

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1 - 15, 2012**. 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

Version 7/03

| | | | |
|---|-------------|---|---|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED <i>12/18/11</i> | Applicant Identifier |
| <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| RECEIVED | | | |
| 5. APPLICANT INFORMATION | | Organizational Unit: | |
| Legal Name: <i>Oroville Economic and Community Development Corp.</i> | | Department: <i>JUN 01 2012</i> | |
| Organizational DUNS: <i>828459789</i> | | Division: | |
| Address: | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| Street: <i>6987 Banker Hill Mine Rd.</i> | | Prefix: <i>Mr.</i> First Name: <i>Eric</i> | |
| City: <i>Yankee Hill</i> | | Middle Name: <i>John</i> | |
| County: <i>Butte</i> | | Last Name: <i>Almquist</i> | |
| State: <i>CA</i> Zip Code: <i>95965</i> | | Suffix: | |
| Country: <i>USA</i> | | Email: <i>eric.almquist@gmail.com</i> | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>68-0476336</i> | | Phone Number (give area code): <i>530-532-6406</i> | Fax Number (give area code): <i>same</i> |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify): | | 7. TYPE OF APPLICANT: (See back of form for Application Types) <i>Non-profit 501(c)3</i> Other (specify): | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: | | 9. NAME OF FEDERAL AGENCY: <i>USDA</i> | |
| TITLE (Name of Program): <i>10-766 Community Facilities and Grants</i> | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Kaufman Building</i> | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <i>Northern California</i> | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <i>CA Dist. 4</i> b. Project: <i>CA Dist. 2</i> | |
| 13. PROPOSED PROJECT Start Date: <i>May 2012</i> Ending Date: <i>October 2012</i> | | 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| 15. ESTIMATED FUNDING: | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| a. Federal | <i>USDA</i> | \$ | <i>875,000</i> |
| b. Applicant | | \$ | <i>300,000</i> |
| c. State | | \$ | |
| d. Local | | \$ | |
| e. Other | | \$ | <i>25,000</i> |
| f. Program Income | | \$ | |
| g. TOTAL | | \$ | <i>1,200,000</i> |
| 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: <i>Mr.</i> First Name: <i>Eric</i> | | Middle Name: <i>John</i> | |
| Last Name: <i>Almquist</i> | | Suffix: | |
| b. Title: <i>President</i> | | c. Telephone Number (give area code): <i>530-532-6406</i> | |
| d. Signature of Authorized Representative: <i>[Signature]</i> | | e. Date Signed: <i>12/18/11</i> | |

Previous Edition Usable
Authorized for Local Reproduction

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

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(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/> | | |
| <p>* 3. Date Received:</p> <input type="text" value="06/01/2012"/> | | <p>4. Applicant Identifier:</p> <input type="text"/> |
| <p>5a. Federal Entity Identifier:</p> <input type="text"/> | | <p>* 5b. Federal Award Identifier:</p> <input type="text"/> |
| <p>RECEIVED JUN 01 2012</p> | | |
| <p>State Use Only:</p> | | |
| <p>6. Date Received by State:</p> <input type="text"/> | | <p>7. State Application Identifier: 01298032</p> |
| <p>STATE CLEARING HOUSE</p> | | |
| <p>8. APPLICANT INFORMATION:</p> | | |
| <p>* a. Legal Name: State of California</p> | | |
| <p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="94-1697567"/> | | <p>* c. Organizational DUNS:</p> <input type="text" value="808322358"/> |
| <p>d. Address:</p> | | |
| <p>* Street1: 1831 9th Street</p> | | |
| <p>Street2: <input type="text"/></p> | | |
| <p>* City: Sacramento</p> | | |
| <p>County: <input type="text"/></p> | | |
| <p>* State: CA: California</p> | | |
| <p>Province: <input type="text"/></p> | | |
| <p>* Country: USA: UNITED STATES</p> | | |
| <p>* Zip / Postal Code: 95811</p> | | |
| <p>e. Organizational Unit:</p> | | |
| <p>Department Name: Fish and Game</p> | | <p>Division Name: Grants Management Branch</p> |
| <p>f. Name and contact information of person to be contacted on matters involving this application:</p> | | |
| <p>Prefix: Mr.</p> | | <p>* First Name: Khanh</p> |
| <p>Middle Name: <input type="text"/></p> | | |
| <p>* Last Name: Nguyen</p> | | |
| <p>Suffix: <input type="text"/></p> | | |
| <p>Title: Grant Administrator</p> | | |
| <p>Organizational Affiliation: <input type="text"/></p> | | |
| <p>* Telephone Number: (916) 445-3525</p> | | <p>Fax Number: <input type="text"/></p> |
| <p>* Email: kconguyen@dfg.ca.gov</p> | | |

Application for Federal Assistance SF-424

Version 02

8. 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:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12A500047

* Title:

RS (CA/NV) Sport Fish Restoration 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:**

Management of Marine Sport Fish (F-50)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

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="6,184,952.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="2,061,651.00"/> |
| * 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="8,246,603.00"/> |

*** 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 28, Section 1001)**

** I AGREE

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

Authorized Representative:

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

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

| 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: _____ | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 04 2012 STATE CLEARING HOUSE </div> |
| 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: Sacramento Metropolitan Air Quality Management District | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0382186 | * c. Organizational DUNS: 026453899 | |
| d. Address: | | |
| * Street1: 777-12th Street, 3rd Floor | Street2: _____ | |
| * City: Sacramento | County: Sacramento | |
| * State: CA | Province: _____ | |
| * Country: _____ | USA: UNITED STATES | |
| * Zip / Postal Code: 95814 | _____ | |
| e. Organizational Unit: | | |
| Department Name: _____ | Division Name: Mobile Source Division | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: Mr. | * First Name: Mark | |
| Middle Name: _____ | _____ | |
| * Last Name: Loutzenhiser | _____ | |
| Suffix: _____ | _____ | |
| Title: Program Supervisor | _____ | |
| Organizational Affiliation: Air Quality Management District | | |
| * Telephone Number: (916) 874-4872 | Fax Number: (916) 874-4899 | |
| * Email: mloutzenhiser@airquality.org | | |

1944

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

 D. Special Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

National Clean Diesel Funding Assistance Program

13. Competition Identification Number:

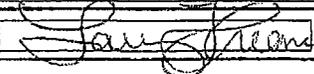
Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.



| Application for Federal Assistance SF-424 | |
|--|---|
| 16. Congressional Districts Of: | |
| * a. Applicant CA-005 | * b. Program/Project California 5th District |
| Attach an additional list of Program/Project Congressional Districts if needed. | |
| CA-001 to CA-016, CA-018 | |
| 17. Proposed Project: | |
| * a. Start Date: 10/01/2012 | * b. End Date: 09/30/2014 |
| 18. Estimated Funding (\$): | |
| * a. Federal | \$2,118,240 |
| * b. Applicant | |
| * c. State | |
| * d. Local | |
| * e. Other | \$2,103,000 |
| * f. Program Income | |
| * g. TOTAL | 4,221,240 |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on | 06/04/2012 |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | |
| <input checked="" type="checkbox"/> ** I AGREE | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | |
| Authorized Representative: | |
| Prefix: Mr. | * First Name: Larry |
| Middle Name: | |
| * Last Name: Greene | |
| Suffix: | |
| * Title: | Executive Director/Air Pollution Control Officer |
| * Telephone Number: (916) 874-4800 | Fax Number: (916) 874-4899 |
| * Email: | lgreene@airquality.org |
| * Signature of Authorized Representative: |  * Date Signed: 6/4/2012 |



Application for Federal Assistance SF-424

Version 02

| | | | | | |
|--|--|---|--|---|--|
| *1. Type of Submission | | *2. Type of Application | | *If Revision, select appropriate letter(s): | |
| <input type="checkbox"/> Preapplication | | <input 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 | | | |

RECEIVED

 JUN 05 2012

 STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

| | |
|---|---------------------------------------|
| * a. Legal Name: California Air Resources Board | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069 | *c. Organizational DUNS: 195930276 |

d. Address:

*Street1: 1001 I Street
 Street 2: P.O. Box 1436
 *City: Sacramento
 County: Sacramento
 *State: CA
 Province:
 Country: USA

*Zip/ Postal Code: 95814

e. Organizational Unit:

| | |
|--|--|
| Department Name: California Air Resources Board | Division Name: Administrative Services Division |
|--|--|

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

Prefix: Ms. First Name: Leslie
 Middle Name:
 *Last Name: Ford
 Suffix:
 Title: Manager, Grants & Revenue Section
 Organizational Affiliation:

| | |
|----------------------------------|---------------------------|
| *Telephone Number: (916)322-8202 | Fax Number: (916)322-9612 |
| *Email: lford@arb.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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.040

CFDA Title:

State Clean Diesel Grant Program

*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:

CARB School Bus Retrofit Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant
all

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

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

17. Proposed Project:

*a. Start Date: 10/01/2012

*b. End Date: 09/30/2013

18. Estimated Funding (\$):

*a. Federal \$454,899.00

*b. Applicant

*c. State \$322,101.00

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$777,000.00

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

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Cathy

Middle Name:

*Last Name: Chapin

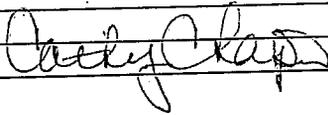
Suffix:

*Title: Chief, Financial Operations Branch

*Telephone Number: (916)322-8200

Fax Number: (916)322-9612

*Email: cchapin@arb.ca.gov

*Signature of Authorized Representative: 

Date Signed: 6/1/12

Application for Federal Assistance SF-424

Version 02

***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.

| 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): <input type="text"/> * Other (Specify): <input type="text"/> |
| * 3. Date Received: <input type="text" value="06/04/2012"/> | 4. Applicant Identifier: <input type="text"/> | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 06 2012 STATE CLEARING HOUSE </div> |
| 5a. Federal Entity Identifier: <input type="text"/> | 5b. Federal Award Identifier: <input type="text"/> | |
| 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="Alameda-Contra Costa Transit District"/> | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1492636"/> | * c. Organizational DUNS: <input type="text" value="0432362310000"/> | |
| d. Address: | | |
| * Street1: <input type="text" value="1600 Franklin St"/> | <input type="text"/> | |
| Street2: <input type="text"/> | <input type="text"/> | |
| * City: <input type="text" value="Oakland"/> | <input type="text"/> | |
| County/Parish: <input type="text"/> | <input type="text"/> | |
| * State: <input type="text" value="CA: California"/> | <input type="text"/> | |
| Province: <input type="text"/> | <input type="text"/> | |
| * Country: <input type="text" value="USA: UNITED STATES"/> | <input type="text"/> | |
| * Zip / Postal Code: <input type="text" value="946122806"/> | <input type="text"/> | |
| e. Organizational Unit: | | |
| Department Name: <input type="text"/> | Division Name: <input type="text"/> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: <input type="text" value="Mr."/> | * First Name: <input type="text" value="Chris"/> | <input type="text"/> |
| Middle Name: <input type="text"/> | <input type="text"/> | |
| * Last Name: <input type="text" value="Andrichak"/> | <input type="text"/> | |
| Suffix: <input type="text"/> | <input type="text"/> | |
| Title: <input type="text" value="Senior Analyst, Capital Planning and Grants"/> | | |
| Organizational Affiliation: <input type="text" value="Alameda-Contra Costa Transit District"/> | | |
| * Telephone Number: <input type="text" value="510-891-4855"/> | Fax Number: <input type="text" value="510-891-7139"/> | |
| * Email: <input type="text" value="candrichak@actransit.org"/> | | |



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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-12-05

* Title:

National Clean Diesel Funding Assistance Program FY 2012 RFP

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:**

Retrofit 51 30-foot transit buses with DPFs

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.

Attachment - Congressional District List.d

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|---|
| * a. Federal | <input type="text" value="1,590,450.00"/> |
| * 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="1,590,450.00"/> |

*** 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 28, Section 1001)**

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

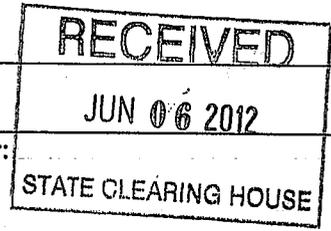
* Signature of Authorized Representative: * Date Signed:



Application for Federal Assistance SF-424

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: | | |



State Use Only:

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

8. APPLICANT INFORMATION:

| | |
|--|--|
| * a. Legal Name: San Francisco Baykeeper | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0120240 | *c. Organizational DUNS: 84-801-5660 |
| d. Address: | |
| *Street1: 785 Market Street, Suite 850 Street 2: | |
| *City: San Francisco County: San Francisco *State: California Province: Country: | |
| *Zip/ Postal Code: 94103 | |
| e. Organizational Unit: | |
| Department Name: | Division Name: |

| | |
|---|-----------------------------------|
| f. Name and contact information of person to be contacted on matters involving this application: | |
| Prefix: Mr. | First Name: Ian |
| Middle Name: | |
| *Last Name: Wren | |
| Suffix: | |
| Title: Staff Scientist | |
| Organizational Affiliation: Waterkeeper Alliance, California Coastkeeper Alliance | |
| *Telephone Number: (415) 856-0444 x.108 | Fax Number: (415) 856-0443 |
| *Email: ian@baykeeper.org | |

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

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:

National Marine Fisheries Service, National Oceanic and Atmospheric Administration, Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2012-2003095

*Title:

FY2012 Community-based Marine Debris Removal

13. Competition Identification Number:

Title:

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

San Francisco Bay shoreline, Richmond, Contra Costa County, California

*15. Descriptive Title of Applicant's Project:

Marine Debris Removal and Sub-Tidal Habitat Conservation Program, Point Molate, San Francisco Bay, Contra Costa County, CA

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California

*a. Applicant CA-008

*b. Program/Project: CA-007

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

17. Proposed Project:

*a. Start Date: 07/01/2012

*b. End Date: 07/31/2013

18. Estimated Funding (\$):

| | | | |
|---------------|-------------|--------------------|-------------|
| *a. Federal | \$45,500.00 | *d. Local | |
| *b. Applicant | \$45,333.00 | *e. Other | |
| *c. State | | *f. Program Income | |
| *d. Local | | *g. TOTAL | \$90,833.00 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/5/2012
- 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: Ian

Middle Name:

*Last Name: Wren

Suffix:

*Title: Staff Scientist

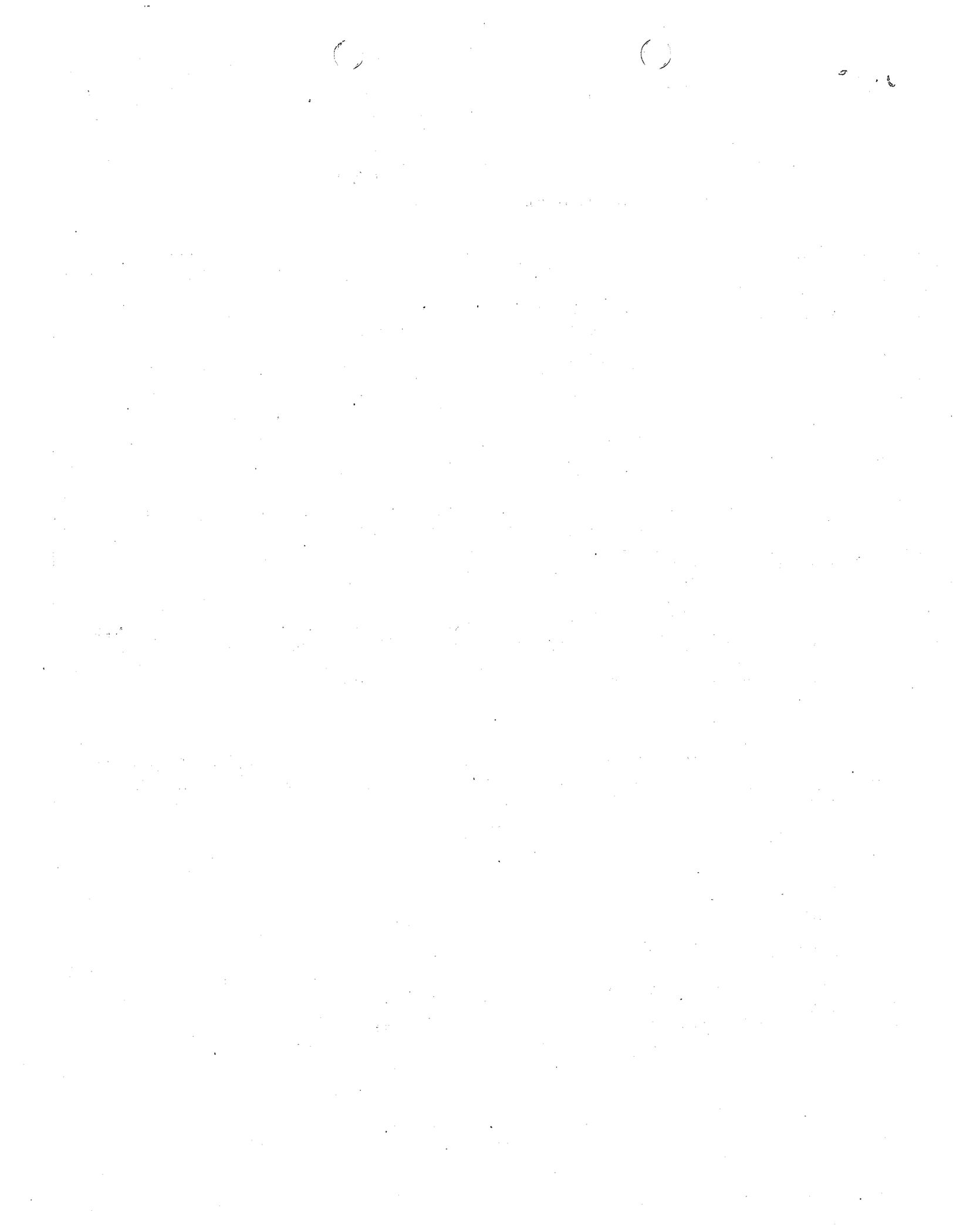
*Telephone Number: (415) 856-0444 x.108

Fax Number: (415) 856-0443

*Email: ian@baykeeper.org

*Signature of Authorized Representative: 

Date Signed: June 5, 2012



Application for Federal Assistance SF-424

Version 02

*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:

6/5/12

4. Applicant Identifier:

1666

JUN 07 2012

5a. Federal Entity Identifier:

1666

*5b. Federal Award Identifier:

1666

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: 6/5/12

7. State Application Identifier: 1666

8. APPLICANT INFORMATION:

*a. Legal Name: City of Torrance (Torrance Transit System)

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

95-600803

*c. Organizational DUNS:

136190357

d. Address:

*Street 1: 20500 Madrona Avenue

Street 2: _____

*City: Torrance

County: Los Angeles

*State: California

Province: _____

*Country: United States

*Zip / Postal Code: 90503

e. Organizational Unit:

Department Name:

Transit

Division Name:

Administration

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

Prefix: Mr. *First Name: Jim

Middle Name: _____

*Last Name: Mills

Suffix: _____

Title: Administration Manager

Organizational Affiliation:

Division Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

*Email: jmills@torranceca.gov



Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507 _____

CFDA Title:

***12 Funding Opportunity Number:**

5307 _____

*Title:

Urbanized Area Formula (Section 5307) _____

13. Competition Identification Number:

Title:

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

City of Torrance/ Los Angeles County/Southern California.

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

CA-90-Y949 "FY12 Acq Buses, PM, CNG Retrofit & Maintenance"



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 36/37

*b. Program/Project: 36/37

17. Proposed Project:

*a. Start Date: 01/01/2012

*b. End Date: 12/31/2014

18. Estimated Funding (\$):

| | | |
|--------------------|-------|-------------------------------|
| *a. Federal | _____ | \$5,910,900 |
| *b. Applicant | _____ | \$0 |
| *c. State | _____ | \$0 |
| *d. Local | _____ | |
| *e. Other | _____ | Toll Credits - \$1,182,180 |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | \$5,910,900 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/5/12
- 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: Jim

Middle Name: _____

*Last Name: Mills

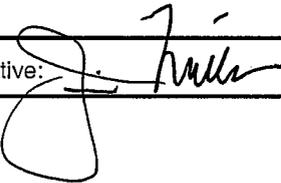
Suffix: _____

*Title: Administration Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

* Email: jmills@torranceca.gov

*Signature of Authorized Representative: 

*Date Signed: 6/5/12

(

)

10/1

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: 6/5/12 | 4. Applicant Identifier: 1666 | RECEIVED |
|-----------------------------|----------------------------------|-----------------|

| | | |
|--|--|--------------------|
| 5a. Federal Entity Identifier: 1666 | *5b. Federal Award Identifier: 1666 | JUN 07 2012 |
|--|--|--------------------|

State Use Only: **STATE CLEARING HOUSE**

| | |
|-----------------------------------|---------------------------------------|
| 6. Date Received by State: 6/5/12 | 7. State Application Identifier: 1666 |
|-----------------------------------|---------------------------------------|

8. APPLICANT INFORMATION:

*a. Legal Name: City of Torrance (Torrance Transit System)

| | |
|--|---------------------------------------|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000803 | *c. Organizational DUNS: 136190357 |
|--|---------------------------------------|

d. Address:

*Street 1: 20500 Madrona Avenue
Street 2: _____
*City: Torrance
County: Los Angeles
*State: California
Province: _____
*Country: United States
*Zip / Postal Code: 90503

e. Organizational Unit:

| | |
|-----------------------------|----------------------------------|
| Department Name: Transit | Division Name: Administration |
|-----------------------------|----------------------------------|

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

Prefix: Mr. *First Name: Jim
Middle Name: _____
*Last Name: Mills
Suffix: _____

Title: Administration Manager

Organizational Affiliation:
Division Manager

*Telephone Number: 310.618.6291 Fax Number: 310.618.6229

*Email: jmills@torranceca.gov



[The text in this section is extremely faint and illegible. It appears to be a multi-paragraph document, possibly a letter or a report, but the content cannot be discerned.]

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507

CFDA Title:

***12 Funding Opportunity Number:**

5309

*Title:

Bus Capital (Section 5309)

13. Competition Identification Number:

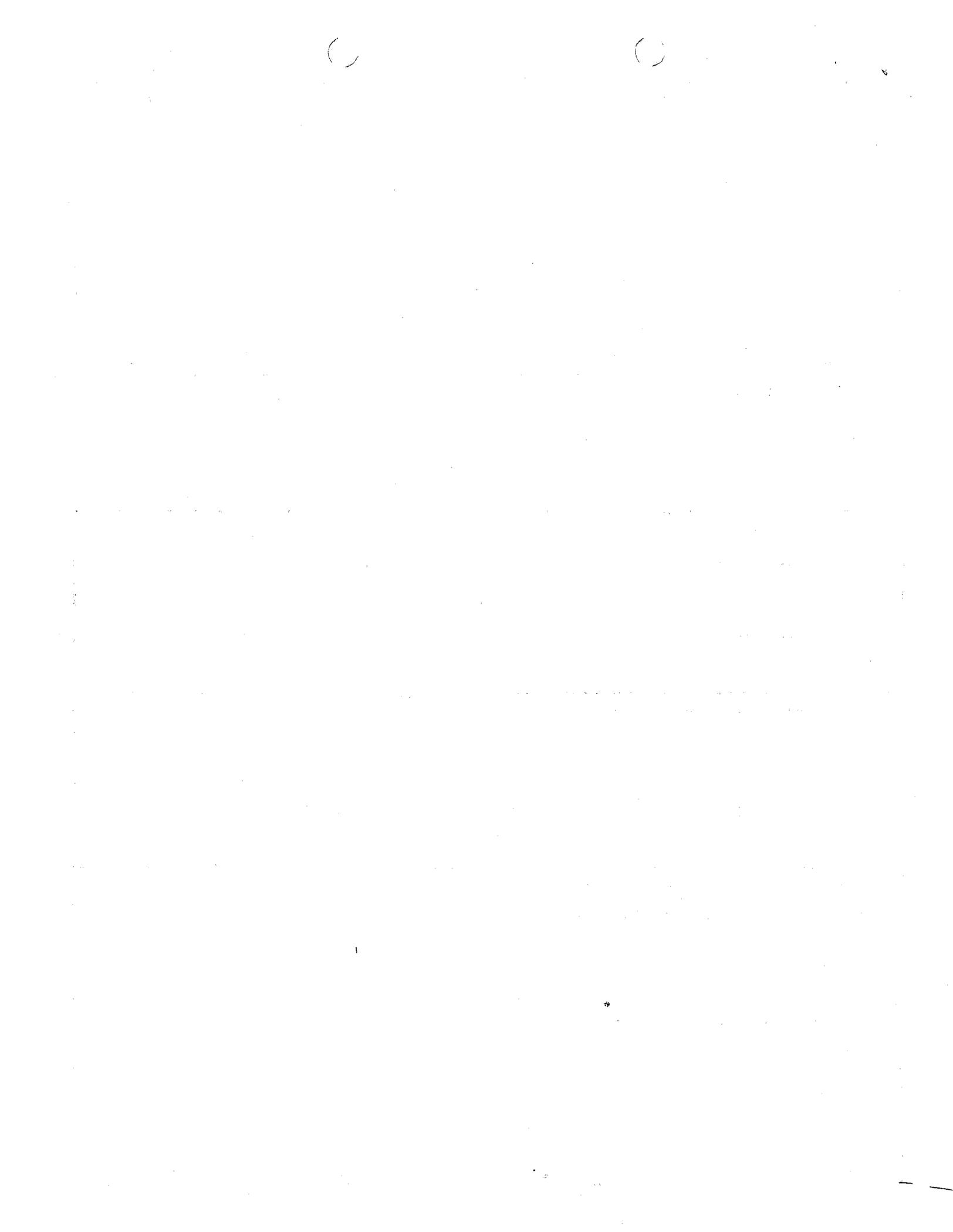
Title:

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

City of Torrance/ Los Angeles County/Southern California.

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

CA-04-0132-02 - "Alternate Fuel Bus Replacement"



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 36/37

*b. Program/Project: 36/37

17. Proposed Project:

*a. Start Date: 04/01/2012

*b. End Date: 3/31/2013

18. Estimated Funding (\$):

| | | |
|--------------------|-------|-----------|
| *a. Federal | _____ | \$550,000 |
| *b. Applicant | _____ | \$137,500 |
| *c. State | _____ | \$0 |
| *d. Local | _____ | \$0 |
| *e. Other | _____ | |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | \$687,500 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/5/12
- 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:

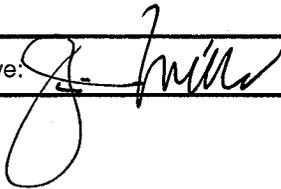
Prefix: Mr. *First Name: Jim
Middle Name: _____
*Last Name: Mills
Suffix: _____

*Title: Administration Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

* Email: jmill@torranceca.gov

*Signature of Authorized Representative: 

*Date Signed: 6/5/12



.....



Application for Federal Assistance SF-424

Version 02

*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:

6/5/12

4. Applicant Identifier:

1666

5a. Federal Entity Identifier:

1666

*5b. Federal Award Identifier:

1666

State Use Only:

6. Date Received by State: 6/5/12

7. State Application Identifier: 1666

8. APPLICANT INFORMATION:

*a. Legal Name: City of Torrance (Torrance Transit System)

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

95-6000803

*c. Organizational DUNS:

136190357

d. Address:

*Street 1: 20500 Madrona Avenue

Street 2: _____

*City: Torrance

County: Los Angeles

*State: California

Province: _____

*Country: United States

*Zip / Postal Code 90503

e. Organizational Unit:

Department Name:

Transit

Division Name:

Administration

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

Prefix: Mr. *First Name: Jim

Middle Name: _____

*Last Name: Mills

Suffix: _____

Title: Administration Manager

Organizational Affiliation:

Division Manager

*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

*Email: jmills@torranceca.gov



Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20507 _____

CFDA Title:

***12 Funding Opportunity Number:**

CMAQ _____

*Title:

CMAQ Operating Assistance _____

13. Competition Identification Number:

Title:

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

City of Torrance/ Los Angeles County/Southern California.

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

CA-95-X203 - LACRD I-110 HOTLane Operating Assistance for Torrance Transit System



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 36/37

*b. Program/Project: 36/37

17. Proposed Project:

*a. Start Date: 07/01/2012

*b. End Date: 12/31/2013

18. Estimated Funding (\$):

| | |
|--------------------|-------------|
| *a. Federal | \$1,200,000 |
| *b. Applicant | \$0 |
| *c. State | \$0 |
| *d. Local | \$0 |
| *e. Other | \$0 |
| *f. Program Income | |
| *g. TOTAL | \$1,200,000 |

***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 6/5/12
- 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: Jim

Middle Name: _____

*Last Name: Mills

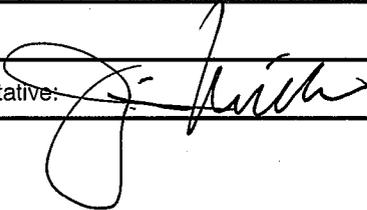
Suffix: _____

*Title: Administration Manager

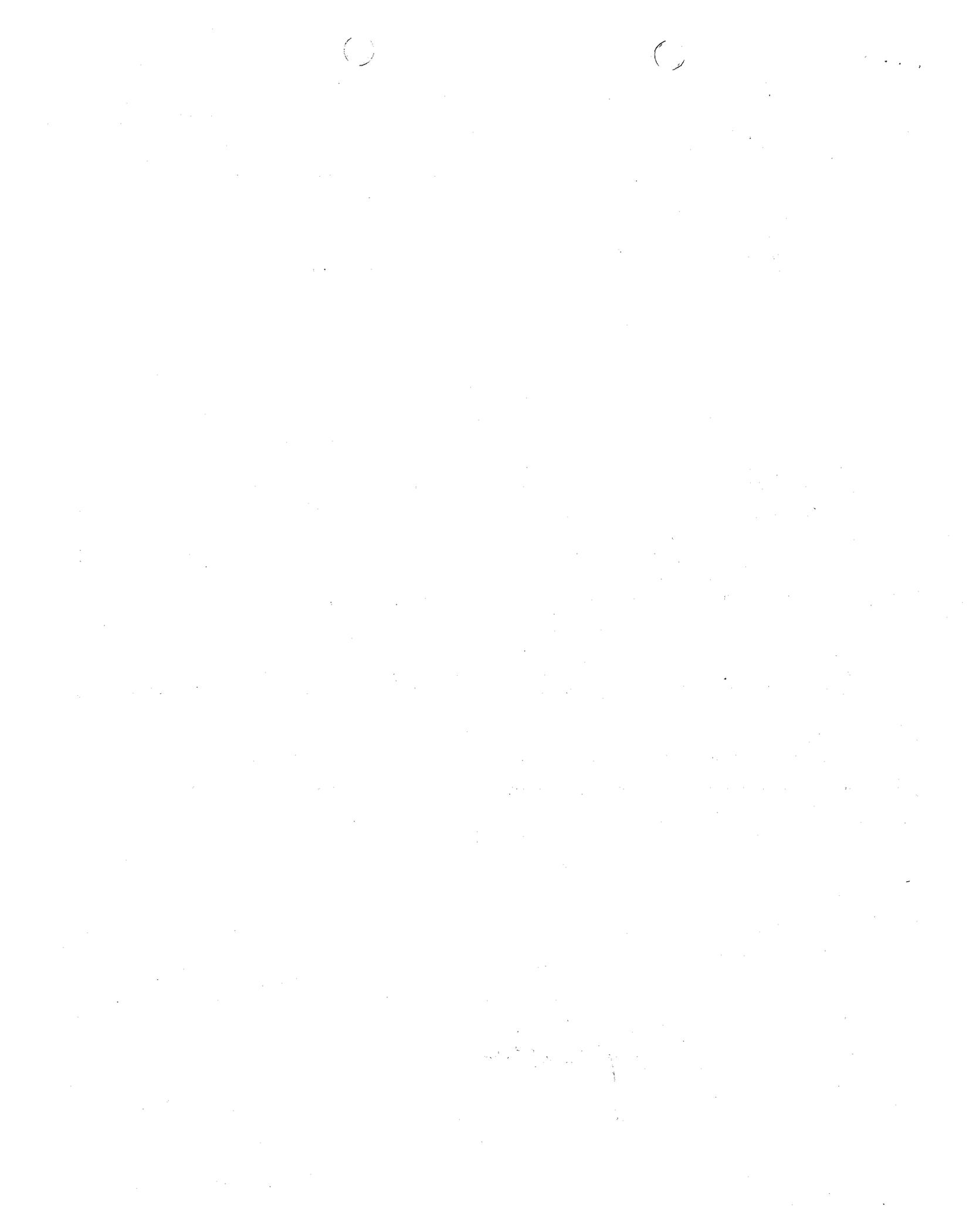
*Telephone Number: 310.618.6291

Fax Number: 310.618.6229

* Email: jmills@torranceca.gov

*Signature of Authorized Representative: 

*Date Signed: 6/5/12



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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify):

[Redacted]

RECEIVED
JUN 07 2012
STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

B. APPLICANT INFORMATION:

* a. Legal Name:

Monterey Bay Aquarium Foundation

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

942487469

* c. Organizational DUNS:

0586631620000

d. Address:

* Street1:

886 Cannery Row

Street2:

[Redacted]

* City:

Monterey

County/Parish:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93940-1023

e. Organizational Unit:

Department Name:

Education Programs

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

Lisette

Middle Name:

[Redacted]

* Last Name:

Miles

Suffix:

[Redacted]

Title:

Director of Institutional Giving

Organizational Affiliation:

[Redacted]

* Telephone Number:

831-647-6859

Fax Number:

[Redacted]

* Email:

lmiles@mbayaq.org

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)3 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:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.439

CFDA Title:

Targeted Watersheds Grants

* 12. Funding Opportunity Number:

EPA-R9-WTR3-12-003

* Title:

Innovative Source Reduction for Land-Based Sources of Marine Debris from Coastal Watersheds

13. Competition Identification Number:

NONE

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Ocean Plastics Pollution Summit for Teachers

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-17 | b. Program/Project: CA-17 |
| Attach an additional list of Program/Project Congressional Districts if needed. | |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> | |
| 17. Proposed Project: | |
| * a. Start Date: 10/01/2012 | * b. End Date: 09/30/2013 |
| 18. Estimated Funding (\$): | |
| * a. Federal | 50,000.00 |
| * b. Applicant | 65,347.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 115,347.00 |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on | 06/07/2012 |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If "Yes", provide explanation and attach | |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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) | |
| <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: | * First Name: Edward |
| Middle Name: | |
| * Last Name: Prohaska | |
| Suffix: | |
| * Title: Chief Financial Officer | |
| * Telephone Number: 831-648-4806 | Fax Number: |
| * Email: eprohaska@mbayag.org | |
| * Signature of Authorized Representative: Completed by Grants.gov upon submission. | * Date Signed: Completed by Grants.gov upon submission. |

OMB Number: 4040-0004
Expiration Date: 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(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/> | | |
| <p>* 3. Date Received:</p> <input type="text"/> <p>Completed by Grants.gov upon submission.</p> | | <p>4. Applicant Identifier:</p> <input type="text"/> |
| <p>5a. Federal Entity Identifier:</p> <input type="text"/> | | <p>* 5b. Federal Award Identifier:</p> <input type="text"/> |
| <p>State Use Only:</p> | | <p>STATE CLEARING HOUSE</p> |
| <p>6. Date Received by State:</p> <input type="text"/> | | <p>7. State Application Identifier:</p> <input type="text"/> |
| <p>8. APPLICANT INFORMATION:</p> | | |
| <p>* a. Legal Name: STATE OF CALIFORNIA</p> | | |
| <p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text"/> | | <p>* c. Organizational DUNS:</p> <input type="text"/> |
| <p>d. Address:</p> | | |
| <p>* Street1: 1831 9th STREET</p> | | |
| <p>Street2: <input type="text"/></p> | | |
| <p>* City: SACRAMENTO</p> | | |
| <p>County: <input type="text"/></p> | | |
| <p>* State: CA: California</p> | | |
| <p>Province: <input type="text"/></p> | | |
| <p>* Country: USA: UNITED STATES</p> | | |
| <p>* Zip / Postal Code: 95811</p> | | |
| <p>e. Organizational Unit:</p> | | |
| <p>Department Name:</p> <input type="text"/> | | <p>Division Name:</p> <input type="text"/> |
| <p>DEPARTMENT OF FISH AND GAME</p> | | <p>GRANTS MANAGEMENT BRANCH</p> |
| <p>f. Name and contact information of person to be contacted on matters involving this application:</p> | | |
| <p>Prefix: MR.</p> | | <p>* First Name: JASON</p> |
| <p>Middle Name: <input type="text"/></p> | | |
| <p>* Last Name: WILLIAMS</p> | | |
| <p>Suffix: <input type="text"/></p> | | |
| <p>Title: GRANT ADMINISTRATOR</p> | | |
| <p>Organizational Affiliation:</p> <input type="text"/> | | |
| <p>Grants Management Branch</p> | | |
| <p>* Telephone Number: 916-327-0062</p> | | <p>Fax Number: 916-327-6320</p> |
| <p>* Email: jwilliams@dfg.ca.gov</p> | | |

RECEIVED

JUN 08 2012



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:**

F12AS00019

* 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.):

STATEWIDE

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - SPECIES CONSERVATION PROGRAM (NON-GAME)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

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="192,554.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="64,185.00"/> |
| * 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="256,739.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]



5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

B. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1031 NINTH STREET

Street2:

[Empty field]

* City:

SACRAMENTO

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

JASON

Middle Name:

[Empty field]

* Last Name:

WILLIAMS

Suffix:

[Empty field]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

Grants Management Branch

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

jwilliams@dfg.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:**

F12AS00019

* Title:

R0 (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.):

STATEWIDE

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - UPLAND GAME PROGRAM

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="432,808.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="144,269.00"/> |
| * 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="577,077.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*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:

12-9706-2189-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture

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

68-0325104

*c. Organizational DUNS:

807-487-665

d. Address:

*Street 1: 1220 "N" Street

Street 2: _____

*City: Sacramento Place: 6400

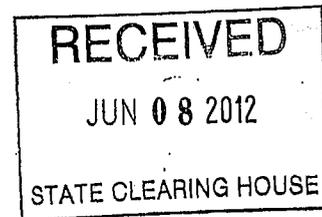
County: Sacramento County: 067

*State: CA 06

Province: _____

*Country: USA GSA:3150

*Zip / Postal Code 95814



e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: _____ *First Name: Anita

Middle Name: _____

*Last Name: Edmondson

Suffix: _____

Title: Supervising Veterinarian

Organizational Affiliation:

*Telephone Number: 916-900-538

Fax Number: 916-900-5333

*Email: Anita.Edmondson@cdfa.ca.gov



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[Faint, illegible text covering the lower half of the page, possibly bleed-through from the reverse side.]

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:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025

CFDA Title:

Bovine TB

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

13. Competition Identification Number:

Title:

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

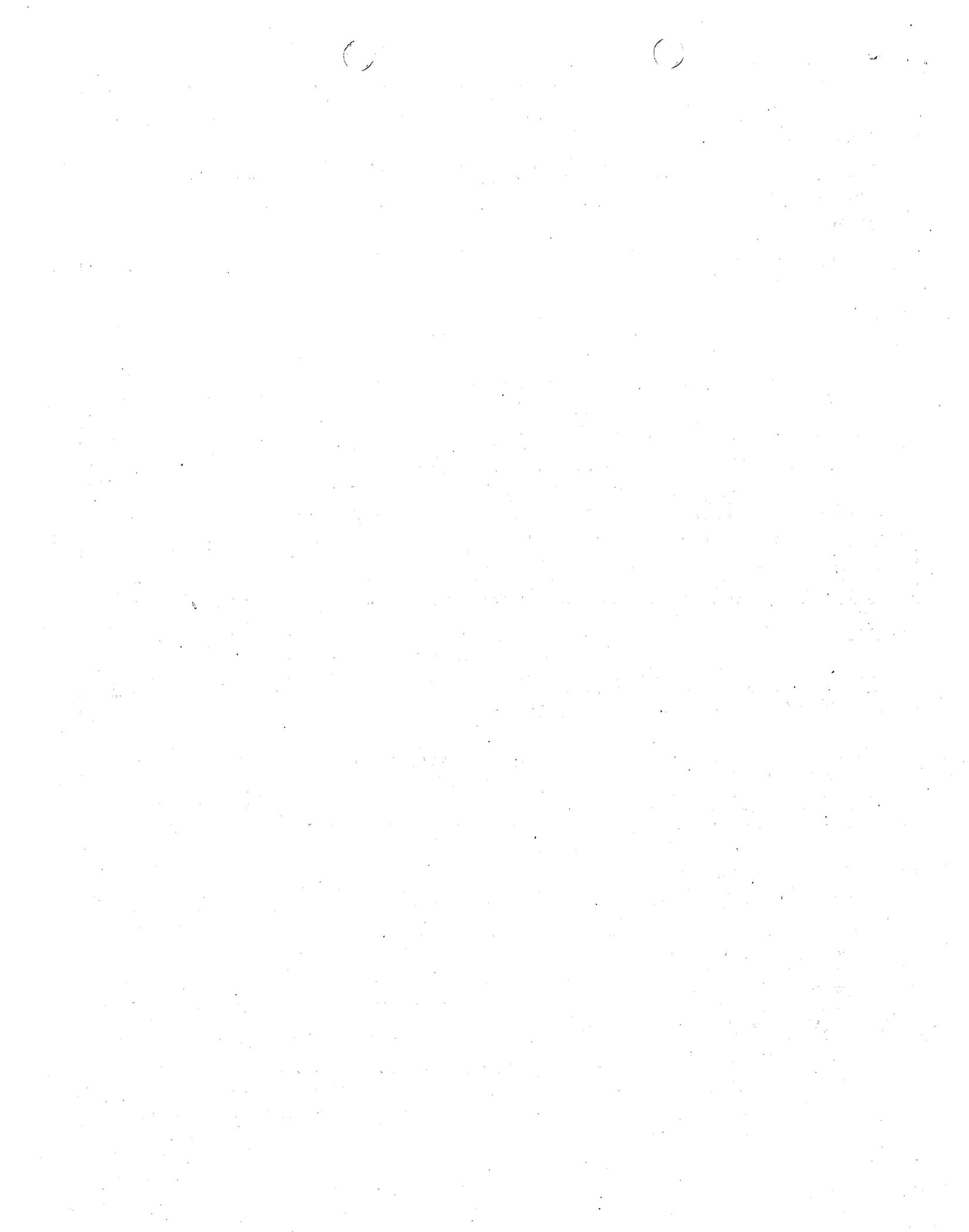
Entire State of California (06)

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

Bovine TB Eradication



| | | |
|---|--------------------------------|-----------------------------|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| *a. Applicant: 05 | *b. Program/Project: Statewide | |
| 17. Proposed Project: | | |
| *a. Start Date: Signature date | *b. End Date: March 31, 2013 | |
| 18. Estimated Funding (\$): | | |
| *a. Federal | 257,071 | |
| *b. Applicant | | |
| *c. State | 257,525 | |
| *d. Local | | |
| *e. Other | | |
| *f. Program Income | | |
| *g. TOTAL | 514,596 | |
| *19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ | | |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | | |
| <input type="checkbox"/> c. Program is not covered by E. O. 12372 | | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) | | |
| <input checked="" type="checkbox"/> ** I AGREE | | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions | | |
| Authorized Representative: | | |
| Prefix: _____ | *First Name: <u>Kathy</u> | |
| Middle Name: _____ | | |
| *Last Name: <u>Alameda</u> | | |
| Suffix: _____ | | |
| *Title: Federal Funds Manager | | |
| *Telephone Number: 916-403-6525 | | Fax Number: |
| * Email: Kathy.Alameda@cdfa.ca.gov | | |
| *Signature of Authorized Representative:  | | *Date Signed: <u>6/8/12</u> |



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|--|--|---|--|
| 1. TYPE OF SUBMISSION: Application | | 2. DATE SUBMITTED 6/8/2012 | Applicant Identifier |
| <input type="checkbox"/> Construction | Pre-application | 3. DATE RECEIVED BY STATE 5/29/2012 | State Application Identifier 11-0293-FR |
| <input checked="" type="checkbox"/> Non-Construction | <input checked="" type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier 12-8506-1164-CA |

5. APPLICANT INFORMATION

| | |
|---|--|
| Legal Name: State of California | Organizational Unit: Department: Food and Agriculture |
| Organizational DUNS: 807487665 | Division: Plant Health and Pest Prevention Services |
| Address: Street: 1220 N Street, Suite 341 | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Duane |
| City: Sacramento | Middle Name: RECEIVED |
| County: Sacramento | Last Name: Schnabel |
| State: CA | Suffix: |
| Country: USA | Email: dschnabel@cdfa.ca.gov |

REC
JUN 8 2012
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0325104

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

9. NAME OF FEDERAL AGENCY:
USDA/APHIS/PPQ

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Light Brown Apple Moth

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-025

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
State of California

13. PROPOSED PROJECT
Start Date: 10/01/2011 Ending Date: 09/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant District 5 b. Project District 11

15. ESTIMATED FUNDING:

| | | |
|-------------------|----|------------|
| a. Federal | \$ | -11,225.00 |
| b. Applicant | \$ | .00 |
| c. State | \$ | 0.00 |
| d. Local | \$ | .00 |
| e. Other | \$ | .00 |
| f. Program Income | \$ | .00 |
| g. TOTAL | \$ | -11,225.00 |

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: 6/8/2012
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative

| | | |
|--|---|-------------|
| Prefix Ms. | First Name Kathy | Middle Name |
| Last Name Alameda | Suffix | |
| b. Title Federal Funds Manager | c. Telephone Number (give area code) 916-403-6525 | |
| d. Signature of Authorized Representative <i>Kathy Alameda</i> | e. Date Signed 6/8/12 | |

Previous Edition Usable
Authorized for Local Reproduction

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

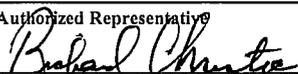


| | | | |
|---|-------------------------------|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 06/08/12 | Applicant Identifier |
| 7. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | |
| <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | State Application Identifier | |
| 5. APPLICANT INFORMATION | | 4. DATE RECEIVED BY FEDERAL AGENCY | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Program Management | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Richard Christie (213) 922-6022 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation Revision - A (Increase of Award) | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | State Chartered Transit District | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Cities of Palos Verdes, Redondo Beach and San Pedro, LA County, Ca. | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Congestion Management Air Quality Funds for Replacement buses for Palos Verdes Peninsula Transit Authority (CA-95-X191). | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 6/25/12 | Ending Date 8/27/13 | a. Applicant District 46 | b. Project Replacement Buses |

RECEIVED
JUN 11 2012
STATE CLEARING HOUSE

| | | | |
|-----------------------|--------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 1,087,000 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/08/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 536,000 | 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 | \$ 1,623,000 | | |

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 RICHARD CHRISTIE | | b Title Transportation Planning Manager | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative  | | e. Date Signed 6/11/12 | |



1
2
3

| | | | |
|---|--|------------------------------------|----------------------|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 06/08/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | |
| <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | |
|--|--|
| 5. APPLICANT INFORMATION | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | Organizational Unit: Regional Program Management |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | Name and telephone number of the person to be contacted on matters involving this application (give area code) Richard Christie (213) 922-6022 |

| | |
|---|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N |
| 8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award) | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ |
| If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | State Chartered Transit District |

| | | | |
|--|---|---|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500 | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>JUN 11 2012</p> <p>STATE CLEARING HOUSE</p> </div> | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 Bus and Bus Related Facilities Funds for construction and rehabilitation of bus shelters with amenities by the cities of Hawaiian Gardens and Whittier, CA-04-0149-1. (Congressional Earmarks) |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Cities of Hawaiian Gardens and Whittier, LA County, Ca. | | | |

| | | | |
|------------------------------|--------------------------------|---|--|
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 9/19/12 | Ending Date 12/31/13 | a. Applicant Districts 38, 39 and 42. | b. Project Bus Shelters with Amenities |

| | | | |
|-----------------------|------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 650,000 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/08/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 162,500 | | |
| e Other | \$.00 | | |
| f Program Income | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| g TOTAL | \$ 812,500 | <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |

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

| | | |
|--|--|---|
| a Typed Name of Authorized Representative RICHARD CHRISTIE | b Title Transportation Planning Manager | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative <i>Richard Christie</i> | e. Date Signed 6/11/12 | |



| | | | |
|---|--------------------------------|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 06/08/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Program Management | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Richard Christie (213) 922-6022 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award) | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | State Chartered Transit District | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Cities of Burbank and Monrovia, LA County, Ca. | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 Bus and Bus Related Facilities Funds for construction of Multi-modal transit centers by the City of Monrovia and Bob Hope Airport Authority, CA-04-0094-4 (Congressional Earmarks). | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 6/13/11 | Ending Date 11/22/14 | a. Applicant Districts 26 and 29 | b. Project Multi-modal transit centers with Amenities. |

| | | | |
|------------------------------|--------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 1,300,000 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/08/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| c State | \$.00 | | |
| d Local | \$ 325,000 | | |
| e Other | \$.00 | | |
| f Program Income | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |
| g TOTAL | \$ 1,625,000 | | |

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 RICHARD CHRISTIE | b Title Transportation Planning Manager | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative  | e. Date Signed 6/11/12 | |



1

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

| | | | |
|---|--------------------------------|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 06/08/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | |
| <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | State Application Identifier | |
| 5. APPLICANT INFORMATION | | 4. DATE RECEIVED BY FEDERAL AGENCY | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Program Management | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Richard Christie (213) 922-6022 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 19 75 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award) | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | State Chartered Transit District | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City of Bellflower, LA County, CA | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 Bus and Bus Related Facilities Funds (Congressional earmarks) for construction and rehabilitation of bus shelters with amenities by the city of Bellflower (CA-04-0088-4). | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 9/30/12 | Ending Date 12/15/13 | a. Applicant District 34 | b. Project Bus Shelters with Amenities |



| | | | |
|-----------------------|------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 500,000 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/08/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 125,000 | 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 | \$ 625,000 | | |

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 RICHARD CHRISTIE | b Title Transportation Planning Manager | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative <i>Richard Christie</i> | e. Date Signed 6/11/12 | |



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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

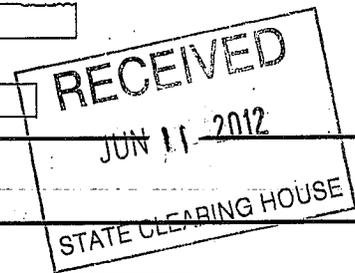
- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

[Empty field]



* 3. Date Received:

Completed by Grants.gov upon submission: [Empty field]

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1831 9th Street

Street2:

[Empty field]

* City:

Sacramento

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95691

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

* First Name:

Jason

Middle Name:

[Empty field]

* Last Name:

Williams

Suffix:

[Empty field]

Title:

[Empty field]

Organizational Affiliation:

[Empty field]

* Telephone Number:

(916) 327-0052

Fax Number:

[Empty field]

* Email:

jwilliams@dfg.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:**

F12AS00019

* 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.):

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

Wildlife Habitat Development and Maintenance - Region 4

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



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

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="2,347,562.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="782,527.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="0.00"/> |
| * f. Program Income | <input type="text" value="93,021.00"/> |
| * g. TOTAL | <input type="text" value="3,223,130.00"/> |

*** 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:

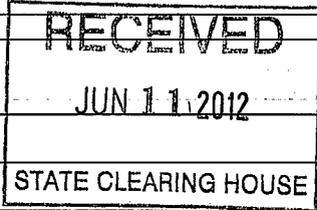
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|--|---|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED June 11, 2012 | Applicant Identifier Dept. of Food and Agriculture |
| | | 3. DATE RECEIVED BY STATE May 29, 2012 | State Application Identifier 11-0471-FR |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier 12-8506-0934-GR |

5. APPLICANT INFORMATION

| | |
|---|--|
| Legal Name: State of California | Organizational Unit: Department: Food and Agriculture |
| Organizational DUNS: 807487665 | Division: Plant Health and Pest Prevention Services |
| Address: Street: 1220 N Street, Room 315 | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason |
| City: Sacramento | Middle Name K |
| County: Sacramento | Last Name Chan |
| State: California Zip Code 95814 | Suffix: |
| Country: United States | Email: jason.chan@cdfa.ca.gov |



| | | |
|---|---|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][3][2][5][1][0][4] | Phone Number (give area code) (916) 654-1211 | Fax Number (give area code) (916) 654-0555 |
|---|---|---|

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

| | |
|---|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][0]-[0][2][5] | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Exotic Fruit Fly |
| TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California | |

| | |
|--|---|
| 13. PROPOSED PROJECT Start Date: January 1, 2012 Ending Date: December 31, 2012 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 40 b. Project Exotic Fruit Fly |
|--|---|

| | |
|--|--|
| 15. ESTIMATED FUNDING: | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal \$ -221,990 ⁰⁰ | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 11, 2012 |
| b. Applicant \$ ⁰⁰ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 |
| c. State \$ ⁰⁰ | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| d. Local \$ 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 \$ -221,990 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 Kathy | Middle Name |
| Last Name Alameda | Suffix | |
| b. Title Manager, Federal Funds Management Office | c. Telephone Number (give area code) (916) 403-6625 | |
| d. Signature of Authorized Representative | e. Date Signed | |

| Application for Federal Assistance SF-424 | | Version 02 |
|---|---|--|
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | *2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____ |
| 3. Date Received: | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 12 2012 </div> |
| 4. Applicant Identifier: | | |
| 5a. Federal Entity Identifier: | *5b. Federal Award Identifier: STATE CLEARING HOUSE | |
| State Use Only: | | |
| 6. Date Received by State: | 7. State Application Identifier: | |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: The Regents of the University of California | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123 | | *c. Organizational DUNS: 1247267250000 |
| d. Address: | | |
| *Street 1: | <u>c/o Sponsored Projects Office</u> | |
| Street 2: | <u>2150 Shattuck Avenue, Suite 313</u> | |
| *City: | <u>Berkeley</u> | |
| County: | <u>Alameda</u> | |
| *State: | <u>CA</u> | |
| Province: | _____ | |
| *Country: | <u>USA</u> | |
| *Zip / Postal Code | <u>94704-5940</u> | |
| e. Organizational Unit: | | |
| Department Name: Environmental Science, Policy and Management | | Division Name: College of Natural Resources |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: _____ | *First Name: <u>Deborah</u> | |
| Middle Name: _____ | | |
| *Last Name: <u>Rutkowski-Howard</u> | | |
| Suffix: _____ | | |
| Title: | <u>Senior Research Administrator</u> | |
| Organizational Affiliation: <u>Sponsored Projects Office, University of California Berkeley</u> | | |
| *Telephone Number: (510)643-5603 | | Fax Number: (510)642-8236 |



*Email: deborahr@berkeley.edu

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:**
H. Public/State Controlled Inst on of Higher Educ
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:

CFDA Title:

***12 Funding Opportunity Number:**

***Title:**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Monterey to Humboldt County



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

Confirming the pathogenicity and host range of Phytophthora ramorum -Berkeley

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-009

*b. Program/Project: CA-ALL

17. Proposed Project:

*a. Start Date: 09/01/12

*b. End Date: 08/31/13

18. Estimated Funding (\$):

| | |
|--------------------|-----------------------------|
| *a. Federal | <u>40,194</u> |
| *b. Applicant | <u> </u> |
| *c. State | <u> </u> |
| *d. Local | <u> </u> |
| *e. Other | <u> </u> |
| *f. Program Income | <u> </u> |
| *g. TOTAL | <u>40,194</u> |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/12/12
- 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: <u>Patricia</u> |
| Middle Name: _____ | |
| *Last Name: <u>Gates</u> | |
| Suffix: _____ | |
| *Title: Associate Director | |
| *Telephone Number: (510) 642-8189 | Fax Number: (510)642-8236 |
| * Email: spoawards@berkeley.edu | |
| *Signature of Authorized Representative: <i>Patricia A. Gates</i> | *Date Signed: <i>6/12/12</i> |

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:

- 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:

RECEIVED

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

JUN 13 2012

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Delano

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000702

*c. Organizational DUNS:
03-997-8267

d. Address:

*Street 1: 1015 Eleventh Street
Street 2: _____
*City: Delano
County: Kern
*State: California
Province: _____
*Country: USA
*Zip / Postal Code 93216

e. Organizational Unit:

Department Name:
Public Works

Division Name:
Airport Division

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

Prefix: Mr *First Name: Pedro
Middle Name: G.
*Last Name: Nunez
Suffix: _____

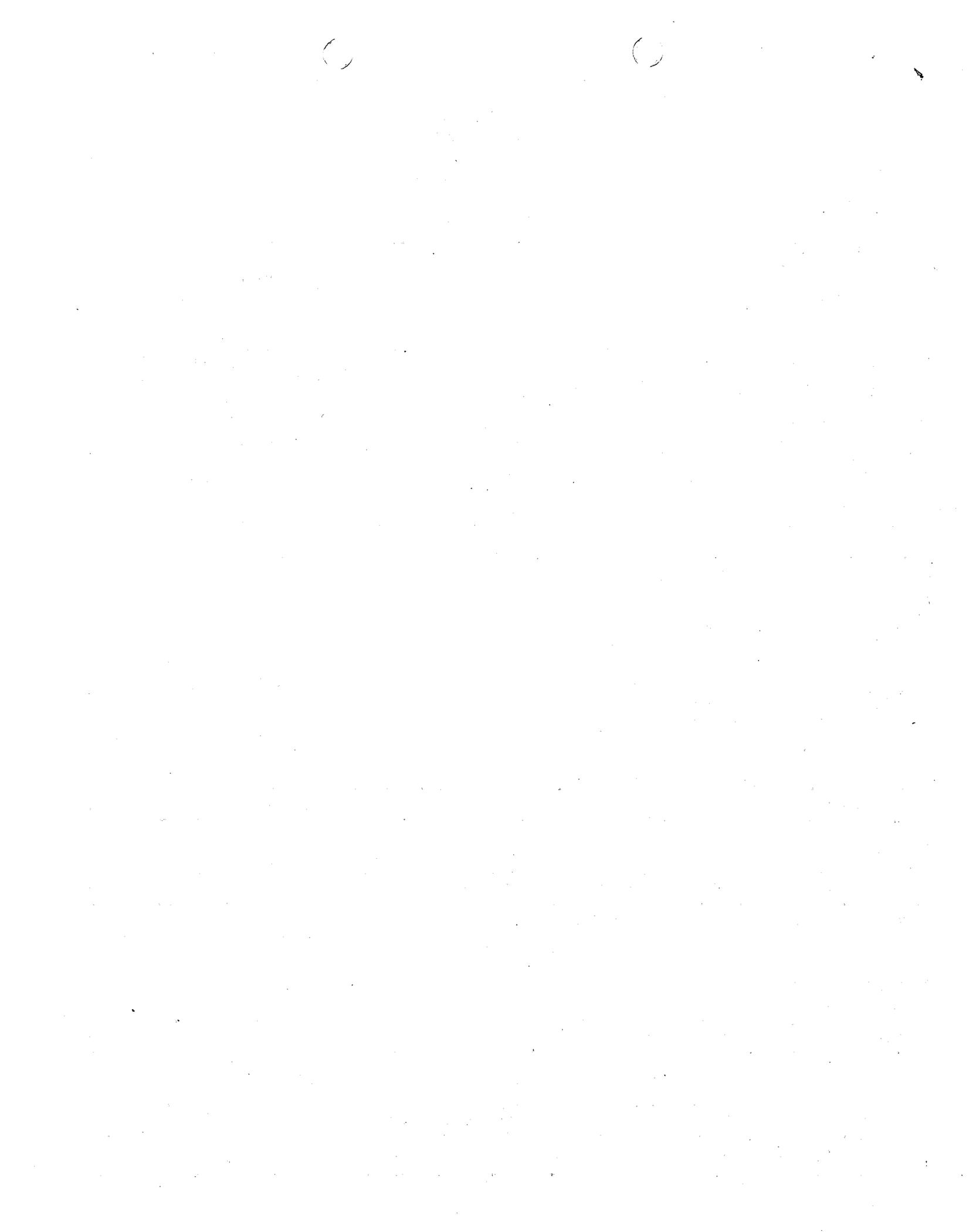
Title: Associate Engineer/Public Works Inspector

Organizational Affiliation:
Engineering Department

*Telephone Number: 661.720.2256

Fax Number: 661.721.2135

*Email: pnunez@cityofdelano.org



Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

C. City or Township Government

*Other (Specify):

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Delano Municipal Airport, DLO

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

The work involves the relocation of the northern most fence to be moved to the north boundary Airport property line. A new chain link fence will be installed approximately 10 foot of the north of the existing fence. The old fence will be removed and disposed of.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-020

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: August 20, 2012

*b. End Date: September 21, 2012

18. Estimated Funding (\$):

| | | |
|--------------------|-------|-------------|
| *a. Federal | _____ | \$18,000.00 |
| *b. Applicant | _____ | |
| *c. State | _____ | \$2,000.00 |
| *d. Local | _____ | |
| *e. Other | _____ | |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | \$20,000.00 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/12/12.
- 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: Roman

Middle Name: _____

*Last Name: Dowling

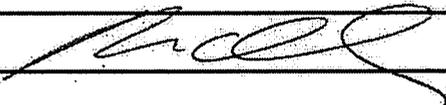
Suffix: _____

*Title: Public Works Director/City Engineer/Airport Manager

*Telephone Number: 661.720.2219

Fax Number: 661.721.2135

* Email: rdowling@cityofdelano.org

*Signature of Authorized Representative: 

*Date Signed: 06/12/12



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: City of Delano

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000702

*c. Organizational DUNS:
03-997-8267

d. Address:

*Street 1: 1015 Eleventh Street
Street 2: _____
*City: Delano
County: Kern
*State: California
Province: _____
*Country: USA
*Zip / Postal Code: 93216

e. Organizational Unit:

Department Name:
Public Works

Division Name:
Airport Division

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

Prefix: Mr *First Name: Pedro
Middle Name: G.
*Last Name: Nunez
Suffix: _____

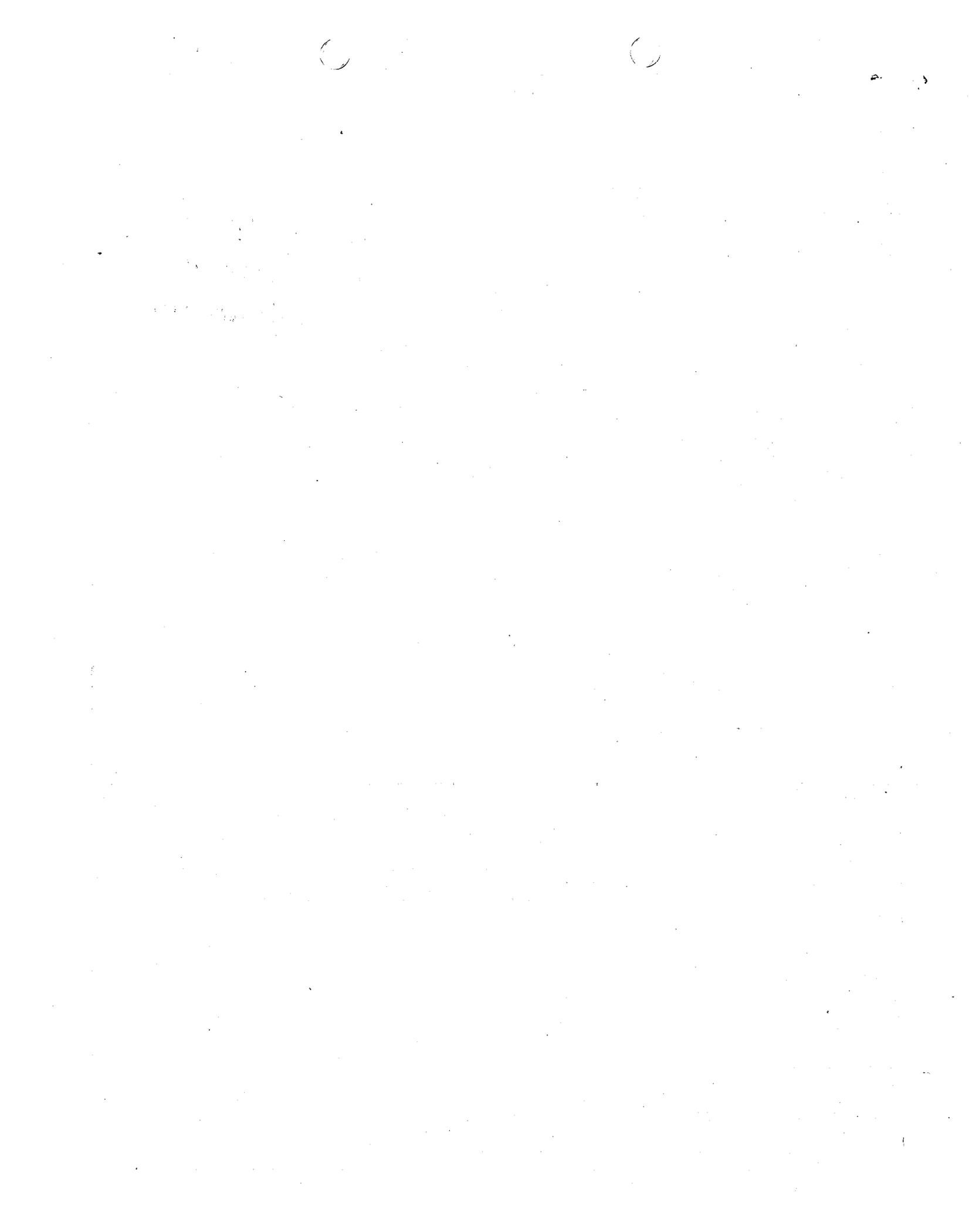
Title: Associate Engineer/Public Works Inspector

Organizational Affiliation:
Engineering Department

*Telephone Number: 661.720.2256

Fax Number: 661.721.2135

*Email: pnunez@cityofdelano.org



Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

C. City or Township Government

*Other (Specify)

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Delano Municipal Airport, DLO

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

The work involves the removal and disposal of the existing AWOS system including sensors. The work will involve the complete install of a new AWOS system including data collector, sensor, wiring and all associated accessories.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-020

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: August 20, 2012

*b. End Date: September 21, 2012

18. Estimated Funding (\$):

| | | |
|--------------------|-------|-------------|
| *a. Federal | _____ | \$63,000.00 |
| *b. Applicant | _____ | |
| *c. State | _____ | \$7,000.00 |
| *d. Local | _____ | |
| *e. Other | _____ | |
| *f. Program Income | _____ | |
| *g. TOTAL | _____ | \$70,000.00 |

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/12/12.
- 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: Roman _____

Middle Name: _____

*Last Name: Dowling _____

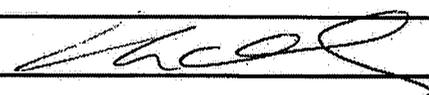
Suffix: _____

*Title: Public Works Director/City Engineer/Airport Manager

*Telephone Number: 661.720.2219

Fax Number: 661.721.2135

* Email: rdowling@cityofdelano.org

*Signature of Authorized Representative: 

*Date Signed: 06/12/12



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

06/12/2012

4. Applicant Identifier:

[Empty box]

RECEIVED

5a. Federal Entity Identifier:

[Empty box]

* 6b. Federal Award Identifier:

[Empty box]

JUN 13 2012

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State: 03/20/2012

7. State Application Identifier: 01298027

B. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1: 1831 9th Street

Street2:

* City: Sacramento

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811

e. Organizational Unit:

Department Name:

Department of Fish and Game

Division Name:

Grants Management Branch

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

Prefix: Mr.

* First Name: Steve

Middle Name:

* Last Name: Wong

Suffix:

Title: Grant Administrator

Organizational Affiliation:

Grants Management Branch

* Telephone Number: 916-445-3694

Fax Number: 916-327-6320

* Email: scwong@dfg.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: | |
| <input type="text" value="A: State Government"/> | |
| Type of Applicant 2: Select Applicant Type: | |
| <input type="text"/> | |
| Type of Applicant 3: Select Applicant Type: | |
| <input type="text"/> | |
| * Other (specify): | |
| <input type="text"/> | |
| * 10. Name of Federal Agency: | |
| <input type="text" value="Fish and Wildlife Service"/> | |
| 11. Catalog of Federal Domestic Assistance Number: | |
| <input type="text" value="15.605"/> | |
| CFDA Title: | |
| <input type="text" value="Sport Fish Restoration Program"/> | |
| * 12. Funding Opportunity Number: | |
| <input type="text" value="F12AS00047"/> | |
| * Title: | |
| <input type="text" value="RB (CA/NV) Sport Fish Restoration Program for State Fish and Game Agencies"/> | |
| 13. Competition Identification Number: | |
| <input type="text"/> | |
| Title: | |
| <input type="text"/> | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | |
| <input type="text" value="Statewide"/> | |
| * 15. Descriptive Title of Applicant's Project: | |
| <input type="text" value="Anadromous Sport Fish Management & Research (Northern Region)"/> | |
| Attach supporting documents as specified in agency instructions. | |
| <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> | |

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

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="1,550,125.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="516,708.00"/> |
| * 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="2,066,833.00"/> |

*** 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 28, Section 1001)

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

| | | | | | |
|--|-----------------------|--|--|---|--|
| 1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED June 13, 2012 | | Applicant Identifier | |
| <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: ANTELOPE VALLEY TRANSIT AUTHORITY | | | Organizational Unit: ANTELOPE VALLEY TRANSIT AUTHORITY | | |
| Address (give city, county, State, and zip code): 42210 6TH ST WEST LANCASTER CA 93534 | | | Name and telephone number of person to be contacted on matters involving this application (give area code): JUDY VACCARO 661-729-2234 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119 | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ | | |
| | | | 9. NAME OF FEDERAL AGENCY: US DOT & FTA | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507 TITLE: FEDERAL TRANSIT FORMULA GRANT | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1) Purchase of seven vehicles as part of our Vehicle Replacement Program - Three 40 foot ADA compliant Replacement Transit buses, and Four 45 foot ADA compliant Replacement Commuter buses 2) Purchase of three 45 foot ADA compliant Expansion | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ANTELOPE VALLEY PORTION OF THE NORTHERN LOS ANGELES | | | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | | | |
| Start Date 10/1/12 | Ending Date 5/1/14 | a. Applicant 22 & 25 | | b. Project 22 & 25 | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | | |
| a. Federal | \$ | 16,102,738 ⁰⁰ | | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ | |
| b. Applicant | \$ | | | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| c. State | \$ | | | | |
| d. Local | \$ | | | | |
| e. Other | \$ | | | | |
| f. Program Income | \$ | | | | |
| g. TOTAL | \$ | 16,102,738 ⁰⁰ | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Type Name of Authorized Representative JUDY VACCARO | | b. Title GRANTS ADMINISTRATOR | | c. Telephone Number (661) 729-2234 | |
| d. Signature of Authorized Representative <i>Judy Vaccaro</i> | | | | e. Date Signed June 13, 2012 | |

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 JUN 13 2012
 STATE CLEARING HOUSE

(Package revised 12/23/03)
**APPLICATION FOR
 FEDERAL ASSISTANCE**

Version 7/03

| | | |
|---|---------------------------------------|--|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 2. DATE SUBMITTED May, 2012 | Applicant Identifier |
| | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier 3-06-0260-TBD |

RECEIVED
 JUN 14 2012
 STATE CLEARING HOUSE

| | | |
|---|-----------------------------|---|
| 5. APPLICANT INFORMATION Legal Name: County of San Joaquin | | Organizational Unit: Department: Stockton Metropolitan Airport |
| Organizational DUAS: 087226056 | | Division: |
| Address: Street: 5000 S. Airport Way, Rm 202 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Patrick |
| City: Stockton | | Middle Name: |
| County: San Joaquin | | Last Name: Carreno |
| State: California | Zip Code: 95206-3996 | Suffix: |
| Country: United States of America | | Email: pcarreno@sjgov.org |

| | | |
|--|---|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 6 0 0 0 5 3 1 | Phone number (give area code): (209) 468-4700 | FAX number (give area code): (209) 468-4730 |
|--|---|---|

| | |
|---|---|
| 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) | 7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> C Other (specify): |
|---|---|

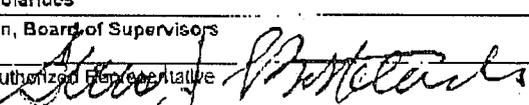
| | |
|---|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 - 1 0 6 | 9. NAME OF FEDERAL AGENCY Federal Aviation Administration |
|---|---|

| | |
|--|---|
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Stockton, San Joaquin County, California | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reconstruct Portions of Terminal Apron (Construction and Construction Administration) |
|--|---|

| | |
|--|--|
| 13. PROPOSED PROJECT Start Date: September, 2012 Ending Date: December, 2012 | 14. CONGRESSIONAL DISTRICTS OF a. Applicant: 11 b. Project: 11 |
|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|--------------------|--------------------|-----|--------------|----|--|-----|----------|----|--|-----|----------|----|------------------|-----|----------|----|--|-----|-------------------|----|--|-----|----------|----|--------------------|-----|---|
| 15. ESTIMATED FUNDING <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>\$1,998,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>\$222,000</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>\$2,220,000</td> <td>.00</td> </tr> </table> | a. Federal | \$ | \$1,998,000 | .00 | b. Applicant | \$ | | .00 | c. State | \$ | | .00 | d. Local | \$ | \$222,000 | .00 | e. Other | \$ | | .00 | f. Program income | \$ | | .00 | g. TOTAL | \$ | \$2,220,000 | .00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May, 2012 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ | \$1,998,000 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | \$222,000 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Program income | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | \$2,220,000 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes (if "Yes" attach an explanation) <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | |
|--|-------------------------|---|
| a. Authorized Representative | | |
| Prefix Supervisor Steve | First Name Steve | Middle Name |
| Last Name Bestolarides | | Suffix |
| b. Title Chairman, Board of Supervisors | | c. Telephone number (give area code) (209) 468-3113 |
| d. Signature of Authorized Representative  | | e. Date Signed 5/7/12 |

| | | |
|--|--|--|
| 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: 1650 | | *5b. Federal Award Identifier: |
| State Use Only: | | |
| 6. Date Received by State: | | 7. State Application Identifier: |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: City of Commerce, CA | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006477 | | *c. Organizational DUNS: 76943018 |
| d. Address: | | |
| *Street 1: <u>5555 Jillson Street</u> Street 2: _____ *City: <u>Commerce</u> County: <u>Los Angeles</u> *State: <u>CA</u> Province: _____ *Country: <u>United States</u> *Zip / Postal Code: <u>90040</u> | | |
| e. Organizational Unit: | | |
| Department Name: Transportation Department | | Division Name: |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: <u>Mr.</u> *First Name: <u>Martin</u> | | |
| Middle Name: _____ | | |
| *Last Name: <u>Gombert</u> | | |
| Suffix: _____ | | |
| Title: <u>Project Manager</u> | | |
| Organizational Affiliation: | | |
| *Telephone Number: 323-887-4419 | | Fax Number: 323-724-2776 |
| *Email: marting@ci.commerce.ca.us | | |

RECEIVED
 JUN 14 2012

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

City of Commerce, CA

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

Purchase of one (1) replacement paratransit bus, CNG-powered

Rehabilitation of Metrolink Avenue 26th Street Station

Capital Maintenance-Fuels



[Empty rectangular box]

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: 34th *b. Program/Project:

17. Proposed Project:
*a. Start Date: 10/01/2012 *b. End Date: 06/30/2014

18. Estimated Funding (\$):

| | |
|--------------------|--------|
| *a. Federal | 631000 |
| *b. Applicant | _____ |
| *c. State | _____ |
| *d. Local | _____ |
| *e. Other | _____ |
| *f. Program Income | _____ |
| *g. TOTAL | 631000 |

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

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

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

Authorized Representative:

Prefix: Mr. *First Name: Claude
 Middle Name: _____
 *Last Name: McFerguson
 Suffix: _____

*Title: Director of Transportation

*Telephone Number: 323-887-4419 Fax Number: 323-724-2776

* Email: claudem@ci.commerce.ca.us

*Signature of Authorized Representative:  *Date Signed: 06/14/12

| | | | |
|--|---|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 6/8/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Program Management | RECEIVED JUN 14 2012 STATE CLEARING HOUSE |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award) | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District | |
| 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: Federal Transit Administration | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-507 | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Growing States - PM Rail, CA-90-Y969-01 | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 7/1/12 | Ending Date 6/30/13 | a. Applicant Districts 26, 28, 31, 32, 34, 35, 37, 38 | b. Project Same as Applicant |

| | | | |
|-----------------------|-----------------|--|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 1,859,586.00 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/8/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 371,917.00 | | |
| e Other | \$.00 | | |
| f Program Income | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |
| g TOTAL | \$ 2,231,503.00 | | |

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

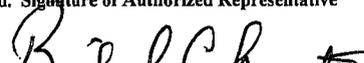
| | | |
|--|--|---|
| a Typed Name of Authorized Representative RICHARD CHRISTIE | b Title Transportation Planning Manager V | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative  | e. Date Signed 6/8/12 | |



| | | | |
|--|-------------------------------|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 06/12/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Program Management | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | RECEIVED JUN 14 2012 | |
| 8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award) <input checked="" type="checkbox"/> | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | STATE CLEARING HOUSE State Chartered Transit District | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program - Acquisition of Buses, CA-95-X042-02 | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 3/2/12 | Ending Date 6/30/16 | a. Applicant Districts 25 - 39, 42 and 46 | b. Project same as applicant |

| | | | |
|-----------------------|-----------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 8,633,000.00 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/12/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 1,118,497.00 | 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 | \$ 9,751,497.00 | | |

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

| | | | |
|---|--|--|---|
| a Typed Name of Authorized Representative RICHARD CHRISTIE | | b Title Transportation Planning Manager | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative  | | e. Date Signed 06/12/12 | |



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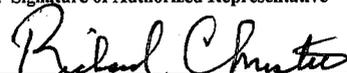
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|---|-------------------------------|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 06/11/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Organizational Unit: Regional Program Management | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation Revision - A (Increase of Award) | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | State Chartered Transit District | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program - Metro Orange Line Operating Assistance, CA-95-X208 | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 6/30/12 | Ending Date 6/30/15 | a. Applicant Districts 25 - 39, 42 and 46 | b. Project Districts 27 and 30 |

RECEIVED
 JUN 14 2012
 STATE CLEARING HOUSE

| | | | |
|------------------------------|------------------|---|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 15,000,000.00 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/12/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$.00 | | |
| e Other | \$.00 | | |
| f Program Income | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| g TOTAL | \$ 15,000,000.00 | <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |

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

| | | |
|---|--|---|
| a Typed Name of Authorized Representative RICHARD CHRISTIE | b Title Transportation Planning Manager | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative  | e. Date Signed 06/12/12 | |



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| | | |
|---|--|--|
| 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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision | *Other (Specify) _____ <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: auto;"> RECEIVED JUN 14 2012 </div> |
| 3. Date Received: _____ | | 4. Applicant Identifier: _____ |
| 5a. Federal Entity Identifier: 12-9419-0074 | 5b. Federal Award Identifier: 11-9419-0074-CA | STATE CLEARING HOUSE |
| State Use Only: | | |
| 6. Date Received by State: _____ | 7. State Application Identifier: _____ | |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: The Regents of the University of California | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494 | *c. Organizational DUNS: 04-712-0084 | |
| d. Address: | | |
| *Street 1: | <u>Office of Research - Sponsored Programs</u> | |
| Street 2: | <u>1850 Research Park Drive, Suite 300</u> | |
| *City: | <u>Davis</u> | |
| County: | <u>Yolo</u> | |
| *State: | <u>CA</u> | |
| Province: | _____ | |
| *Country: | <u>United States</u> | |
| *Zip / Postal Code | <u>95618</u> | |
| e. Organizational Unit: | | |
| Department Name: CA Animal Health & Food Safety Laboratory System | Division Name: _____ | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: _____ | *First Name: _____ | |
| Middle Name: _____ | _____ | |
| *Last Name: _____ | _____ | |
| Suffix: _____ | _____ | |
| Title: _____ | | |
| Organizational Affiliation: _____ | | |
| *Telephone Number: 530-754-8266 | Fax Number: 530-754-8229 | |
| *Email: _____ | | |

| Application for Federal Assistance SF-424 | Version 02 |
|--|------------|
| <p>*9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p> | |
| <p>*10 Name of Federal Agency: USDA, APHIS, VS</p> | |
| <p>11. Catalog of Federal Domestic Assistance Number: 10.025</p> <p>CFDA Title: Plant and Animal Diseases, Pest Control and Animal Care</p> | |
| <p>*12 Funding Opportunity Number: _____</p> <p>*Title: _____</p> | |
| <p>13. Competition Identification Number: _____</p> <p>Title: _____</p> | |
| <p>14. Areas Affected by Project (Cities, Counties, States, etc.): California and any other support of NAHLN as required</p> | |
| <p>*15. Descriptive Title of Applicant's Project: Classical swine fever surveillance</p> | |

| | | |
|---|--------------------|---|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| *a. Applicant: One | | *b. Program/Project: Classical Swine Fever Surveillance |
| 17. Proposed Project: | | |
| *a. Start Date: 08/01/2012 | | *b. End Date: 03/31/2013 |
| 18. Estimated Funding (\$): | | |
| *a. Federal | 41,019 | |
| *b. Applicant | | |
| *c. State | | |
| *d. Local | | |
| *e. Other | | |
| *f. Program Income | | |
| *g. TOTAL | 41,019 | |
| *19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/14/12</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372 | | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) | | |
| <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions | | |
| Authorized Representative: | | |
| Prefix: _____ | *First Name: _____ | |
| Middle Name: _____ | | |
| *Last Name: _____ | | |
| Suffix: _____ | | |
| *Title: _____ | | |
| *Telephone Number: 530-754-8266 | | Fax Number: 530-754-8229 |
| * Email: _____ | | |
| *Signature of Authorized Representative: _____ | | *Date Signed: _____ |

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

*** 1. NAME OF FEDERAL AGENCY:**

DOT/ Federal Transit Administration

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20.507

CFDA TITLE:

Federal Transit - Formula Grants (A)

RECEIVED
JUN 14 2012
STATE CLEARING HOUSE

*** 3. DATE RECEIVED:**

Completed Upon Submission to Grants.gov

SYSTEM USE ONLY

*** 4. FUNDING OPPORTUNITY NUMBER:**

N/A

*** TITLE:**

N/A

5. APPLICANT INFORMATION

*** a. Legal Name:**

Long Beach Public Transportation Company (Long Beach Transit)

b. Address:

*** Street1:**

1963 E. Anaheim St.

Street2:

*** City:**

Long Beach

County/Parish:

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip/Postal Code:**

90801-0731

c. Web Address:

http://

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

Noneprofit w/ 501C3 IRS status (other than edu)

Type of Applicant:

Type of Applicant:

*** Other (specify):**

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

94-1086275

*** f. Organizational DUNS:**

050125194

*** g. Congressional District of Applicant:**

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

6. PROJECT INFORMATION

*** a. Project Title:**

FY12 Bus and Bus Facilities section 5307 grant

*** b. Project Description:**

The Long Beach Public Transportation Company (Long Beach Transit) hereby requests section 5307, Bus and Bus Facilities capital grant funds, under grant application CA-90-Y957 for the following:

1. Bus Capital/ Associated Capital (Including purchase of bus components, tires, information systems/ computer equipment, office equipment, safety/ security equipment, shop equipment).
2. Clean Fuel Bus Replacement (10 Gasoline-Electric Hybrids)
3. Capitalization of Preventive Maintenance

c. Proposed Project:

* Start Date:

08/01/2012

* End Date:

01/15/2016



APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

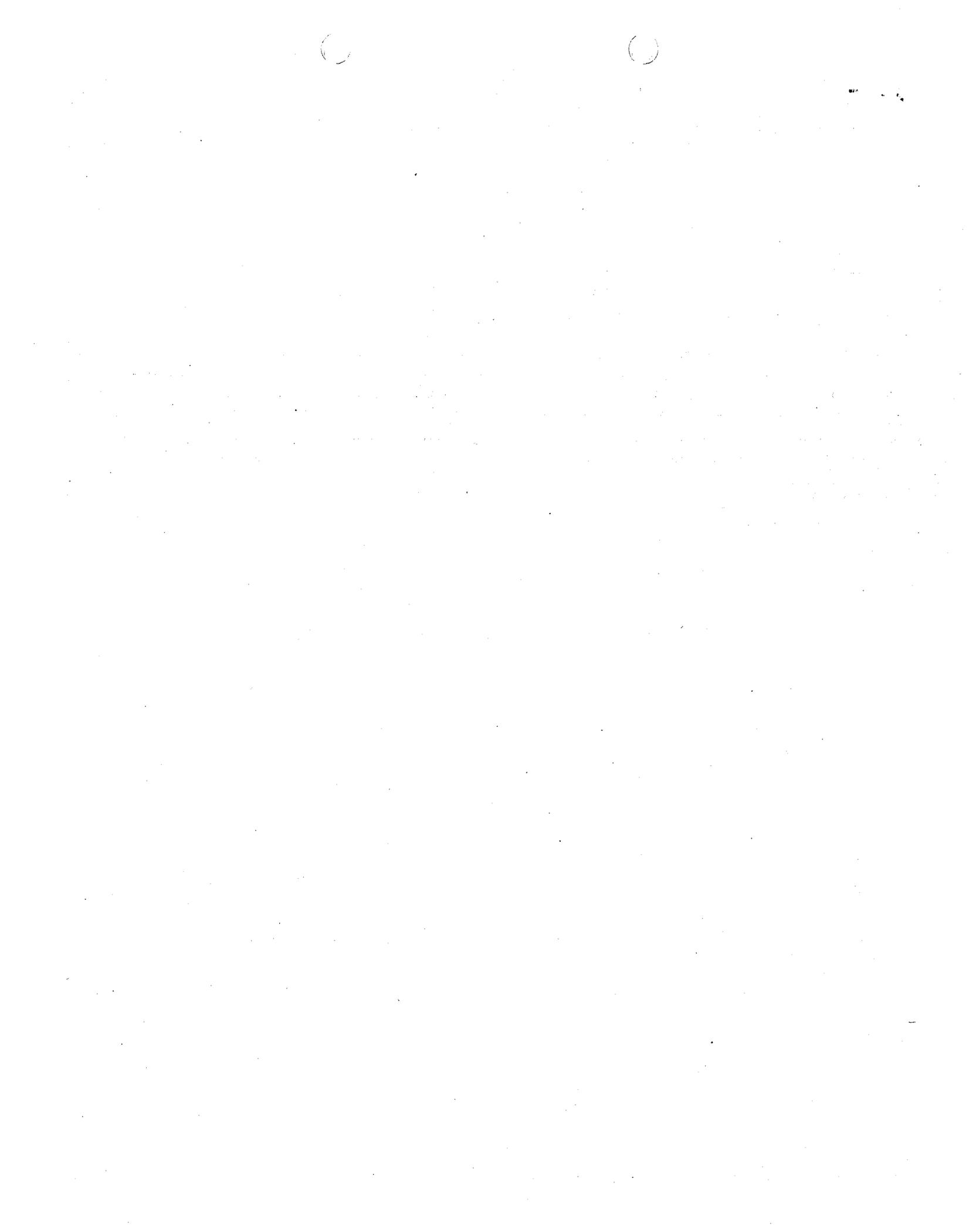
9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept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

** I Agree

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

AUTHORIZED REPRESENTATIVE

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



APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

| | | |
|---|--|---|
| Prefix: <input type="text"/> | * First Name: <input type="text"/> | Middle Name: W. <input type="text"/> |
| * Last Name: <input type="text"/> | Suffix: <input type="text"/> | |
| * Title: <input type="text"/> | * Email: <input type="text"/> | |
| * Telephone Number: <input type="text"/> | Fax Number: <input type="text"/> | |
| * Street1: <input type="text"/> | Street2: <input type="text"/> | |
| * City: <input type="text"/> | County/Parish: <input type="text"/> | |
| * State: <input type="text"/> | Province: <input type="text"/> | |
| * Country: USA: UNITED STATES | * Zip/Postal Code: <input type="text"/> | |

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

Same as Project Director (skip to item 9):

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



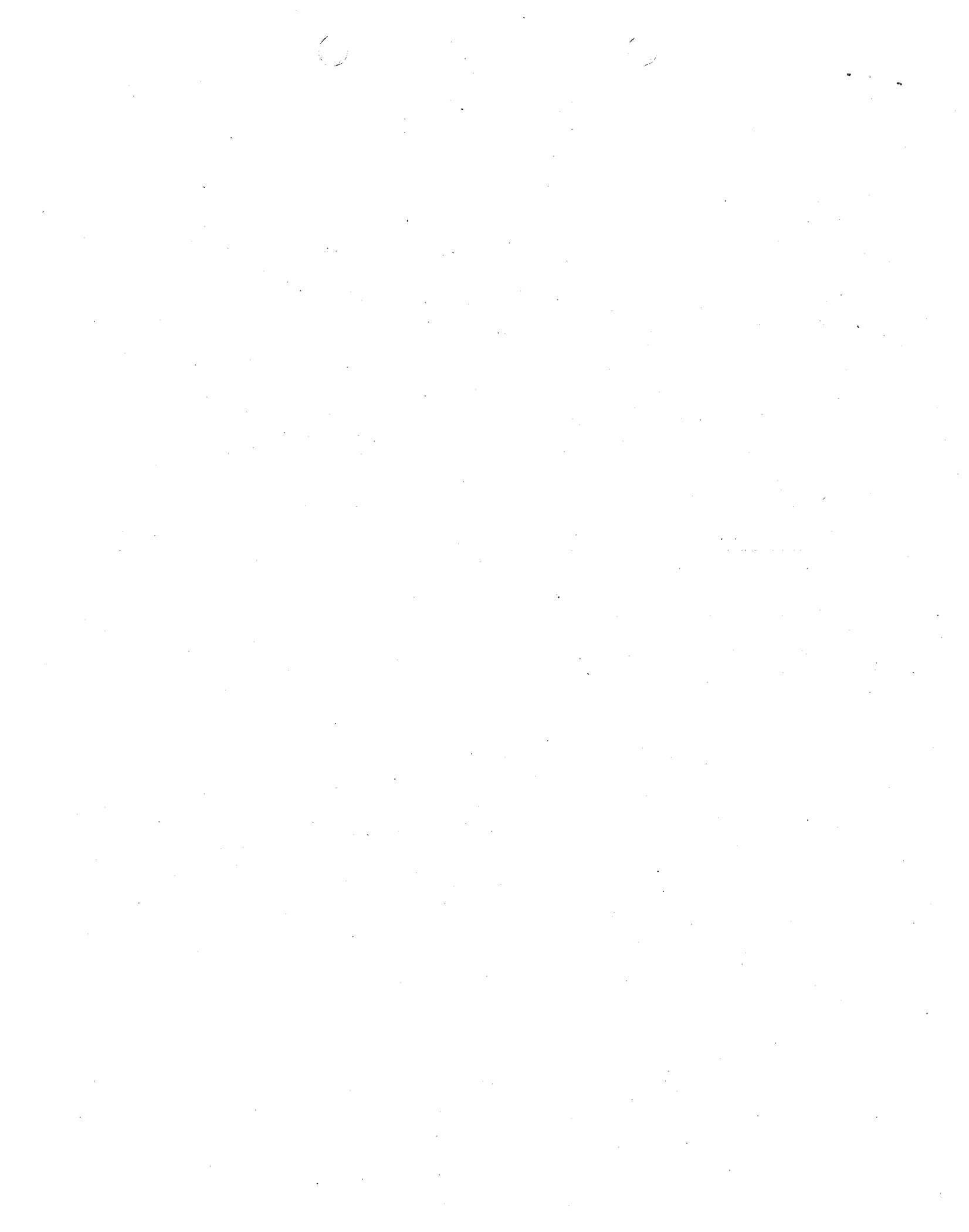
**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

| | | | |
|---|--|--|--|
| 1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | 3. DATE RECEIVED BY STATE State Application Identifier _____ | |
| 2. DATE SUBMITTED 05/30/2012 | | 4. a. Federal Identifier _____ b. Agency Routing Identifier _____ | |
| 6. APPLICANT INFORMATION * Legal Name: Larta Institute Department: _____ Division: _____ * Street1: 606 South Olive Street Street2: Ste 650 * City: Los Angeles County / Parish: _____ * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 900141790 | | * Organizational DUNS: 966257016 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> RECEIVED JUN 14 2012 STATE CLEARING HOUSE </div> | |
| Person to be contacted on matters involving this application Prefix: Mr. * First Name: Rohit Middle Name: _____ * Last Name: Shukla Suffix: _____ * Phone Number: 213-538-1455 Fax Number: _____ Email: rshukla@larta.org | | | |
| 6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 954609347 | | | |
| 7. * TYPE OF APPLICANT: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) Other (Specify): _____ Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged | | | |
| 8. * TYPE OF APPLICATION: If Revision, mark appropriate box(es). <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> E. Other (specify): _____ | | | |
| * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? _____ | | | |
| 9. * NAME OF FEDERAL AGENCY: National Institute of Food and Agriculture | | 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212 TITLE: Small Business Innovation Research | |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Commercialization Assistance Program for USDA Phase I SBIR Awardees | | | |
| 12. PROPOSED PROJECT: * Start Date 09/01/2012 * Ending Date 12/31/2012 | | * 13. CONGRESSIONAL DISTRICT OF APPLICANT CA-034 | |
| 14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: Mr. * First Name: Rohit Middle Name: _____ * Last Name: Shukla Suffix: _____ Position/Title: Chief Executive Officer * Organization Name: Larta Institute Department: _____ Division: _____ * Street1: 606 South Olive Street Street2: Ste 650 * City: Los Angeles County / Parish: _____ * State: CA: California Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 900141790 * Phone Number: 213-538-1455 Fax Number: _____ * Email: rshukla@larta.org | | | |



SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

| | | | | | | | | | |
|---|----------------------------------|------------|----------------------------|------|--------------------------------------|------------|-----------------------------|------|---|
| <p>15. ESTIMATED PROJECT FUNDING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Total Federal Funds Requested</td> <td style="width:70%;">150,000.00</td> </tr> <tr> <td>b. Total Non-Federal Funds</td> <td>0.00</td> </tr> <tr> <td>c. Total Federal & Non-Federal Funds</td> <td>150,000.00</td> </tr> <tr> <td>d. Estimated Program Income</td> <td>0.00</td> </tr> </table> | a. Total Federal Funds Requested | 150,000.00 | b. Total Non-Federal Funds | 0.00 | c. Total Federal & Non-Federal Funds | 150,000.00 | d. Estimated Program Income | 0.00 | <p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: 06/13/2012</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p> |
| a. Total Federal Funds Requested | 150,000.00 | | | | | | | | |
| b. Total Non-Federal Funds | 0.00 | | | | | | | | |
| c. Total Federal & Non-Federal Funds | 150,000.00 | | | | | | | | |
| d. Estimated Program Income | 0.00 | | | | | | | | |
| <p>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 18, Section 1001)</p> <p><input checked="" type="checkbox"/> * I agree</p> <p><small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement of agency specific instructions.</small></p> | | | | | | | | | |
| <p>18. SFLLL or other Explanatory Documentation</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> Add Attachment Delete Attachment View Attachment </div> | | | | | | | | | |
| <p>19. Authorized Representative</p> <p>Prefix: Mr. * First Name: Rohit Middle Name: <input style="width: 150px;" type="text"/></p> <p>* Last Name: Shukla Suffix: <input style="width: 100px;" type="text"/></p> <p>* Position/Title: Chief Executive Officer</p> <p>* Organization: Larta Institute</p> <p>Department: <input style="width: 150px;" type="text"/> Division: <input style="width: 150px;" type="text"/></p> <p>* Street1: 606 South Olive Street</p> <p>Street2: Ste 650</p> <p>* City: Los Angeles County / Parish: <input style="width: 150px;" type="text"/></p> <p>* State: CA: California Province: <input style="width: 100px;" type="text"/></p> <p>* Country: USA: UNITED STATES * ZIP / Postal Code: 900141790</p> <p>* Phone Number: 213-538-1455 Fax Number: <input style="width: 100px;" type="text"/></p> <p>* Email: rshukla@larta.org</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 2px;">Completed on submission to Grants.gov</div> </div> <div style="width: 45%;"> <p>* Date Signed</p> <div style="border: 1px solid black; padding: 2px;">Completed on submission to Grants.gov</div> </div> </div> | | | | | | | | | |
| <p>20. Pre-application</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; gap: 10px;"> Add Attachment Delete Attachment View Attachment </div> | | | | | | | | | |



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

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|----------------------|---|---|-------------------------------------|----------------------|---|---|--|----------------------|--|--|---|------------------------------------|
| Application for Federal Assistance SF-424 | | Version 02 | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:33%; border: none;"> * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:33%; border: none;"> * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> </td> </tr> </table> | | | * 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): <input type="text"/> * Other (Specify) <input type="text"/> | | | | | | | | | | | | | |
| * 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): <input type="text"/> * Other (Specify) <input type="text"/> | | | | | | | | | | | | | | | | |
| * 3. Date Received: <input type="text" value="06/13/2012"/> | | 4. Applicant Identifier: <input type="text"/> | | | | | | | | | | | | | | | | |
| 6a. Federal Entity Identifier: <input type="text"/> | | * 5b. Federal Award Identifier: <input type="text" value="STATE CLEARING HOUSE"/> | | | | | | | | | | | | | | | | |
| State Use Only: | | | | | | | | | | | | | | | | | | |
| 6. Date Received by State: <input type="text" value="04/01/2012"/> | | 7. State Application Identifier: <input type="text" value="G1298029"/> | | | | | | | | | | | | | | | | |
| 8. APPLICANT INFORMATION: | | | | | | | | | | | | | | | | | | |
| * a. Legal Name: <input type="text" value="State of California"/> | | | | | | | | | | | | | | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/> | | * c. Organizational DUNS: <input type="text" value="808322358"/> | | | | | | | | | | | | | | | | |
| d. Address: | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:15%;">* Street1:</td> <td><input type="text" value="1831 9th Street"/></td> </tr> <tr> <td>Street2:</td> <td><input type="text"/></td> </tr> <tr> <td>* City:</td> <td><input type="text" value="Sacramento"/></td> </tr> <tr> <td>County:</td> <td><input type="text"/></td> </tr> <tr> <td>* State:</td> <td><input type="text" value="CA: California"/></td> </tr> <tr> <td>Province:</td> <td><input type="text"/></td> </tr> <tr> <td>* Country:</td> <td><input type="text" value="USA: UNITED STATES"/></td> </tr> <tr> <td>* Zip / Postal Code:</td> <td><input type="text" value="95811"/></td> </tr> </table> | | | * Street1: | <input type="text" value="1831 9th Street"/> | Street2: | <input type="text"/> | * City: | <input type="text" value="Sacramento"/> | County: | <input type="text"/> | * 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="95811"/> |
| * Street1: | <input type="text" value="1831 9th Street"/> | | | | | | | | | | | | | | | | | |
| Street2: | <input type="text"/> | | | | | | | | | | | | | | | | | |
| * City: | <input type="text" value="Sacramento"/> | | | | | | | | | | | | | | | | | |
| County: | <input type="text"/> | | | | | | | | | | | | | | | | | |
| * 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="95811"/> | | | | | | | | | | | | | | | | | |
| e. Organizational Unit: | | | | | | | | | | | | | | | | | | |
| Department Name: <input type="text" value="Department of Fish and Game"/> | | Division Name: <input type="text" value="Grants Management Branch"/> | | | | | | | | | | | | | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Prefix: <input type="text" value="Mr."/></td> <td style="width:30%;">* First Name: <input type="text" value="Pete"/></td> </tr> <tr> <td>Middle Name: <input type="text"/></td> <td></td> </tr> <tr> <td>* Last Name: <input type="text" value="Marcellana"/></td> <td></td> </tr> <tr> <td>Suffix: <input type="text"/></td> <td></td> </tr> <tr> <td colspan="2">Title: <input type="text" value="Grants Administrator"/></td> </tr> <tr> <td colspan="2">Organizational Affiliation: <input type="text" value="Grants Management Branch"/></td> </tr> <tr> <td>* Telephone Number: <input type="text" value="916-445-4658"/></td> <td>Fax Number: <input type="text" value="916-327-6320"/></td> </tr> <tr> <td colspan="2">* Email: <input type="text" value="pmarcellana@dfg.ca.gov"/></td> </tr> </table> | | | Prefix: <input type="text" value="Mr."/> | * First Name: <input type="text" value="Pete"/> | Middle Name: <input type="text"/> | | * Last Name: <input type="text" value="Marcellana"/> | | Suffix: <input type="text"/> | | Title: <input type="text" value="Grants Administrator"/> | | Organizational Affiliation: <input type="text" value="Grants Management Branch"/> | | * Telephone Number: <input type="text" value="916-445-4658"/> | Fax Number: <input type="text" value="916-327-6320"/> | * Email: <input type="text" value="pmarcellana@dfg.ca.gov"/> | |
| Prefix: <input type="text" value="Mr."/> | * First Name: <input type="text" value="Pete"/> | | | | | | | | | | | | | | | | | |
| Middle Name: <input type="text"/> | | | | | | | | | | | | | | | | | | |
| * Last Name: <input type="text" value="Marcellana"/> | | | | | | | | | | | | | | | | | | |
| Suffix: <input type="text"/> | | | | | | | | | | | | | | | | | | |
| Title: <input type="text" value="Grants Administrator"/> | | | | | | | | | | | | | | | | | | |
| Organizational Affiliation: <input type="text" value="Grants Management Branch"/> | | | | | | | | | | | | | | | | | | |
| * Telephone Number: <input type="text" value="916-445-4658"/> | Fax Number: <input type="text" value="916-327-6320"/> | | | | | | | | | | | | | | | | | |
| * Email: <input type="text" value="pmarcellana@dfg.ca.gov"/> | | | | | | | | | | | | | | | | | | |

RECEIVED

JUN 14 2012

STATE CLEARING HOUSE

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:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12A800047

*** Title:**

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

13. Competition Identification Number:

Title:

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

Statewide

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

Stream & Lake Improvement (Region 3)

Attach supporting documents as specified in agency instructions.

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

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="393,064.00"/> |
| * b. Applicant | <input type="text" value="0.00"/> |
| * c. State | <input type="text" value="131,021.00"/> |
| * 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="524,085.00"/> |

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

| | | | | | |
|--|--|---|--|--|---|
| Application for Federal Assistance SF-424 | | Version 02 | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:33%; vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:33%; vertical-align: top;"> <p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/> </p> </td> </tr> </table> | | | <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(s): <input type="text"/> * Other (Specify) <input type="text"/> </p> |
| <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(s): <input type="text"/> * Other (Specify) <input type="text"/> </p> | | | |
| <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED JUN 15 2012 STATE CLEARING HOUSE</p> </div> | | | | | |
| * 3. Date Received: 06/14/2012 | | * 4. Applicant Identifier: <input type="text"/> | | | |
| * 5a. Federal Entity Identifier: <input type="text"/> | | * 5b. Federal Award Identifier: <input type="text"/> | | | |
| State Use Only: | | | | | |
| * 6. Date Received by State: <input type="text"/> | | * 7. State Application Identifier: G1298053 | | | |
| 8. APPLICANT INFORMATION: | | | | | |
| * a. Legal Name: state of California | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567 | | * c. Organizational DUNS: 808322358 | | | |
| 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 | | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: Fish and Game | | Division Name: Grants Management Branch | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: <input type="text"/> | * First Name: Steve | | | | |
| Middle Name: <input type="text"/> | | | | | |
| * Last Name: Wong | | | | | |
| Suffix: <input type="text"/> | | | | | |
| Title: Grant Administrator | | | | | |
| Organizational Affiliation: <input type="text"/> | | | | | |
| * Telephone Number: (916) 445-3694 | | Fax Number: <input type="text"/> | | | |
| * Email: scwong@dfg.ca.gov | | | | | |

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

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:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

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

13. Competition Identification Number:

Title:

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

Yolo County

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

Fisheries Habitat Shop Building Expansion

Attach supporting documents as specified in agency instructions.

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

| | | |
|---|------------------|----------------------|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| * a. Applicant | 3 | * b. Program/Project |
| | | 1 |
| Attach an additional list of Program/Project Congressional Districts If needed. | | |
| <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> | | |
| 17. Proposed Project: | | |
| * a. Start Date: | 07/01/2012 | * b. End Date: |
| | | 06/30/2013 |
| 18. Estimated Funding (\$): | | |
| * a. Federal | | 263,300.00 |
| * b. Applicant | | 0.00 |
| * c. State | | 87,767.00 |
| * d. Local | | 0.00 |
| * e. Other | | 0.00 |
| * f. Program Income | | 0.00 |
| * g. TOTAL | | 351,067.00 |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| <input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06/14/2012 | | |
| <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. | | |
| <input type="checkbox"/> c. Program is not covered by E.O. 12372. | | |
| * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explanation | | |
| 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 | | |
| <small>** 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.</small> | | |
| Authorized Representative: | | |
| Prefix: | Mrs. | * First Name: |
| | | Lisa |
| Middle Name: | | |
| * Last Name: | Baya | |
| Suffix: | | |
| * Title: | SSMI | |
| * Telephone Number: | (916) 445-3701 | Fax Number: |
| | | |
| * Email: | lbaya@dfg.ca.gov | |
| * Signature of Authorized Representative: | Lisa Baya | * Date Signed: |
| | | 06/14/2012 |

| | | | |
|--|-------------------------------|--|-------------------------------------|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 6/11/12 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | |
| <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | State Application Identifier | |
| 5. APPLICANT INFORMATION | | 4. DATE RECEIVED BY FEDERAL AGENCY | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | Federal Identifier | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | Organizational Unit: Programming & Policy Analysis | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Diego Ramirez (213) 922-2468 | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-516 | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: JARC - 5316 - CA-37-X071-04 | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | |
| Start Date 3/6/2007 | Ending Date 10/31/2015 | a. Applicant Districts 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 42, 46 | b. Project Same as Applicant |

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JUN 15 2012
STATE CLEARING HOUSE

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|-----------------------|---------------|--|--|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 603,870.00 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/11/12</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$.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 | \$ 603,870.00 | | |

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

| | | |
|--|---|---|
| a Typed Name of Authorized Representative RICHARD CHRISTIE | b Title Transportation Planning Manager Regional Program Management | c Telephone number (213) 922-6022 |
| d. Signature of Authorized Representative  | e. Date Signed 6/11/2012 | |



1
2
3
4

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

1970

1970

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|--|----------------------------------|--|---|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 06/15/2012 | Applicant Identifier CA-04-0253 |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | | State Application Identifier |
| 6. APPLICANT INFORMATION | | 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier CA-04-0253 | |
| Legal Name: Foothill Transit | | Organizational Unit: Department: Finance | |
| Organizational DUNS: 94-384-2124 | | Division: | |
| Address: Street: 100 S. Vincent Avenue, Suite 200 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gil | |
| City: West Covina | | Middle Name: | |
| County: Los Angeles | | Last Name: Victorio | |
| State: CA | Zip Code: 91791 | Suffix: NA | |
| Country: USA | | Email: gvictorio@foothilltransit.org | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4868218 | | Phone Number (give area code) (626) 931-7227 | Fax Number (give area code) (626) 931-7327 |
| B. 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.) | | 7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority | |
| Other (specify) | | 9. NAME OF FEDERAL AGENCY: Federal Transit Authority | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 20-500 | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Covina Park and Ride | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,29,32,38 & 42 b. Project Same | |
| 13. PROPOSED PROJECT Start Date: 02/15/2011 Ending Date: 08/15/2012 | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/15/2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| 15. ESTIMATED FUNDING: | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| a. Federal | \$ | 1,204,456 | |
| b. Applicant | \$ | | |
| c. State | \$ | | |
| d. Local | \$ | 301,114 | |
| e. Other | \$ | | |
| f. Program Income | \$ | | |
| g. TOTAL | \$ | 1,505,570 | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Authorized Representative | | | |
| Prefix Mr. | First Name Gil | Middle Name | |
| Last Name Victorio | Title Finance Manager | | Suffix |
| d. Signature of Authorized Representative | | c. Telephone Number (give area code) (626) 931-7227 | e. Date Signed 06/15/2012 |

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 JUN 15 2012
 STATE CLEARING HOUSE

C

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all data is entered correctly and consistently.

3. Regular audits should be conducted to verify the accuracy of the information.

4. The following table provides a summary of the key findings.

5. The results indicate a significant increase in efficiency.

6. This improvement is attributed to the implementation of the new system.

7. The data shows a clear trend towards better performance.

8. The overall impact has been positive and measurable.

9. The findings support the decision to invest in this technology.

10. The next steps will be to continue monitoring the progress.

11. It is expected that further improvements will be realized.

12. The team is committed to ensuring the highest quality of service.

13. The project has been completed successfully.

14. The final report will be submitted by the end of the month.

15. Thank you for your attention and support.

16. We look forward to continuing our partnership.

17. The information provided is for your reference only.

18. All rights reserved. No part of this document may be reproduced.

19. The document is confidential and should be handled accordingly.

20. The end of the document.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

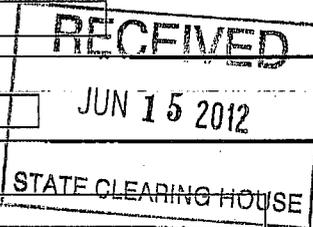
* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

* 6b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1298001

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

809322358

d. Address:

* Street1:

1831 9th STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

MR.

* First Name:

JASON

Middle Name:

* Last Name:

WILLIAMS

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

Grants Management Branch

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

6. 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:

F12AS00019

* Title:

RB (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.):

Del Norte, Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama and Trinity Counties

* 15. Descriptive Title of Applicant's Project:

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 1

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

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 | 1,561,307.00 |
| * b. Applicant | 0.00 |
| * c. State | 520,436.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 23,737.00 |
| * g. TOTAL | 2,105,480.00 |

*** 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:

