-5350

*** Email:** roger.spencer@cdfa.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

CDA Agmt # 15-0451-FR-2

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="650,677.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="650,677.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

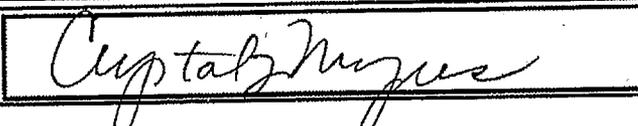
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

07/25/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

_____ Governor's Office of Planning & Research

State Use Only:

JUL 28 2016

6. Date Received by State:

7. State Application Identifier:

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: CALIFORNIA AVOCADO COMMISSION

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

95-3315681

* c. Organizational DUNS:

0968922520000

d. Address:

* Street1: 12 MAUCHLY, SUITE L
Street2: _____
* City: IRVINE
County/Parish: ORANGE
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92618-6305

e. Organizational Unit:

Department Name: _____ Division Name: _____

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

Prefix: Mrs. * First Name: APRIL
Middle Name: LEIGH
* Last Name: AYMAMI
Suffix: _____
Title: INDUSTRY AFFAIRS MANAGER
Organizational Affiliation: CALIFORNIA AVOCADO COMMISSION

* Telephone Number: 949-341-1955 Fax Number: 949-208-3503

* Email: AAYMAMI@AVOCADO.ORG

Application for Federal Assistance SF-424

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

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

1S.0159.00

* Title:

Shot Hole Borer/Fusarium Dieback in Avocado

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:**

SHOT HOLE BORER/FUSARIUM DIEBACK: SURVEY AND PRODUCER EDUCATION

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="175,000.00"/>
* b. Applicant	<input type="text" value="103,650.00"/>
* 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="278,650.00"/>

*** 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:

Thomas A Bellamore

* Date Signed: