

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 05/30/13	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
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Grants Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) <b>95 - 440 1975</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20507</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5307 Urbanized Area Formula Program – CMAQ CA-95-X251</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>10/21/13</b>	Ending Date <b>2/28/22</b>	a. Applicant <b>Districts 34</b>	b. Project <b>Same as Applicant</b>

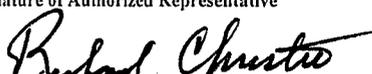
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JUN 03 2013

STATE CLEARING HOUSE

<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?</b>	
a Federal	\$ 64,000,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>5/30/13</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	\$ 8,291,878.00		
e Other	\$ .00		
f Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 72,291,878.00		

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 <b>RICHARD CHRISTIE</b>	b Title Transportation Planning Manager	c Telephone number <b>(213) 922-6022</b>
d. Signature of Authorized Representative 	e. Date Signed 5/30/13 <b>5/30/2013</b>	

# COPY

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 5/31/13	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: County of Glenn	<b>Organizational Unit:</b> Department: Planning and Public Works Agency
Organizational DUNS: 82796439	Division: Solid Waste
<b>Address:</b> Street: 777 N. Colusa St.	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: John
City: Willows	Middle Name
County: Glenn	Last Name Linhart
State: CA	Zip Code 95988
Country: United States	Email: jlinhart@countyofglenn.net

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6000691

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

**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)

**9. NAME OF FEDERAL AGENCY:**  
United States Department of Agriculture

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
10-760

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Glenn County Landfill Closure and Transfer Station

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Glenn County, City of Willows, City of Orland

**13. PROPOSED PROJECT**  
Start Date: December 2014  
Ending Date: Fall 2018

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 3rd  
b. Project 3rd

**15. ESTIMATED FUNDING:**

a. Federal	\$	.00
b. Applicant	\$	3,612,669
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	3,612,669

**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: 5/31/13  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix Mr.	First Name John	Middle Name
Last Name Linhart	Suffix	
b. Title Director, Planning and Public Works	c. Telephone Number (give area code) (530) 934- 6530	
d. Signature of Authorized Representative	e. Date Signed 5/31/13	

OMB Number: #040-0004  
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):

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

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5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

JUN -4 2013

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

University Enterprises, Inc., on behalf of CSU Sacramento

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

941337638

\* c. Organizational DUNS:

0290317960000

d. Address:

\* Street1:

6000 J Street

Street2:

\* City:

Sacramento

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95819-6111

e. Organizational Unit:

Department Name:

Research Administration

Division Name:

Academic Affairs

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

Prefix:

Dr.

\* First Name:

Mathew

Middle Name:

C.

\* Last Name:

Schmidtlein

Suffix:

Title:

Assistant Professor - Geography

Organizational Affiliation:

California State University, Sacramento

\* Telephone Number:

916-278-7501

Fax Number:

\* Email:

schmidmc@saclink.csus.edu

**Application for Federal Assistance SF-424**

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

CSU Sacramento auxiliary org

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

U. S. Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.808

CFDA Title:

U.S. Geological Survey\_ Research and Data Collection

**\* 12. Funding Opportunity Number:**

G13AS00003

\* Title:

USGS Non-Competitive Assistance FY 2013- Sacramento Acquisition Branch

**13. Competition Identification Number:**

G13AS00003

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Demographic and community vulnerability to wildfire hazards in Oregon

Attach supporting documents as specified in agency instructions.

Add Attachment

Delete Attachment

View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-006

b. Program/Project CA-006

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 06/14/2013

\* b. End Date: 10/31/2013

18. Estimated Funding (\$):

* a. Federal	17,165.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	17,165.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/04/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: David

Middle Name:

\* Last Name: Earwicker

Suffix:

\* Title: Assistant Vice President

\* Telephone Number: 916-278-3669 Fax Number: 916-278-6163

\* Email: david.earwicker@csus.edu

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[ ]

\* Other (Specify)

[ ]

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JUN 03 2013  
STATE CLEARING HOUSE

\* 3. Date Received:

[ ]

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

13-8506-0934-GR

\* 5b. Federal Award Identifier:

[ ]

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

12-0403-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

State of California

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

68-0325104

\* c. Organizational DUNS:

807487665

d. Address:

\* Street1:

1220 N Street, Room 315

Street2:

[ ]

\* City:

Sacramento

County:

[ ]

\* State:

California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

[ ]

\* First Name:

Jason

Middle Name:

K

\* Last Name:

Chan

Suffix:

[ ]

Title:

[ ]

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number:

(916) 654-1211

Fax Number:

(916) 654-0555

\* Email:

jason.chan@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Exotic Fruit Fly Survey

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 40

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 1/2/2013

\* b. End Date: 12/31/2013

**18. Estimated Funding (\$):**

\* a. Federal 2,000,000

\* b. Applicant

\* c. State 9,233,528

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 11,233,528

**\* 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 June 3, 2013

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Middle Name: \* First Name: Crystal

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

[ ]

**\* Other (Specify):**

[ ]

**\* 3. Date Received:**

08/05/2013

**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:** Chabad Center of University City

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

26-4554091

**\* c. Organizational DUNS:**

9285115910000

JUN - 4 2013

**d. Address:**

STATE CLEARING HOUSE

**\* Street1:** 3813 Governor Drive

**Street2:**

[ ]

**\* City:** San Diego

**County/Parish:**

[ ]

**\* State:**

CA: California

**Province:**

[ ]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:** 92122-0000

**e. Organizational Unit:**

**Department Name:**

San Diego CCTV Pros

**Division Name:**

Office

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

**Prefix:** Mr.

**\* First Name:** Austyn

**Middle Name:**

[ ]

**\* Last Name:** Griffin

**Suffix:**

[ ]

**Title:** Office Manager

**Organizational Affiliation:**

San Diego CCTV Pros

**\* Telephone Number:** 858-222-7547

**Fax Number:**

[ ]

**\* Email:** office@sandiegocctvpros.com

**Application for Federal Assistance SF-424**

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

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

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Department of Homeland Security - FEMA

**11. Catalog of Federal Domestic Assistance Number:**

97.008

**CFDA Title:**

Non-Profit Security Program

**\* 12. Funding Opportunity Number:**

DHS-13-GPD-008-000-01

**\* Title:**

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

**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:**

Upgrading to a new security system for target hardening, better awareness and faster response. Installing up to date technology- HD camera system, wireless panic button, fences, monitors, access control.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="72,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="72,000.00"/>

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

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

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

- Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name:		Organizational Unit:	
Hardwick Water Company		Department:	
Organizational DUNS: 832879295		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street:		Prefix:	First Name:
14616 Johnson Street		Mr.	Alvin
City: Hanford		Middle Name	
County: Kings		Last Name	
State: CA		Suffix:	
Zip Code: 93230		JUN -5 2013	
Country: USA		Email: leaalvin14616@comcast.net	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>		Phone Number (give area code)	
77-0295699		(559) 584-3764	
<b>8. TYPE OF APPLICATION:</b>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> - Not for profit	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b>	
		USDA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>	
10-760		Hardwick Water System Rehabilitation Project	
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Hardwick in the Unincorporated area of Kings County		a. Applicant	b. Project
		21	21
<b>13. PROPOSED PROJECT</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
Start Date:	Ending Date:	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
January 2014	July 2014	DATE: June 7th 2013	
<b>15. ESTIMATED FUNDING:</b>		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
a. Federal	\$ 688,700	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
c. State	\$ 808,100	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 0		
e. Other	\$ 0		
f. Program Income	\$ 0		
g. TOTAL	\$ 1,484,800		
<b>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.</b>			
a. Authorized Representative			
Prefix	Mr.	First Name	Alvin
Last Name		Middle Name	
Lea		Suffix	
b. Title	President	c. Telephone Number (give area code)	
d. Signature of Authorized Representative		(559) 584-3764	
<i>Alvin Lea</i>		e. Date Signed	
		June 5th 2013	

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected-Application		<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  *Other (Specify) _____
3. Date Received:		4. Applicant Identifier: B-13-UC-06-0507
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>RECEIVED</b> <b>JUN 05 2013</b> <b>STATE CLEARING HOUSE</b>		
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: County of Ventura		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000944		*c. Organizational DUNS: 066691122
<b>d. Address:</b>		
*Street 1:	Hall of Administration	
Street 2:	800 S. Victoria Avenue, L#1940	
*City:	Ventura	
County:	Ventura	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	93009	
<b>e. Organizational Unit:</b>		
Department Name: County Executive Office		Division Name: Regional Development Division
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Ms.	*First Name: Christy
Middle Name:	_____	
*Last Name:	Madden	
Suffix:	_____	
Title:	Deputy Executive Officer	
Organizational Affiliation:		
_____		
*Telephone Number: 805-654-2679		Fax Number: 805-654-5106
*Email: christy.madden@ventura.org		

**Application for Federal Assistance SF-424**

Version 02

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

B.County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.218

CFDA Title:

Community Development Block Grants/Entitlement Grants

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

County of Ventura unincorporated areas, Cities of Fillmore, Moorpark, Ojai, Port Hueneme, Santa Paula

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

Ventura County FY 2013-14 Annual Plan - Community Development Block Grant Program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 23<sup>rd</sup> and 24th

\*b. Program/Project: 23<sup>rd</sup> and 24th

**17. Proposed Project:**

\*a. Start Date: 7/1/2013

\*b. End Date: 6/30/2014

**18. Estimated Funding (\$):**

*a. Federal	_____	\$1,514,082
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$1,514,082

**\*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 5/07/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes       No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr.      \*First Name: Michael

Middle Name: \_\_\_\_\_

\*Last Name: Powers

Suffix: \_\_\_\_\_

\*Title: County Executive Officer

\*Telephone Number: 805-654-2681

Fax Number: 805-654-5106

\* Email: michael.powers@ventura.org

\*Signature of Authorized Representative:

\*Date Signed: May 31, 2013

Authorized for Local Reproduction

### 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: 0848-1597
------------------------------	---------------------------------------

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: Aaron Goldin & Jonathan Pompa

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

RECEIVED

**d. Address:**

* Street1:	2110 Santa Clara Ave APT 109
Street2:	_____
* City:	Alameda
County:	_____
* State:	CA
Province:	_____
* Country:	USA
* Zip / Postal Code:	94501

JUN - 5 2013

STATE CLEARING HOUSE

**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: Aaron
Middle Name: Sargent	_____
* Last Name: Goldin	_____
Suffix: _____	_____

Title: Principle Investigator

Organizational Affiliation:  
\_\_\_\_\_

* Telephone Number: (760) 522-1007	Fax Number: _____
------------------------------------	-------------------

\* Email: aaron.goldin@gmail.com

**Application for Federal Assistance SF-424**

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

L. Individual

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Energy

**11. Catalog of Federal Domestic Assistance Number:**

81 087

CFDA Title:

**\* 12. Funding Opportunity Number:**

DE-FOA-0000848

\* Title:

Marine and Hydrokinetic System Performance Advancement

**13. Competition Identification Number:**

Title:

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

United States of America

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

Gyroscope Based PTO for WECs

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="944,100.00"/>
* b. Applicant	<input type="text" value="240,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,184,100.00"/>

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

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

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

- Yes
  - No
- If "Yes", provide explanation and attach.

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>		<b>*If Revision, select appropriate letter(s):</b>	
<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			
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b>			
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:			
<b>RECEIVED</b> JUN 05 2013 STATE CLEARING HOUSE					
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: State Water Resources Control Board					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281986			*c. Organizational DUNS: 808321913		
<b>d. Address:</b>					
*Street1: 1001 I Street Street 2: *City: Sacramento County: *State: California Province: Country: *Zip/ Postal Code: 95814					
<b>e. Organizational Unit:</b>					
Department Name: CA State Water Resources Control Board			Division Name: Division of Water Quality		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		First Name: Michael			
Middle Name:					
*Last Name: Gjerde					
Suffix:					
Title: Engineering Geologist, Project Manager					
Organizational Affiliation:					
*Telephone Number: (916) 341-5283			Fax Number: (916) 341-5284		
*Email: mgjerde@waterboards.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:

U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.472

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

All of California

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

Implementation of Water Quality Monitoring and Public Notification.

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-6th

\*b. Program/Project: California - All

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

17. Proposed Project:

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

\*b. End Date: 09/30/2014

**18. Estimated Funding (\$):**

*a. Federal	\$480,000.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$480,000.00

**\*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 June 5, 2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: \*First Name: Thomas

Middle Name:

\*Last Name: Howard

Suffix:

\*Title: Executive Director

\*Telephone Number: 916-341-5615

Fax Number: 916-341-5621

\*Email: thoward@waterboards.ca.gov

\*Signature of Authorized Representative:

Date Signed: 6/7/13

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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 06/06/2013	4. Applicant Identifier: <input type="text"/>	<b>RECEIVED</b>  <b>JUN -6 2013</b>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: STATE CLEARING HOUSE	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: California State University, East Bay Foundation, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1524922	* c. Organizational DUNS: 1940443350000	
<b>d. Address:</b>		
* Street1: 25800 Carlos Bee Boulevard	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: Hayward	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 94542-3000	<input type="text"/>	
<b>e. Organizational Unit:</b>		
Department Name: Research & Sponsored Programs	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Dr.	* First Name: Mitchell	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Craig	<input type="text"/>	
Suffix: Ph.D	<input type="text"/>	
Title: Prof & Chair, Dept of Earth & Env. Sciences		
Organizational Affiliation: California State University, East Bay		
* Telephone Number: (510) 885-3425	Fax Number: (510) 885-2526	<input type="text"/>
* Email: mitchell.craig@csueastbay.edu		

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U. S. Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

CFDA Title:

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

\* Title:

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

Title:

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

[Redacted]

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

Improvements to the Near Surface Velocity Model of the Sacramento-San Joaquin Delta

Attach supporting documents as specified in agency instructions.

[Redacted]



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):

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

State Use Only:

JUN -6 2013

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name:

Friends of Chabad Lubavitch, San Diego, Inc.

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

33-0147470

\* c. Organizational DUNS:

1652693410000

d. Address:

\* Street1:

10785 Pomerado Road

Street2:

\* City:

San Diego

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

92131-1838

e. Organizational Unit:

Department Name:

San Diego CCTV Pros

Division Name:

Office

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

Prefix:

Mr.

\* First Name:

Austyn

Middle Name:

\* Last Name:

Griffin

Suffix:

Title:

Office Manager

Organizational Affiliation:

San Diego CCTV Pros

\* Telephone Number:

858-222-7547

Fax Number:

\* Email:

office@sandiegocctvpros.com

**Application for Federal Assistance SF-424**

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

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

**Type of Applicant 2: Select Applicant Type:**

X: Other (specify)

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

Private Chabad Hebrew Academy

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

Department of Homeland Security - FEMA

**11. Catalog of Federal Domestic Assistance Number:**

97.008

**CFDA Title:**

Non-Profit Security Program

**\* 12. Funding Opportunity Number:**

DHS-13-GPD-008-000-01

**\* Title:**

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

**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:**

Upgrading to a new security system for target hardening, better awareness and faster response. Installing up to date technology- HD camera system, wireless panic button, monitors, access control.

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-052

b. Program/Project CA-052

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

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

\* b. End Date: 03/01/2014

## 18. Estimated Funding (\$):

* a. Federal	75,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	75,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/06/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Mr. \* First Name: Austyn

Middle Name:

\* Last Name: Griffin

Suffix:

\* Title: Office Manager

\* Telephone Number: 858-222-7547 Fax Number: 

\* Email: office@sandiegocctvpros.com

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

Application for Federal Assistance SF-424

\* 1. Type of Submission:  
 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: [ ]

RECEIVED

5a. Federal Entity Identifier: [ ]

5b. Federal Award Identifier: JUN -6 2013

State Use Only:

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name: Friends of Chabad Lubavitch, San Diego, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0147470

\* c. Organizational DUNS: 1652693410000

d. Address:

\* Street1: 10785 Pomerado Road

Street2: [ ]

\* City: San Diego

County/Parish: [ ]

\* State: CA: California

Province: [ ]

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 92131-1839

a. Organizational Unit:

Department Name: San Diego CCTV Pros

Division Name: Office

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

Prefix: Mr. First Name: Austyn

Middle Name: [ ]

\* Last Name: Griffin

Suffix: [ ]

Title: Office Manager

Organizational Affiliation: San Diego CCTV Pros

\* Telephone Number: 858-222-7547 Fax Number: [ ]

\* Email: office@sandiegocctvpros.com

**Application for Federal Assistance SF-424**

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

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

**Type of Applicant 2: Select Applicant Type:**

X: Other (specify)

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

Private Chabad Hebrew Academy

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

Department of Homeland Security - FEMA

**11. Catalog of Federal Domestic Assistance Number:**

97.008

**CFDA Title:**

Non-Profit Security Program

**\* 12. Funding Opportunity Number:**

DHS-13-GFD-008-000-01

**\* Title:**

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

**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:**

Upgrading to a new security system for target hardening, better awareness and faster response. Installing up to date technology- HD camera system, wireless panic button, monitors, access control.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

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

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

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

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

[ ]  
[ ]  
[ ]

\* Other (Specify):

RECEIVED

JUN -6 2013

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

[ ] STATE CLEARING HOUSE

**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: Friends of Chabad Lubavitch, San Diego, Inc.

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

33-0147470

\* c. Organizational DUNS:

1652693410000

**d. Address:**

\* Street1: 10785 Pomerado Road

Street2:

\* City: San Diego

County/Parish:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 92131-1838

**e. Organizational Unit:**

Department Name:

San Diego CCTV Pros

Division Name:

Office

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

Prefix:

Mr.

\* First Name:

Austyn

Middle Name:

\* Last Name:

Griffin

Suffix:

Title: Office Manager

**Organizational Affiliation:**

San Diego CCTV Pros

\* Telephone Number: 858-222-7547

Fax Number:

\* Email: office@sandiegocctvpros.com

**Application for Federal Assistance SF-424**

**\* 8. Type of Applicant 1: Select Applicant Type:**

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

**Type of Applicant 2: Select Applicant Type:**

X: Other (specify)

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

Private Chabad Hebrew Academy

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

Department of Homeland Security - FEMA

**11. Catalog of Federal Domestic Assistance Number:**

97.008

**CFDA Title:**

Non-Profit Security Program

**\* 12. Funding Opportunity Number:**

DHS-13-GPD-008-000-01

**\* Title:**

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

**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:**

Upgrading to a new security system for target hardening, better awareness and faster response. Installing up to date technology- HD camera system, wireless panic button, monitors, access control.

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-052

b. Program/Project CA-052

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

[Empty text box for additional districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

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

\* b. End Date: 03/01/2014

18. Estimated Funding (\$):

* a. Federal	75,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	75,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/05/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[Empty text box for explanation]

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resuming 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: Austyn

Middle Name: [Empty]

\* Last Name: Griffin

Suffix: [Empty]

\* Title: Office Manager

\* Telephone Number: 858-222-7547 Fax Number: [Empty]

\* Email: office@sandiegocctvpros.com

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

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

JUN -6 2013

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: Beth Jacob Congregation of Irvine

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

33-0262666

\* c. Organizational DUNS:

7923513220000

d. Address:

\* Street1: 3900 Michelson Drive

Street2:

\* City: Irvine

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 92612-1765

e. Organizational Unit:

Department Name:

San Diego CCTV Pros

Division Name:

Office

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

Prefix:

Mr.

\* First Name:

Austyn

Middle Name:

\* Last Name:

Griffin

Suffix:

Title: Office Manager

Organizational Affiliation:

San Diego CCTV Pros

\* Telephone Number:

858-222-7547

Fax Number:

\* Email:

office@sandiegocctvpros.com

**Application for Federal Assistance SF-424****\* 9. Type of Applicant 1: Select Applicant Type:****Type of Applicant 2: Select Applicant Type:** X: Other (specify)**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:****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-045

b. Program/Project CA-045

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

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

\* b. End Date: 04/01/2014

## 18. Estimated Funding (\$):

* a. Federal	75,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	75,000.00

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

 a. This application was made available to the State under the Executive Order 12372 Process for review on 06/06/2013 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.

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

 Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Mr. \* First Name: Austyn

Middle Name:

\* Last Name: Griffin

Suffix:

\* Title: Office Manager

\* Telephone Number: 658-222-7547 Fax Number:

\* Email: office@sandiegocctvpros.com

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

### Application for Federal Assistance SF-424

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

### 8. APPLICANT INFORMATION:

* a. Legal Name: <u>Regents of the University of California, Los Angeles</u>	<b>JUN 6 2013</b>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>056006143</u>	* c. Organizational DUNS: <u>092530369</u>

**RECEIVED**  
**STATE CLEARING HOUSE**

d. Address:

* Street1:	<u>Office of Contract and Grant Administration</u>
Street2:	<u>11000 Kinross Avenue, Suite 211</u>
* City:	<u>Los Angeles</u>
County:	<u>Los Angeles County</u>
* State:	<u>CA: California</u>
Province:	<input type="text"/>
* Country:	<u>USA: UNITED STATES</u>
* Zip / Postal Code:	<u>90095-1406</u>

e. Organizational Unit:

Department Name: <u>Office of Contract &amp; Grant Adm</u>	Division Name: <input type="text"/>
--	-------------------------------------

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

Prefix: <u>Mr.</u>	* First Name: <u>Evan</u>
Middle Name: <input type="text"/>	
* Last Name: <u>Garcia</u>	
Suffix: <input type="text"/>	
Title: <u>Senior Grant Analyst</u>	

Organizational Affiliation: Regents of the University of California, Los Angeles

* Telephone Number: <u>310-794-0171</u>	Fax Number: <u>310-943-1668</u>
* Email: <u>ocga3@research.ucla.edu</u>	

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

\* 12. Funding Opportunity Number:

G13AS00029

\* Title:

2014 Earthquake Hazards Program

13. Competition Identification Number:

G13AS00029

Title:

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

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

Discovery and paleoseismic investigation of the Bicart Fault, a sub-parallel oblique-slip strand of the San Andreas fault in the Carrizo Plain; Collaborative Research between UCLA and UCI

Attach supporting documents as specified in agency instructions.

### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

#### 17. Proposed Project:

\* a. Start Date:

\* b. End Date:

#### 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="85,239.00"/>
* 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="85,239.00"/>

#### \* 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 and attach.)

- 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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)  
Prescribed by OMB Circular A-102

OMB Number: 4040-0004  
Expiration Date: 05/31/2013

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[ ]

\* Other (Specify):

[ ]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[ ]

JUN -6 2013

5a. Federal Entity Identifier:

[ ]

5b. Federal Award Identifier:

[ ]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

8. APPLICANT INFORMATION:

\* a. Legal Name:

Cal Poly Pomona Foundation, Inc.

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

952417645

\* c. Organizational DUNS:

0289294390000

d. Address:

\* Street1:

3801 W. Temple Avenue

\* Street2:

[ ]

\* City:

Pomona

\* County/Parish:

[ ]

\* State:

CA: California

\* Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91768-2557

e. Organizational Unit:

Department Name:

Geological Sciences

Division Name:

College of Science

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

Prefix:

Mrs.

\* First Name:

Elsa

Middle Name:

[ ]

\* Last Name:

Najar

Suffix:

[ ]

Title:

Sponsored Contracts Associate

Organizational Affiliation:

Office of Research and Sponsored Programs

\* Telephone Number:

909-869-4543

Fax Number:

909-869-2993

\* Email:

enajar@csupomona.edu

**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:**

U. S. Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

**CFDA Title:**

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

**\* Title:**

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13A900029

**Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**\* 15. Descriptive Title of Applicant's Project:**

Rapid Finite Fault Inversion for Earthquakes in Southern Cal Using the Cybershake Library of 3D Green's Functions: Collaborative Research with URS Group Inc &amp; Cal. State Polytechnic University in Pomona

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant: CA-039

b. Program/Project: CA-039

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

[Empty text box for additional districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 01/01/2014

\* b. End Date: 12/31/2015

18. Estimated Funding (\$):

* a. Federal	65,865.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	65,865.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/06/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[Empty text box for explanation]

Add Attachment

Delete Attachment

View Attachment

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: G. Paul  
 Middle Name: [Empty]  
 \* Last Name: Storey  
 Suffix: [Empty]

\* Title: Executive Director

\* Telephone Number: 909-869-2951 Fax Number: 909-869-5067

\* Email: gstorey@csupomona.edu

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

OMB Number: 4340-0304  
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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Beth Eliyahu Torah Center, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-3546676"/>	* c. Organizational DUNS: <input type="text" value="8595984840000"/>	
d. Address:		
* Street1: <input type="text" value="5012 Central Avenue Suite C"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Bonita"/>	County/Parish: <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="91902-2653"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="San Diego CCTV Pros"/>	Division Name: <input type="text" value="Office"/>	
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="Austyn"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Griffin"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Office Manager"/>	
Organizational Affiliation: <input type="text" value="San Diego CCTV Pros"/>		
* Telephone Number: <input type="text" value="858-222-7547"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="office@sandiegocctvpros.com"/>		

RECEIVED

JUN 6 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:

Non-Profit Security Program

\* 12. Funding Opportunity Number:

DHS-13-GPD-008-000-01

\* Title:

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

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:

Upgrading to a new security system for target hardening, better awareness and faster response. Installing up to date technology- HD camera system, wireless panic button, monitors, access control.

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-053

b. Program/Project

CA-053

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date:

10/01/2013

\* b. End Date:

01/01/2014

## 18. Estimated Funding (\$):

* a. Federal	45,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	45,000.00

## \* 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

06/06/2013

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

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

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

 Yes

 No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:

Mr.

\* First Name:

Austyn

Middle Name:

\* Last Name:

Griffin

Suffix:

\* Title:

Office Manager

\* Telephone Number:

858-222-7547

Fax Number:

\* Email:

office@sandiegocctvpros.com

\* 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

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[ ]  
 \* Other (Specify) [ ]

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JUN -6 2013

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[ ]

\* 5b. Federal Award Identifier:

[ ]

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

8. APPLICANT INFORMATION:

\* a. Legal Name:

The Regents of the University of California

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

94-6002123

\* c. Organizational DUNS:

124726725

d. Address:

\* Street1:

Sponsored Projects Office

Street2:

2150 Shattuck Avenue, Suite 313

\* City:

Berkeley

County:

Alameda

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94704-5940

e. Organizational Unit:

Department Name:

Sponsored Projects Office

Division Name:

[ ]

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

Prefix:

[ ]

\* First Name:

Kate

Middle Name:

[ ]

\* Last Name:

Lewis

Suffix:

[ ]

Title:

Contract and Grant Officer

Organizational Affiliation:

The Regents of the University of California

\* Telephone Number:

510-642-8117

Fax Number:

510-642-8236

\* Email:

spcawards@berkeley.edu

OMB Number: 4040-0004  
Expiration Date: 01/31/2000

## Application for Federal Assistance SF-424

Version 02

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

M: Public/State Controlled Institution of Higher Education

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Bureau of Land Management

## 11. Catalog of Federal Domestic Assistance Number:

15.231

## CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

## \* 12. Funding Opportunity Number:

L13AS00001

## \* Title:

BLM CA CB9 Carrizo Plain Ecosystem Project

## 13. Competition Identification Number:

## Title:

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

Carrizo Plain National Monument, CA

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

Carrizo Plain Ecosystem Project; Optimizing habitat management for the giant kangaroo rat and associated San Joaquin Valley upland species.

Attach supporting documents as specified in agency instructions.



OMB Number: 4040-0304  
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-022

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

Buttons: Add Attachment, Delete Attachment, Cancel

17. Proposed Project:

\* a. Start Date: 03/01/2013

\* b. End Date: 09/30/2017

18. Estimated Funding (\$):

* a. Federal	104,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	104,000.00

\* 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 6/6/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title: Contract and Grant Officer

\* Telephone Number: 510-642-8117 Fax Number: 510-642-8236

\* Email: spoawards@berkeley.edu

\* Signature of Authorized Representative: *Kate Lewis* \* Date Signed: 6/6/13

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A, C  * Other (Specify) A, C
* 3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: CE-00T66101-1	
<b>RECEIVED</b>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	JUN -7 2013
8. APPLICANT INFORMATION:		
<b>STATE CLEARING HOUSE</b>		
* a. Legal Name: Bay Foundation of Morro Bay		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847	* c. Organizational DUNS: 047-662-767	
d. Address:		
* Street1: 601 Embarcadero STE 11		
Street2:		
* City: Morro Bay		
County: San Luis Obispo		
* State: California		
Province:		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 93442		
e. Organizational Unit:		
Department Name: Morro Bay National Estuary Program	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms	* First Name: Adrienne	
Middle Name: Lynne		
* Last Name: Harris		
Suffix:		
Title: Executive Director, Morro Bay National Estuary Program		
Organizational Affiliation: Bay Foundation of Morro Bay dba Morro Bay National Estuary Program		
* Telephone Number: 805-772-3834	Fax Number: 805-772-4162	
* Email: aharris@mbnep.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66-456

CFDA Title:

National Estuary Program

\* 12. Funding Opportunity Number:

N/A

\* Title:

N/A

13. Competition Identification Number:

N/A

Title:

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

City of Morro Bay, unincorporated areas of San Luis Obispo County in the Morro Bay watershed.

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

Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed (See MBNEP work plan for programmatic details.)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-024

\* b. Program/Project CA-024

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

17. Proposed Project:

\* a. Start Date: 10/1/13

\* b. End Date: 9/30/14

18. Estimated Funding (\$):

- \* a. Federal \$512,000.00
- \* b. Applicant \$125,065.00
- \* c. State \$288,935.00
- \* d. Local
- \* e. Other \$98,000.00
- \* f. Program Income
- \* g. TOTAL \$1,024,000.00

\* 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 6/10/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Gary  
 Middle Name:  
 \* Last Name: Ruggerone  
 Suffix:

\* Title: President, Bay Foundation of Morro Bay

\* Telephone Number: 805-772-3834 Fax Number:

\* Email: gruggerone@sbcglobal.net

\* Signature of Authorized Representative: *Gary Ruggerone* Date Signed: 6/10/13

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

Application for Federal Assistance SF-424

RECEIVED

JUN -7 2013

STATE CLEARING HOUSE

\* 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:

[ ]

5b. Federal Award Identifier:

G1398002

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

8. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9TH STREET

Street2:

[ ]

\* City:

SACRAMENTO

County/Parish:

[ ]

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

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:

[ ]

\* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

\* Email:

jason.williams@wildlife.ca.gov

**Application for Federal Assistance SF-424**

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

A: State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

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:**

F13A800077

**\* 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.):**

Add Attachment

Delete Attachment

View Attachments

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENACNE - REGION 2 (W-00-D)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,919,355.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="639,752.00"/>
* 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="2,559,007.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4040-0003  
Expiration Date: 03/31/2013

**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"/>	<b>RECEIVED</b>  <b>JUN 07 2013</b>
		* Other (Specify): <input type="text"/>			

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<b>STATE CLEARING HOUSE</b>
---	--	-----------------------------

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: <b>G1398020</b>
---	--

**8. APPLICANT INFORMATION:**

* a. Legal Name: <b>STATE OF CALIFORNIA</b>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>94-1597567</b>	* c. Organizational DUNS: <b>8083221580000</b>

**d. Address:**

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

**e. Organizational Unit:**

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

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

Prefix: <b>Mr.</b>	* First Name: <b>JASON</b>
Middle Name: <input type="text"/>	
* Last Name: <b>WILLIAMS</b>	
Suffix: <input type="text"/>	

Title: **GRANT ADMINISTRATOR**

Organizational Affiliation:

* Telephone Number: <b>916-327-0062</b>	Fax Number: <input type="text"/>
---	----------------------------------

\* Email: **jason.williams@wildlife.ca.gov**

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

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:

F13AS00077

\* 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.):

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE INVENTORIES AND RESEARCH - SPECIES CONSERVATION NON-GAME (W-71-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:  \* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="237,849.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="79,283.00"/>
* 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="317,132.00"/>

**\* 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**

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

* 3. Date Received:	4. Application Identifier:	<b>RECEIVED</b>
---------------------	----------------------------	-----------------

5a. Federal Entity Identifier: TCY - 3-06-0059-	* 5b. Federal Award Identifier: JUN -7 2013
--	--

<b>State Use Only:</b>	STATE CLEARING HOUSE
------------------------	----------------------

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Tracy	* c. Organizational DUNS: 931-671-403
--------------------------------	--

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

<b>d. Address:</b> * Street1: 520 Tracy Boulevard Street 2: * City: Tracy County: San Joaquin * State: California Province: Country: USA *Zip/ Postal Code: 95376
---

**e. Organizational Unit:**

Department Name: Public Works Department	Division Name: Airports
---	----------------------------

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

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

Title: Interim Public Works Director
---

**Organizational Affiliation:**

City of Tracy, Public Works Department, Airports
--

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

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:  
20.106  
CFDA Title:  
Airport Improvement Program

12. Funding Opportunity Number:  
Title:

13. Competition Identification Number:  
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
City of Tracy, San Joaquin County, California

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

Tracy Municipal Airport, Tracy, San Joaquin County, California: Reimbursement for Pavement Evaluation/ Pavement Maintenance Management Program; Partial Reimbursement for Engineering Design - Reconstruction of Runways, Taxiways, and Aprons

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-011

\* a. Applicant CA-011

\* b. Program/Project: CA-011

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

**18. Estimated Funding (\$):**

*a. Federal	\$600,000.00
*b. Applicant	\$36,667.00
*c. State	
*d. Local	\$30,000.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$666,667.00

**\*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 6-5-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Rod

Middle Name:

\*Last Name: Buchanan

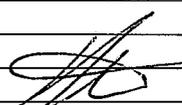
Suffix:

\*Title: Interim Public Works Director

\*Telephone Number: 209-831-6203

Fax Number: 209-831-6218

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

\*Signature of Authorized Representative: 

Date Signed: 6-6-13

**Application for Federal Assistance SF-424**

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

* 3. Date Received: 06/05/2013	4. Applicant Identifier: R00d20131325
-----------------------------------	--

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: The Regents of the University of California, Santa Barbara
---

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006145	* c. Organizational DUNS: 094978394
---	-------------------------------------

**d. Address:**

* Street1: 3227 Cheadle Hall	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="font-weight: bold; font-size: 1.2em;">JUN -7 2013</div> <div style="font-weight: bold; font-size: 1.2em;">STATE CLEARING HOUSE</div>
Street2: 3rd floor, MC 2050	
* City: Santa Barbara	
County: Santa Barbara	
* State: CA: California	
Province:	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 93106-2050	

**e. Organizational Unit:**

Department Name: Office of Research	Division Name:
-------------------------------------	----------------

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

Prefix:	* First Name: Jamie Lynn
Middle Name: A	
* Last Name: Sprague	
Suffix:	

Title: Sr Sponsored Projects Analyst
--------------------------------------

Organizational Affiliation: The Regents of the University of California, Santa Barbara
--

* Telephone Number: 805-893-8503	Fax Number: 805-893-2611
----------------------------------	--------------------------

* Email: sprague@research.ucsb.edu
------------------------------------

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

**CFDA Title:**

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

**\* Title:**

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

**Title:**

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

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

Differential Uplift and Incision of the Yakima River Terraces: Collaborative Research with WWU, UVM & State Agricultural College, and UCSB

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="27,408.00"/>
* 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="27,408.00"/>

**\* 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 and attach.)**

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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2009)  
Proscribed by OMB Circular A-102

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"/> <input type="text"/> <input type="text"/>
--	--	--

* 3. Date Received: 06/04/2013	4. Applicant Identifier: Tanimoto20131911
-----------------------------------	--

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"/>
--	--

RECEIVED

8. APPLICANT INFORMATION:

JUN -7 2013

* a. Legal Name: The Regents of the University of California, Santa Barbara
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956008145
* c. Organizational DUNS: 094878394

STATE CLEARING HOUSE

d. Address:

* Street1: 3227 Cheadle Hall
Street2: 3rd floor, MC 2050
* City: Santa Barbara
County: Santa Barbara
* State: CA: California
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 93105-2050

e. Organizational Unit:

Department Name: Office of Research	Division Name: <input type="text"/>
-------------------------------------	-------------------------------------

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

Prefix: <input type="text"/>	* First Name: Jamie Lynn
Middle Name: A	<input type="text"/>
* Last Name: Sprague	<input type="text"/>
Suffix: <input type="text"/>	<input type="text"/>

Title: Sr Sponsored Projects Analyst

Organizational Affiliation: The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-8503	Fax Number: 805-893-2811
----------------------------------	--------------------------

\* Email: sprague@research.ucsb.edu

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

**CFDA Title:**

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

**\* Title:**

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

**Title:**

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

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

Testing and improving shallow 3D velocity and attenuation structure in the Los Angeles region using high-frequency oscillation data: Collaborative Research with Caltech and UCSB

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="46,580.00"/>
* 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="46,580.00"/>

**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 and attach.)**

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:

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:**

06/04/2013

**4. Applicant Identifier:**

Sortien 20131299

**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** The Regents of the University of California, Santa Barbara

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

958008145

**\* c. Organizational DUNS:**

094878394

**d. Address:**

**\* Street1:**

9227 Cheadle Hall

**Street2:**

3rd floor, MC 2050

**\* City:**

Santa Barbara

**County:**

Santa Barbara

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

93106-2050

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STATE CLEARING HOUSE

**e. Organizational Unit:**

**Department Name:**

Office of Research

**Division Name:**

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

**Prefix:**

**\* First Name:**

Jamie Lynn

**Middle Name:**

A

**\* Last Name:**

Sprague

**Suffix:**

**Title:** Sr Sponsored Projects Analyst

**Organizational Affiliation:**

The Regents of the University of California, Santa Barbara

**\* Telephone Number:** 805-893-8503

**Fax Number:**

805-893-2611

**\* Email:**

sprague@research.ucsb.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

**CFDA Title:**

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

**\* Title:**

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

**Title:**

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

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

Post-1 Ma deformation history of the Pitas Point-North Channel-Red Mountain fault system and associated folds in Santa Barbara Channel, California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-024

\* b. Program/Project CA-024

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

17. Proposed Project:

\* a. Start Date: 01/01/2014

\* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal	55,713.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	55,713.00

\* 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 08/06/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

24. "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: George

Middle Name:

\* Last Name: Hopwood

Suffix:

\* Title: Sponsored Projects Officer

\* Telephone Number: 805-893-5530 Fax Number: 805-893-2611

\* Email: proposals@research.ucsb.edu

\* Signature of Authorized Representative: George Hopwood \* Date Signed: 08/04/2013

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

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):

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

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JUN - 7 - 2013

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

\* a. Legal Name:

Sacramento-San Joaquin Delta Conservancy

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

01-0967313

\* c. Organizational DUNS:

964989193

d. Address:

\* Street1:

1450 Halvard Drive, Suite 6

Street2:

\_\_\_\_\_

\* City:

West Sacramento

County/Parish:

\_\_\_\_\_

\* State:

California

Provincia:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95691

e. Organizational Unit:

Department Name:

\_\_\_\_\_

Division Name:

\_\_\_\_\_

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

Prefix:

\_\_\_\_\_

\* First Name:

Kristal

Middle Name:

\_\_\_\_\_

\* Last Name:

Davis-Fadtke

Suffix:

\_\_\_\_\_

Title:

Staff Environmental Scientist

Organizational Affiliation:

Sacramento-San Joaquin Delta Conservancy

\* Telephone Number:

916-375-4994

Fax Number:

916-375-4948

\* Email:

kmdavis@deltaconservancy.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Environmental Protection Agency, Region 9

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Wetland Program Development Grants

\* 12. Funding Opportunity Number:

EPA-REG9-WP-13

\* Title:

FY13 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Enhancing Regional Capacity for Wetland Project Tracking Assessment and Reporting

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

---

**16. Congressional Districts Of:**

\* a. Applicant:  \* b. Program/Project:

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

---

**17. Proposed Project:**

\* a. Start Date:  \* b. End Date:

---

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$254,119"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$146,608"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$400,728"/>

---

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

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

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

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

---

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

Yes  No

If "Yes", provide explanation and attach

---

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

I AGREE

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

---

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424

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

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STATE CLEARING HOUSE

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 12-8506-0497-CA
--------------------------------	--

State Use Only:

6. Date Received by State:	7. State Application Identifier: 12-0358-FR-1
----------------------------	---

8. APPLICANT INFORMATION:

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

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

d. Address:

* Street1:	1220 N. Street Rm 325
Street2:	
* City:	Sacramento
County:	
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

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

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

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

Title: Branch Chief
---------------------

Organizational Affiliation:
-----------------------------

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

* Email: courtney.albrecht@cdfa.ca.gov
--

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Red Imported Fire Ant Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA; 3rd

\* b. Program/Project

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 \$0

\* b. Applicant

\* c. State \$0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$0

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

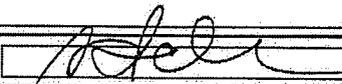
Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input 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: 09/05/2013	4. Applicant Identifier: Archuleta20131312
-----------------------------------	---

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: The Regents of the University of California, Santa Barbara	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 056008145	* c. Organizational DUNS: 094878394

**d. Address:**

* Street1:	3227 Cheadle Hall
Street2:	3rd floor, MC 2050
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

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STATE CLEARING HOUSE

**e. Organizational Unit:**

Department Name: Office of Research	Division Name: <input type="text"/>
--	--

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

Prefix:	<input type="text"/>	* First Name: Jamie Lynn
Middle Name:	A	
* Last Name:	Sprague	
Suffix:	<input type="text"/>	
Title:	SF Sponsored Projects Analyst	

**Organizational Affiliation:**

The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-8503	Fax Number: 805-893-2611
* Email: sprague@research.ucsb.edu	

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.607

CFDA Title:

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

\* Title:

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

Title:

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

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

Liquefaction Hazard in Western Washington, Part II: Data from the Seattle Liquefaction Array

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="78,809.00"/>
* 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="78,809.00"/>

**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 and attach.)**

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 21B, 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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)  
Prescribed by OMB Circular A-102

Attachments

**AreasAffected**

**File Name**

**Mime Type**

**AdditionalProjectTitle**

**File Name**

**Mime Type**

**AdditionalCongressionalDistricts**

**File Name**

**Mime Type**

**DebtExplanation**

**File Name**

**Mime Type**

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
06/05/2013	Archuleta20131306

6a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>

State Use Only:

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

6. APPLICANT INFORMATION:

* a. Legal Name:	The Regents of the University of California, Santa Barbara	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
958006145	094878394	

d. Address:

* Street1:	3227 Cheadle Hall
Street2:	3rd floor, MC 2050
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

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JUN -7 2013  
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:	Division Name:
Office of Research	<input type="text"/>

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

Prefix:	<input type="text"/>	* First Name:	Jamie Lynn
Middle Name:	A		
* Last Name:	Sprague		
Suffix:	<input type="text"/>		

Title: Sr Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number:	805-893-8503	Fax Number:	805-893-2611
---------------------	--------------	-------------	--------------

\* Email: sprague@research.ucsb.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

CFDA Title:

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

\* Title:

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

Title:

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

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

Resolving Uncertainty Estimates of Stress Drop

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="85,321.00"/>
* 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="85,321.00"/>

**\* 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 and attach.)**

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)

**6** \*\* 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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

Attachments

**AreasAffected**

**File Name**

**Mime Type**

**AdditionalProjectTitle**

**File Name**

**Mime Type**

**AdditionalCongressionalDistricts**

**File Name**

**Mime Type**

**DebtExplanation**

**File Name**

**Mime Type**

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:

06/06/2013

4. Applicant Identifier:

Devecchio20131324

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

8. APPLICANT INFORMATION:

JUN -7 2013

\* a. Legal Name: The Regents of the University of California, Santa Barbara

STATE CLEARING HOUSE

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

956006145

\* c. Organizational DUNS:

094878394

d. Address:

\* Street1:

3227 Chacoia Hall

Street2:

3rd floor, MC 2050

\* City:

Santa Barbara

County:

Santa Barbara

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93106-2050

e. Organizational Unit:

Department Name:

Office of Research

Division Name:

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

Prefix:

\* First Name:

Jamie Lynn

Middle Name:

A

\* Last Name:

Sprague

Suffix:

Title:

Sr Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

\* Telephone Number:

805-893-8503

Fax Number:

805-893-2611

\* Email:

sprague@research.ucsb.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

CFDA Title:

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G19AS00029

\* Title:

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

Title:

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

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

Precise fault slip rates on the Oak Ridge fault: New age constraints on the Saugus Formation using cosmogenic <sup>36</sup>Cl/<sup>10</sup>Be isochron burial dating

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="44,166.00"/>
* 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="44,166.00"/>

**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 and attach.)**

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 210, 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 of 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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2002)  
Prescribed by OMB Circular A-102

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"/> <input type="text"/> <input type="text"/>
--	--	--

* 3. Date Received: 06/05/2013	4. Applicant Identifier: R06d20131325
-----------------------------------	--

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: The Regents of the University of California, Santa Barbara

* b. Employer/Taxpayer Identification Number (EIN/TIN): 0956006145	* c. Organizational DUNS: 094878394
---	--

d. Address:

* Street1:	3227 Cheadle Hall
Street2:	3rd floor, MC 2050
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93106-2050

RECEIVED  
 JUN -7 2013  
 STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Office of Research	Division Name: <input type="text"/>
--	--

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

Prefix:	<input type="text"/>	* First Name:	Jamie Lynn
Middle Name:	A		
* Last Name:	Sprague		
Suffix:	<input type="text"/>		
Title:	SR Sponsored Projects Analyst		
Organizational Affiliation:	The Regents of the University of California, Santa Barbara		

* Telephone Number:	805-893-8503	Fax Number:	805-893-2611
* Email:	sprague@research.ucsb.edu		

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**

15.807

**CFDA Title:**

Earthquake Hazards Reduction Program

**\* 12. Funding Opportunity Number:**

G13AS00029

**\* Title:**

2014 Earthquake Hazards Program

**13. Competition Identification Number:**

G13AS00029

**Title:**

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

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

Differential Uplift and Incision of the Yakima River Terraces: Collaborative Research with WWU, UVM & State Agricultural College, and UCSB

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="27,408.00"/>
* 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="27,408.00"/>

**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 and attach.)**

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 210, 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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2000)  
Proscribed by OMB Circular A-102

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: North Coast Opportunities, Inc. **RECEIVED**

Organizational DUNS: 089187264

Address: Street: 413 N State

City: Ukiah

County: Mendocino (Office) Lake County - Project

State: CA Zip Code: 95482

Country: USA

Organizational Unit: Department: Lake County Community Action

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code):  
Prefix: 707 First Name: PATTY  
Middle Name:

STATE CLEARING HOUSE

Jun 10 2013

Last Name: Bruder

Suffix:

Email: pbruder@ncoinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1671958

Phone Number (give area code): 707 462-1956 Fax Number (give area code): 707 462-0191

8. TYPE OF APPLICATION:  
 New  Continuation  Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify):

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

Other (specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
TITLE (Name of Program): USDA Rural Business Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Housing cooperative of skilled, under-employed or unemployed tradespeople, along with apprentices who want to learn these skills. Job Training / Economic development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
County of Lake

13. PROPOSED PROJECT  
Start Date: 1 July 2013 Ending Date: 30 June 2014

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant 1st b. Project 1st

15. ESTIMATED FUNDING:

a. Federal	\$	30,000.00
b. Applicant	\$	32,400.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	62,400.00

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

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

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

a. Authorized Representative

Prefix: MR. First Name: Carolyn Middle Name: B  
Last Name: Winter Suffix: Welch

b. Title: Executive Director CFO

c. Telephone Number (give area code): 707 467-3236

d. Signature of Authorized Representative: Carolyn Bl Welch

e. Date Signed: May 3, 2013

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

<b>Application for Federal Assistance SF-424</b>		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2. Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input checked="" type="checkbox"/> New</td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Application</td> <td><input type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td><input type="text"/></td> </tr> </table>			* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):												
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>												
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>												
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>													
5a. Federal Entity Identifier: E-B9-D-17	* 5b. Federal Award Identifier: <input type="text"/>													
<b>RECEIVED</b>														
State Use Only:														
6. Date Received by State: 04/18/2013	7. State Application Identifier: 91398067	JUN 10 2013												
8. APPLICANT INFORMATION: <span style="float: right;">STATE CLEARING HOUSE</span>														
* a. Legal Name: STATE OF CALIFORNIA														
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358													
d. Address:														
* Street1:	1831 NINTH 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:	Division Name:													
CA. DEPT. OF FISH AND GAME	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:	<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: (916) 327-6320												
* Email:	steve.wong@wildlife.ca.gov													

OMB Number: 4040-0024  
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:  
[Empty field]

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

\* Other (specify):  
[Empty field]

**\* 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:**

[Empty field]

**Title:**

[Empty field]

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

STATEWIDE

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

Maintenance of Sport Fish Habitat and Angler Opportunity on State Wildlife Areas

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0006  
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="143,003.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="47,668.00"/>
* 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="190,671.00"/>

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

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

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

Yes  No

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

-- I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4040-0284  
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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: F13AF	
<b>RECEIVED</b> <b>JUN 10 2013</b>		
State Use Only: 6. Date Received by State: <input type="text"/> 7. State Application Identifier: G1398050		
<b>STATE CLEARING HOUSE</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: SACRAMENTO	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95811-7011	<input type="text"/>	
e. Organizational Unit:		
Department Name: FISH AND WILDLIFE	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: PETE	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: MARCELLANA	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: GRANT ADMINISTRATOR		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-445-4658	Fax Number: <input type="text"/>	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

**Application for Federal Assistance SF-424****\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

FL3AS00081

\* Title:

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

**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:**

SAN JOAQUIN RIVER BASIN FALL-RUN CHINOOK SALMON TELEMETRY AND PHYSIOLOGY STUDY

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant:

b. Program/Project:

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="139,460.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="46,487.00"/>
* 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="195,947.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4040-0004  
Expiration Date: 09/30/2012

**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(a): <input type="text"/>
		* Other (Specify): <input type="text"/>
		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div>

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<div style="font-size: 1.5em; font-weight: bold;">JUN 10 2013</div>
---	--	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	<div style="font-size: 1.5em; font-weight: bold;">STATE CLEARING HOUSE</div>
--	---	--

**State Use Only:**

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="G1398039"/>
---	--

**B. 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="8083223580000"/>
--	---

**d. Address:**

* Street1:	<input type="text" value="1831 9th Street"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Sacramento"/>
County/Parish:	<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="95811-7011"/>

**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"/>	* 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"/>		

Organizational Affiliation: <input type="text"/>
---

* Telephone Number: <input type="text" value="(916) 445-4658"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email: <input type="text" value="pete.marcellana@wildlife.ca.gov"/>
---

**Application for Federal Assistance SF-424**

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

AT State Government

**Type of Applicant 2: Select Applicant Type:**

[Empty text box]

**Type of Applicant 3: Select Applicant Type:**

[Empty text box]

**\* Other (specify):**

[Empty text box]

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

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

**CFDA Title:**

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F13AS00081

**\* Title:**

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

**13. Competition Identification Number:**

[Empty text box]

**Title:**

[Empty text box]

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

[Empty text box]

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Central California Coast Fish Passage (F-145 P22)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

**Application for Federal Assistance SF-424**

---

**16. Congressional Districts Of:**

\* a. Applicant:       b. Program/Project:

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

---

**17. Proposed Project:**

\* a. Start Date:       \* b. End Date:

---

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="02,979.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="27,660.00"/>
* 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="110,639.00"/>

---

\* 18. Is Application Subject to Review By State Under Executive Order 12372 Process?

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

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

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

---

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

Yes       No

If "Yes", provide explanation and attach

---

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

\*\* I AGREE

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

---

**Authorized Representative:**

Prefix:       \* First Name:

Middle Name:

\* Last Name:

Suffix:

---

\* Title:

---

\* Telephone Number:       Fax Number:

---

\* Email:

---

\* Signature of Authorized Representative:       \* Date Signed:

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**RECEIVED**

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_ JUN 10 2013

**STATE CLEARING HOUSE**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Upper San Gabriel Valley Municipal Water District

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

95-2082591

**\* c. Organizational DUNS:**

021083696

**d. Address:**

**\* Street1:**

602 E Huntington Drive, Suite B

**Street2:**

\_\_\_\_\_

**\* City:**

Monrovia

**County/Parish:**

\_\_\_\_\_

**\* State:**

California

**Province:**

\_\_\_\_\_

**\* Country:**

USA; UNITED STATES

**\* Zip / Postal Code:**

91016

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Heather

**Middle Name:**

M. \_\_\_\_\_

**\* Last Name:**

Maloney

**Suffix:**

\_\_\_\_\_

**Title:**

Senior Management Analyst

**Organizational Affiliation:**

City of Monrovia

**\* Telephone Number:**

(626) 932-5577

**Fax Number:**

(626) 932-5559

**\* Email:**

hmaloney@ci.monrovia.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Municipality - Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S. Department of the Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

FOA No. R13AS80015

\* Title:

WaterSMART: Cooperative Watershed Management Program Grant for FY 2013

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:

Establishment of the Rio Hondo/San Gabriel River Water Quality Group

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

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

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

17. Proposed Project:  
\* a. Start Date:  \* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$100,000"/>
* b. Applicant	<input type="text" value="\$710,537"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$810,537"/>

\* 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		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
<b>RECEIVED</b> <b>JUN 10 2013</b> <b>STATE CLEARING HOUSE</b>		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: California State Coastal Conservancy		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3169468	* c. Organizational DUNS: <input type="text" value="808322408"/>	
d. Address:		
* Street1: 1330 Broadway	<input type="text"/>	
Street2: 13th Floor	<input type="text"/>	
* City: Oakland	<input type="text"/>	
County: Alameda County	<input type="text"/>	
* State: California	<input type="text"/>	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 94612	<input type="text"/>	
e. Organizational Unit:		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Samuel	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Schuchat	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Executive Officer		
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number: (510) 286-4185	Fax Number: (510) 286-0470	
* Email: sshuchat@scc.ca.gov	<input type="text"/>	

**Application for Federal Assistance SF-424****9. Type of Applicant 1: Select Applicant Type:**

State Government

**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:****\* Other (specify):****\* 10. Name of Federal Agency:**

US Environmental Protection Agency, Region 9

**11. Catalog of Federal Domestic Assistance Number:**

66.461

**CFDA Title:**

Wetland Program Development Grants

**\* 12. Funding Opportunity Number:**

EPA-REG9-WP-13

**\* Title:**

FY13 Region 9 Wetland Program Development Grants

**13. Competition Identification Number:****Title:****14. Areas Affected by Project (Cities, Counties, States, etc.):**

Santa Barbara County, Ventura County, Los Angeles County, Orange County, San Diego County

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

Southern California Wetlands Recovery Project - Regional Strategy Update

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 13

\* b. Program/Project 24,26,33,44

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

47,48,49,52,53

**17. Proposed Project:**

\* a. Start Date: 9/1/2013

\* b. End Date: 9/1/2016

**18. Estimated Funding (\$):**

- \* a. Federal \$232,944
- \* b. Applicant \$60,000
- \* c. State
- \* d. Local
- \* e. Other
- \* f. Program Income
- \* g. TOTAL \$292,944

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 8/10/2013

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \* First Name: Samuel

Middle Name:

\* Last Name: Schuchat

Suffix:

\* Title: Executive Officer

\* Telephone Number: (510) 286-4185 Fax Number:

\* Email: sschuchat@scc.ca.gov

\* 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)

RECEIVED

3. Date Received:

4. Applicant Identifier:

JUN 10 2013

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

## State Use Only:

6. Date Received by State:

7. State Application Identifier:

## 8. APPLICANT INFORMATION:

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

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

94-6002123

\*c. Organizational DUNS:

1247267250000

## d. Address:

\*Street 1: c/o Sponsored Projects OfficeStreet 2: 2150 Shattuck Avenue, Suite 313\*City: BerkeleyCounty: Alameda\*State: CA

Province: \_\_\_\_\_

\*Country: USA\*Zip / Postal Code: 94704-5940

## 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: Kate

Middle Name: \_\_\_\_\_

\*Last Name: Lewis

Suffix: \_\_\_\_\_

Title: Contracts and Grants Officer

Organizational Affiliation:

Sponsored Projects Office, University of California Berkeley\*Telephone Number: (510)642-8117Fax Number: (510)642-8236

\*Email: spoawards@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:**

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

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-013

\*b. Program/Project: CA-all

**17. Proposed Project:**

\*a. Start Date: 09/01/13

\*b. End Date: 08/31/14

**18. Estimated Funding (\$):**

*a. Federal	_____	49,999
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income		
*g. TOTAL	_____	49,999

**\*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: <u>Kate</u>
Middle Name: _____	
*Last Name: <u>Lewis</u>	
Suffix: _____	
*Title: <u>Contracts and Grants Officer</u>	
*Telephone Number: <u>(510) 642-8117</u>	Fax Number: <u>(510)642-8236</u>
* Email: <u>spoawards@berkeley.edu</u>	
*Signature of Authorized Representative: 	*Date Signed: <u>6/10/13</u>

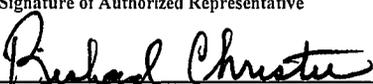
Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)  
Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 6/6/13	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
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Grants Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/>		STATE CLEARING HOUSE	
If Revision, enter appropriate letter(s) in box(es): A  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 <b>20507</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5307 Urbanized Area Formula Program – Operating Assistance for Expo Phase I, CA-95-X176-01</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>4/28/12</b>	Ending Date <b>4/28/15</b>	a. Applicant <b>Districts 31, 33,34</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 26,593,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>06/10/13</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	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d Local	\$ 6,648,250.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
e Other	\$ .00		
f Program Income	\$ .00		
g TOTAL	\$ 33,241,250.00		

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 <b>RICHARD CHRISTIE</b>	b Title Transportation Planning Manager	c Telephone number <b>(213) 922-6022</b>
d. Signature of Authorized Representative 	e. Date Signed 06/06/13 <b>6/6/2013</b>	

OMB Number: 4340-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2. Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input type="checkbox"/> New</td> <td><input type="text" value="A: Increase Award"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Application</td> <td><input type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input checked="" type="checkbox"/> Revision</td> <td><input type="text"/></td> </tr> </table>			* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input type="text" value="A: Increase Award"/>	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	<input type="text"/>
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):												
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	<input type="text" value="A: Increase Award"/>												
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input checked="" type="checkbox"/> Revision	<input type="text"/>												
* 3. Date Received:		4. Applicant Identifier:												
<input type="text" value="Completed by Grants.gov upon submission."/>		<input type="text"/>												
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:													
<input type="text"/>	<input type="text" value="L13AC00012"/>													
State Use Only:														
6. Date Received by State:	7. State Application Identifier:													
<input type="text"/>	<input type="text"/>													
<b>B. APPLICANT INFORMATION:</b>														
* a. Legal Name: <input type="text" value="University Corporation at Monterey Bay"/>														
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:													
<input type="text" value="77-0387459"/>	<input type="text" value="082412920"/>													
* d. Address:														
* Street1:	<input type="text" value="100 Campus Center, Alumni and Visitors Center"/>													
Street2:	<input type="text"/>													
* City:	<input type="text" value="Seaside"/>													
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="93955-6001"/>													
* e. Organizational Unit:														
Department Name:	Division Name:													
<input type="text" value="Science &amp; Environmental Policy"/>	<input type="text" value="Science, Media Arts &amp; Tech."/>													
* f. Name and contact information of person to be contacted on matters involving this application:														
Prefix:	* First Name:	<input type="text" value="Christine"/>												
Middle Name:	<input type="text"/>													
* Last Name:	<input type="text" value="Limesand"/>													
Suffix:	<input type="text"/>													
Title:	<input type="text" value="Assistant Director, Sponsored Programs Office"/>													
Organizational Affiliation:														
<input type="text" value="California State University Monterey Bay"/>														
* Telephone Number:	Fax Number:	<input type="text" value="031-502-3309"/>												
<input type="text" value="831-582-3551"/>														
* Email:	<input type="text" value="climesand@csumb.edu"/>													

RECEIVED

JUN 11 2013

STATE CLEARING HOUSE

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

Version 02

**Application for Federal Assistance SF-424**

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

X: Other (specify)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

Auxiliary to a state IHB

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

Bureau of Land Management

**11. Catalog of Federal Domestic Assistance Number:**

15.236

**CFDA Title:**

Environmental Quality and Protection Resource Management

**\* 12. Funding Opportunity Number:**

L13AS00011

\* Title:

BLM CA High Resolution Mapping of Soils and Other Earth Features in the Desert Renewable Energy Conservation Plan DRECP Area

**13. Competition Identification Number:**

**Title:**

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

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

High-Resolution Mapping of Soils and Special Features for the California Desert Renewable Energy Conservation Plan (DRECP)

Attach supporting documents as specified in agency instructions.



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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	105,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	105,000.00

\* 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 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:

6/11/2013

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/11/2013	Applicant Identifier CA-90-Z070
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Z070
<input checked="" type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Foothill Transit		Organizational Unit: Department: Finance	
Organizational DUNS: 94-364-2124		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.	
City: West Covina		First Name: Gil	
County: Los Angeles		Middle Name:	
State: CA		Last Name Victorio	
Zip Code 91790		Suffix: NA	
Country: USA		Email: gvictorio@foothilltransit.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 6 6 8 2 1 8		Phone Number (give area code) (626) 931-7227	
		Fax Number (give area code) (626) 931-7327	
6. 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): 2 0 - 5 0 7		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bus Replacement/Preventive Maintenance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 22 cities and Los Angeles County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 26,29,32,36 & 42	
13. PROPOSED PROJECT Start Date: 09/13/2012		b. Project Same	
Ending Date: 08/31/2015		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: 06/11/2013	
15. ESTIMATED FUNDING:		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	\$ 26,158,393	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant	\$		
c. State	\$		
d. Local	\$ 4,892,543		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 31,050,936		
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		Suffix	
b. Title Finance Manager		c. Telephone Number (give area code) (626) 931-7227	
d. Signature of Authorized Representative 		e. Date Signed 06/11/2013	

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):

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

**RECEIVED**

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

**JUN 11 2013**

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

G1398043

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1811 9TH STREET

Street2:

\_\_\_\_\_

\* City:

SACRAMENTO

County/Parish:

\_\_\_\_\_

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

\_\_\_\_\_

\* First Name:

PETE

Middle Name:

\_\_\_\_\_

\* Last Name:

MARCELLANA

Suffix:

\_\_\_\_\_

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

916-445-4658

Fax Number:

\_\_\_\_\_

\* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

<b>Application for Federal Assistance SF-424</b>			
* 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="F13AS00081"/>			
* Title:			
<input type="text" value="R0 (CA/NV) Sport Fish Restoration Grant 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"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
* 16. Descriptive Title of Applicant's Project:			
<input type="text" value="SAN JOAQUIN DRAINAGE CHINOOK SALMON &amp; STEELHEAD ENHANCEMENT (F-145 F23)"/>			
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"/>	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-005

b. Program/Project CA-ALL

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	368,914.00
* b. Applicant	0.00
* c. State	122,971.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	491,885.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/11/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

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

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: BSMI

\* Telephone Number: 916-445-3701 Fax Number: [ ]

\* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>		<b>*If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b>			
<b>5a. Federal Entity Identifier:</b>			<b>*5b. Federal Award Identifier:</b>		
			<b>RECEIVED</b> <b>JUN 12 2013</b>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: California Air Resources Board					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069			*c. Organizational DUNS: 195930276		
<b>d. Address:</b>					
*Street1: 1001 I Street Street 2: P.O. Box 1436 *City: Sacramento County: Sacramento *State: CA Province: Country: USA					
*Zip/ Postal Code: 95814					
<b>e. Organizational Unit:</b>					
Department Name: California Air Resources Board			Division Name: Administrative Services Division		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Ms. Middle Name:		First Name: Leslie			
*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**

Version 02

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: 10/01/2013

\*b. End Date: 09/30/2014

**18. Estimated Funding (\$):**

*a. Federal	\$205,152.00
*b. Applicant	
*c. State	\$151,848.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$357,000.00

**\*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: Alice

Middle Name:

\*Last Name: Stebbins

Suffix:

\*Title: Chief, Administrative Services Division

\*Telephone Number: (916)322-8198

Fax Number: (916)322-9612

\*Email: astebbin@arb.ca.gov

\*Signature of Authorized Representative: *Alice Stebbins*

Date Signed: 6-7-13

**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.

[Empty text area for explanation]

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):**

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**RECEIVED**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**JUN 12 2013**

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**STATE CLEARING HOUSE**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

GL398001

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

**\* c. Organizational DUNS:**

B083223580000

**d. Address:**

**\* Street1:**

1831 9TH STREET

**Street2:**

\_\_\_\_\_

**\* City:**

SACRAMENTO

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95811-7011

**e. Organizational Unit:**

**Department Name:**

FISH AND WILDLIFE

**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:**

\_\_\_\_\_

**\* Telephone Number:**

916-327-0062

**Fax Number:**

916-327-6320

**\* Email:**

jason.williams@wildlife.ca.gov

<b>Application for Federal Assistance SF-424</b>		
<b>* 9. Type of Applicant 1: Select Applicant Type:</b>		
<input type="text" value="A: State Government"/>		
<b>Type of Applicant 2: Select Applicant Type:</b>		
<input type="text"/>		
<b>Type of Applicant 3: Select Applicant Type:</b>		
<input type="text"/>		
<b>* Other (specify):</b>		
<input type="text"/>		
<b>* 10. Name of Federal Agency:</b>		
<input type="text" value="Fish and Wildlife Service"/>		
<b>11. Catalog of Federal Domestic Assistance Number:</b>		
<input type="text" value="15.611"/>		
<b>CFDA Title:</b>		
<input type="text" value="Wildlife Restoration and Basic Hunter Education"/>		
<b>* 12. Funding Opportunity Number:</b>		
<input type="text" value="F13AS00077"/>		
<b>* Title:</b>		
<input type="text" value="R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies"/>		
<b>13. Competition Identification Number:</b>		
<input type="text"/>		
<b>Title:</b>		
<input type="text"/>		
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>
<b>* 15. Descriptive Title of Applicant's Project:</b>		
<input type="text" value="WILDLIFE HABITAT DEVELOPMENT AND MAINTENACNE - REGION 1 (W-01-D)"/>		
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"/>

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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





**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,560,985.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="520,328.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="22,728.00"/>
* g. TOTAL	<input type="text" value="2,104,041.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach





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

" I AGREE"

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4340-0004  
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**

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

**JUN 12 2013**

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

**STATE CLEARING HOUSE**

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

G1398054

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9TH STREET

Street2:

[Redacted]

\* City:

SACRAMENTO

County/Parish:

[Redacted]

\* State:

CA: California

Province:

[Redacted]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

**e. Organizational Unit:**

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

[Redacted]

\* First Name:

Khanh

Middle Name:

[Redacted]

\* Last Name:

Nguyen

Suffix:

[Redacted]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Redacted]

\* Telephone Number:

916-445-3525

Fax Number:

[Redacted]

\* Email:

KHANH.NGUYEN@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F13AS00081

\* Title:

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

**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:**

CENTRAL VALLEY SALMON RESOURCE ASSESSMENT (F-122 P61)

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-005

b. Program/Project CA-ALL

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	156,576.00
* b. Applicant	0.00
* c. State	53,192.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	209,768.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/12/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Middle Name: Last Name: BAYS Suffix:

\* Title: SSMI

\* Telephone Number: 916-445-3701 Fax Number:

\* Email: LISA.BAYS@WILDLIFE.CA.GOV

\* 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

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

A: Increase Award

\* Other (Specify)

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

JUN 12 2013

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

L13AC00012

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

\* a. Legal Name: University Corporation at Monterey Bay

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

77-0387459

\* c. Organizational DUNS:

082412920

d. Address:

\* Street1: 100 Campus Center, Alumni and Visitors Center

Street2:

\* City: Seaside

County:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 93955-8001

e. Organizational Unit:

Department Name:

Science & Environmental Policy

Division Name:

Science, Media Arts & Tech.

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

Prefix:

\* First Name: Christine

Middle Name:

\* Last Name: Limesand

Suffix:

Title: Assistant Director, Sponsored Programs Office

Organizational Affiliation:

California State University Monterey Bay

\* Telephone Number: 931-582-3551

Fax Number: 631-582-3305

\* Email: climesand@csUMB.edu

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

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):  
Auxiliary to a state IHE

\* 10. Name of Federal Agency:  
Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:  
15.236

CFDA Title:  
Environmental Quality and Protection Resource Management

\* 12. Funding Opportunity Number:  
L13As00011

\* Title:  
BLM CA High Resolution Mapping of Soils and Other Earth Features in the Desert Renewable Energy Conservation Plan DRECP Area

13. Competition Identification Number:

Title:

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

\* 15. Descriptive Title of Applicant's Project:  
High-Resolution Mapping of Soils and Special Features for the California Desert Renewable Energy Conservation Plan (DRECP)

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: 20 Add Attachment Delete Attachment \* b. Program Project: 18

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

01/20/2013 [redacted] [redacted] [redacted] 24/2014

17. Proposed Project:

\* a. Start Date: [redacted] \* b. End Date: [redacted]

18. Estimated Funding (\$):

* a. Federal	105,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	105,000.00

\* 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 06/12/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [redacted]

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: [redacted] \* First Name: Cynthia  
Middle Name: E.  
\* Last Name: Lopez  
Suffix: [redacted]

\* Title: Director, Sponsored Programs Office

\* Telephone Number: 831-582-3089 Fax Number: 831-582-3305

\* Email: clopez@csumb.edu

\* Signature of Authorized Representative: [Signature] \* Date Signed: 6/12/13

*For Cynthia E. Lopez*

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: 03/22/2013	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<b>RECEIVED</b>		
<b>JUN 12 2013</b>		
<b>STATE CLEARING HOUSE</b>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: 01398066	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083233580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Grants Management Branch	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Khanh	
Middle Name: _____	* Last Name: Nguyen	
Suffix: _____	Title: Associate Governmental Program Analyst	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3525	Fax Number: _____	
* Email: Khanh.nguyen@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

**CFDA Title:**

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

FL3AS00081

**\* Title:**

R0 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**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:**

Aquatic Education Program

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-006

b. Program/Project CA-ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	2,472,133.00
* b. Applicant	0.00
* c. State	824,044.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,296,177.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/11/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix: \_\_\_\_\_ \* First Name: LISA

Middle Name: \_\_\_\_\_

\* Last Name: BAYS

Suffix: \_\_\_\_\_

\* Title: SSMI

\* Telephone Number: (916) 445-3701 Fax Number: \_\_\_\_\_

\* Email: lisa.bays@wildlife.ca.gov

\* Signature of Authorized Representative: Lisa Bays \* Date Signed: 03/22/2013

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 14, 2013	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		B-13-MC-06-0003

5. APPLICANT INFORMATION

Legal Name: City of Sacramento	Organizational Unit: Department: Housing Authority of the City of Sacramento
Organizational DUNS: 137351016	Division:

Address: Street: 801 12th Street	RECEIVED JUN 13 2013 STATE CLEARING HOUSE	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento		Prefix: Mr.
County: Sacramento		Middle Name
State: California	Zip Code 95814	Last Name Ross
Country: USA		Suffix:
		Email: gross@shra.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000759

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

Municipal

Other (specify)

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)

9. NAME OF FEDERAL AGENCY:  
U. S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
14-218

TITLE (Name of Program):  
Community Development Block Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
2013 Community Development  
Block Grant Projects

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
City of Sacramento

13. PROPOSED PROJECT

Start Date: January 1, 2013

Ending Date: December 31, 2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3rd, 4th, 5th, and 11th

b. Project 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	\$ 4,285,920 <sup>00</sup>
b. Applicant	\$ 0 <sup>00</sup>
c. State	\$ 200,131 <sup>00</sup>
d. Local	\$ 3,069,318 <sup>00</sup>
e. Other	\$ 9,681,958 <sup>00</sup>
f. Program Income	\$ 66,949 <sup>00</sup>
g. TOTAL	\$ 17,304,276 <sup>00</sup>

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: June 14, 2013

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

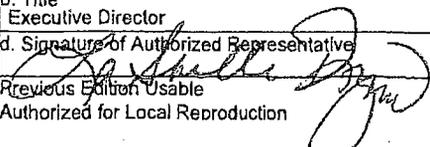
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name LaShelle	Middle Name
Last Name Dozier	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative	e. Date Signed 6/7/13	

Version 7/03

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 14, 2013	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		S-13-MC-08-0003
5. APPLICANT INFORMATION			
Legal Name: City of Sacramento		Organizational Unit: Department: Housing Authority of the City of Sacramento	
Organizational DUNS: 137351016		Division:	
Address: Street: 801 12th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Geoffrey
County: Sacramento		Middle Name	
State: California		Last Name Ross	
Zip Code 95814	Suffix:		
Country: USA		Email: gross@shra.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759		Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" 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) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Solutions Grant		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2013 Emergency Solutions Grant	
13. PROPOSED PROJECT Start Date: January 1, 2013 Ending Date: December 31, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 302,145 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 14, 2013	
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>	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.	
g. TOTAL	\$ 302,145 <sup>00</sup>	a. Authorized Representative	
		Prefix Ms.	First Name La Shelle
		Middle Name	
		Last Name Dozier	
		Suffix	
		b. Title Executive Director	
		c. Telephone Number (give area code) (916) 440-1319	
		d. Signature of Authorized Representative 	
		e. Date Signed 6/7/13	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> June 14, 2013	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
			B -13-UC-06-0005

**5. APPLICANT INFORMATION**

Legal Name:	County of Sacramento	<b>Organizational Unit:</b>	Department: Housing Authority of the County of Sacramento
Organizational DUNS: 137351164		Division:	
<b>Address:</b>		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
Street: 801 12th Street		Prefix: Mr.	First Name: Geoffrey
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ross	
State: California	Zip Code 95814	Suffix:	
Country: USA		Email: gross@shra.org	

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JUN 13 2013

STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

94-6300529

Phone Number (give area code): (916) 440-1357

Fax Number (give area code): (916) 493-1655

**8. TYPE OF APPLICATION:**

New   
  Continuation   
  Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)

Municipal

Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

14-218

TITLE (Name of Program):  
Community Development Block Grant

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

County of Sacramento

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

2013 Community Development Block Grant Projects

**9. NAME OF FEDERAL AGENCY:**  
U. S. Department of Housing and Urban Development

**13. PROPOSED PROJECT**

Start Date: January 1, 2013    Ending Date: December 31, 2013

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 3rd, 4th, 5th, and 11th    b. Project 3rd, 4th, 5th, and 11th

**15. ESTIMATED FUNDING:**

a. Federal	\$	4,825,869 <sup>00</sup>
b. Applicant	\$	0 <sup>00</sup>
c. State	\$	200,131 <sup>00</sup>
d. Local	\$	2,832,318 <sup>00</sup>
e. Other	\$	9,637,958 <sup>00</sup>
f. Program Income	\$	16,433 <sup>00</sup>
g. TOTAL	\$	17,512,709 <sup>00</sup>

**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: June 14, 2013

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 La Shelle	Middle Name
Last Name Dozier	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative	e. Date Signed 6/2/13	

**APPLICATION FOR FEDERAL ASSISTANCE**

Version: 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 14, 2013	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	State Application Identifier Federal Identifier S-13-UC-06-0005
<b>5. APPLICANT INFORMATION</b> Legal Name: County of Sacramento		<b>Organizational Unit:</b> Department: Housing Authority of the County of Sacramento Division:	
Organizational DUNS: 137351164		Name and telephone number of person to be contacted on matters involving this application (give area code)	
<b>Address:</b> Street: 801 12th Street		Prefix: Mr.	First Name: Geoffrey
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ross	
State: California	Zip Code 95814	Suffix:	
Country: USA		Email: gross@shra.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6300529		Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Emergency Solutions Grant 14-231		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Sacramento		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2013 Emergency Solutions Grant	
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2013		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th	
Ending Date: December 31, 2013		b. Project 3rd, 4th, 5th, and 11th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 331,470 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 14, 2013	
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>	<b>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.</b>	
g. TOTAL	\$ 331,470 <sup>00</sup>	a. Authorized Representative	
Prefix Ms.		First Name LaShelle	Middle Name
Last Name Dozier		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative		e. Date Signed 6/13	

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JUN 13 2013

STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 03/31/2014

**Application for Federal Assistance SF-424**

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(a):
<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: Completed by Grants.gov upon submission.	4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	F13AF00081

JUN 13 2013

State Use Only:

6. Date Received by State:	7. State Application Identifier: 61398055
----------------------------	---

STATE CLEARING HOUSE

**B. APPLICANT INFORMATION:**

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--	---

**d. Address:**

* Street1:	1831 9TH STREET
Street2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

**e. Organizational Unit:**

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	---

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

Prefix:	* First Name: PETE
Middle Name:	
* Last Name: MARCELLANA	
Suffix:	
Title: GRANT ADMINISTRATOR	

Organizational Affiliation:

* Telephone Number: 916-445-4658	Fax Number:
----------------------------------	-------------

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV
--

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

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

\* Other (specify):  
[Empty field]

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

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

CFDA Title:  
Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F13AS00081

\* Title:  
R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

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

SAN JOAQUIN RIVER FALL-RUN CHINOOK SALMON POPULATION SIMULATION MODEL REFINEMENT (F-154)

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="197,979.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="60,917.00"/>
* 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="258,896.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> CA Department of Food & Agriculture	<b>RECEIVED</b>
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> JUN 13 2013 _____	
<b>State Use Only:</b> STATE CLEARING HOUSE		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 807487665	
<b>d. Address:</b>		
<b>* Street1:</b> 3294 Meadowview Road, Building E	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Sacramento	_____	
<b>County:</b> Sacramento	_____	
<b>* State:</b> California	_____	
<b>Province:</b>	_____	
<b>* Country:</b>	USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 95832	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health and Pest Prevention Services	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Dr.	<b>* First Name:</b> Stephen	
<b>Middle Name:</b>	_____	
<b>* Last Name:</b> Gaimari	_____	
<b>Suffix:</b> PH.D.	_____	
<b>Title:</b> Program Supervisor IV	_____	
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 916-262-1131	<b>Fax Number:</b> 916-262-1190	
<b>* Email:</b> stephen.gaimari@cdfa.ca.gov		

**Application for Federal Assistance SF-424**

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

State Governor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA-APHIS-PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 3rd

\* 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 \$138,105

\* b. Applicant

\* c. State \$ 24,682

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$162,787

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

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

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

OMB Number: 4045-0004  
Expiration Date: 03/31/2012

## Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:		
<input type="text"/>		<input type="text"/>		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:		
<input type="text"/>		<input type="text"/> RECEIVED		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
<input type="text"/>		<input type="text"/> JUN 13 2013		
8. APPLICANT INFORMATION:				
STATE CLEARING HOUSE				
* a. Legal Name: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT				
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:	
77-0262563			788808384	
d. Address:				
* Street1: 1990 E. Gattysburg Avenue				
Street2: <input type="text"/>				
* City: Fresno				
County: <input type="text"/>				
* State: CA: California				
Province: <input type="text"/>				
* Country: USA; UNITED STATES				
* Zip / Postal Code: 93728-0244				
e. Organizational Unit:				
Department Name:			Division Name:	
Administration			Administrative Services	
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Mr.		* First Name: Nai		
Middle Name: <input type="text"/>				
* Last Name: Saelee				
Suffix: <input type="text"/>				
Title: Accountant I				
Organizational Affiliation: <input type="text"/>				
* Telephone Number: (559) 230-6128			Fax Number: (559) 230-6063	
* Email: nai.saelee@valleyair.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:**

EPA - Region 9

**11. Catalog of Federal Domestic Assistance Number:**

66.034

CFDA Title:

Special Purpose Activities Relating to the Clean Air Act

**\* 12. Funding Opportunity Number:**

\* Title:

FY-13 nationwide fine particulate (PM2.5) monitoring network

**13. Competition Identification Number:**

Title:

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

Counties: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare

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

San Joaquin Valley APCD FY-13 PM2.5 Monitoring Grant

Attach supporting documents as specified in agency instructions.

## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-021

\* b. Program/Project CA-021

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

CA-011, CA-018, CA-019, CA-020, CA-022

## 17. Proposed Project:

\* a. Start Date: 4/01/2013

\* b. End Date: 3/31/2014

## 18. Estimated Funding (\$):

\* a. Federal \$98,400.00  
 \* b. Applicant -  
 \* c. State -  
 \* d. Local -  
 \* e. Other -  
 \* f. Program Income -  
 \* g. TOTAL \$98,400.00

## \* 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.) Applicant Federal Debt Delinquency Explanation:

 Yes No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, 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: Seyed

Middle Name:

\* Last Name: Sadredin

Suffix:

\* Title: Executive Director / A.P.C.O.

\* Telephone Number: (559) 230-6000

Fax Number:

\* Email: seyed.sadredin@valleyair.org

\* Signature of Authorized Representative:

\* Date Signed:

06/13/2013

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> California Department of Food & Agriculture	
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> 13-8506-1499-CA	
<b>State Use Only:</b>	RECEIVED JUN 14 2013 STATE CLEARING HOUSE	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 807487665	
<b>d. Address:</b>		
<b>* Street1:</b> 1220 N Street, Room 220	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Sacramento	_____	
<b>County:</b> Sacramento	_____	
<b>* State:</b> California	_____	
<b>Province:</b>	_____	
<b>* Country:</b>	USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 95814	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> California Department of Food & Agriculture	<b>Division Name:</b> Plant Health & Pest Prevention Services	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> Susan	
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> Sawyer	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> Staff Environmental Scientist		
<b>Organizational Affiliation:</b> California Department of Food & Agriculture		
<b>* Telephone Number:</b> (916) 403-6660	<b>Fax Number:</b> (916) 651-2900	
<b>* Email:</b> susan.sawyer@cdfa.ca.gov		

**Application for Federal Assistance SF-424**

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

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

The states of California, Oregon, Washington, and Idaho.

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

Regional Strategic Systems for Early Detection of Invasive Species

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-006

\* b. Program/Project CA-all

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

OR-all, WA-all, ID-all

**17. Proposed Project:**

\* a. Start Date: 8/1/2013

\* b. End Date: 7/31/2014

**18. Estimated Funding (\$):**

\* a. Federal 216,194

\* b. Applicant

\* c. State 0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 216,194

**\* 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 6/14/2013

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):  
[ ]

\* Other (Specify)  
**RECEIVED**

\* 3. Date Received:

[ ]

4. Applicant Identifier:

CA Department of Food & Agriculture

JUN 14 2013

5a. Federal Entity Identifier:

[ ]

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[ ]

7. State Application Identifier:

[ ]

8. APPLICANT INFORMATION:

\* a. Legal Name:

State of California

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

68-0325104

\* c. Organizational DUNS:

807487665

d. Address:

\* Street1:

3294 Meadowview Road, Building E

Street2:

[ ]

\* City:

Sacramento

County:

Sacramento

\* State:

California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95832

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix:

Dr.

\* First Name:

Stephen

Middle Name:

[ ]

\* Last Name:

Gaimari

Suffix:

PH.D.

Title:

Program Supervisor IV

Organizational Affiliation:

[ ]

\* Telephone Number:

916-262-1131

Fax Number:

916-262-1190

\* Email:

stephen.gaimari@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

State Governor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA-APHIS-PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 3rd

\* b. Program/Project World wide

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

17. Proposed Project:

\* a. Start Date: 8/1/2013

\* b. End Date: 7/31/2013

18. Estimated Funding (\$):

\* a. Federal \$138,105

\* b. Applicant

\* c. State \$ 24,682

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$162,787

\* 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 6/13/2013

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Middle Name: \* First Name: Crystal

\* Last Name: Myers

Suffix:

\* Title: Federal Funds Manager

\* Telephone Number: 916-403-6853 Fax Number:

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

\* Signature of Authorized Representative: Crystal Myers \* Date Signed: 6/12/2013

**Application for Federal Assistance SF-424**

Version 02

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

*3. Date Received:	4. Application Identifier: <b>JUN 14 2013</b>
--------------------	---

5a. Federal Entity Identifier: 20-507	*5b. Federal Award Identifier: <b>STATE CLEARING HOUSE</b>
--	---

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Gardena

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000713	*c. Organizational DUNS: 155733629
---	---------------------------------------

d. Address:

\*Street 1: 1700 West 162nd Street  
Street 2:  
\*City: Gardena  
County:  
\*State: California  
Province:  
Country: U.S.A. \*Zip/ Postal Code: 90247

e. Organizational Unit:

Department Name: Department of Transportation	Division Name: N/A
--	-----------------------

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

Prefix: Ms First Name: Cammie  
Middle Name:  
\*Last Name: Le  
Suffix:

Title: Administrative Analyst I

Organizational Affiliation:

\*Telephone Number: 310-965-8806 Fax Number: 310-538-1989  
\*Email: CLe@gardenabus.com

**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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*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: 49USCA5307 (a)(2)

\*Title: Urbanized Area Formula Program

13. Competition Identification Number:

Title:

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

Cities

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

Capitalization of Preventative Maintenance

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: CA- 035

\*a. Applicant CA -035

\*b. Program/Project: CA-035, CA-036, CA-037

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

17. Proposed Project: Capitalization of Preventative Maintenance

\*a. Start Date: 07/01/2012

\*b. End Date: 06/30/2013

**18. Estimated Funding (\$):**

\*a. Federal \$2,345,878.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$2,345,878.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 06/14/2013

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

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

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mrs \*First Name: Paula

Middle Name:

\*Last Name: Faust

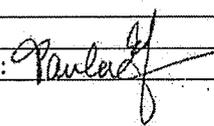
Suffix:

\*Title: Deputy Director of Transportation

\*Telephone Number: (310) 965-8811

Fax Number: (310) 538-1989

\*Email: PFaust@gardenabus.com

\*Signature of Authorized Representative: 

Date Signed: 06/14/2013

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

[ ]

\* Other (Specify)

[ ]

**\* 3. Date Received:**

[ ]

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

13-8506-1399-CA

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

[ ]

**State Use Only:**

**6. Date Received by State:**

[ ]

**7. State Application Identifier:**

[ ]

RECEIVED

JUN 14 2013

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

State of California

STATE CLEARING HOUSE

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

68-0325104

**\* c. Organizational DUNS:**

807487665

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

[ ]

**\* City:**

Sacramento

**County:**

[ ]

**\* State:**

California

**Province:**

[ ]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

California Department of Food and Agriculture

**Division Name:**

Plant Health & Pest Prevention Services

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

**Prefix:**

[ ]

**\* First Name:**

Jason

**Middle Name:**

K

**\* Last Name:**

Chan

**Suffix:**

[ ]

**Title:**

[ ]

**Organizational Affiliation:**

California Department of Food and Agriculture

**\* Telephone Number:**

(916) 654-1211

**Fax Number:**

(916) 654-0555

**\* Email:**

jason.chan@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Enhanced Exotic Pests Survey

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 1

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 7/1/2013

\* b. End Date: 6/30/2014

**18. Estimated Funding (\$):**

\* a. Federal 6,300,000

\* b. Applicant

\* c. State 0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 6,300,000

**\* 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 6/14/2013

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> PM-98956601-8
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> San Diego Air Pollution Control District	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 33-0488415	<b>* c. Organizational DUNS:</b> 623879223
<b>d. Address:</b>	
<b>* Street1:</b> 10124 Old Grove Road	
<b>Street2:</b> _____	
<b>* City:</b> San Diego	
<b>County:</b> San Diego	
<b>* State:</b> CA	
<b>Province:</b> _____	
<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 92131	
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Air Pollution Control District	<b>Division Name:</b> Monitoring
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Mr.	<b>* First Name:</b> Mahmood
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Hossain	
<b>Suffix:</b> _____	
<b>Title:</b> Chief, Air Pollution Control	
<b>Organizational Affiliation:</b> _____	
<b>* Telephone Number:</b> (858) 586-2760	<b>Fax Number:</b> (858) 586-2601
<b>* Email:</b> mahmood.hossain@sdcounty.ca.gov	

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**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

B

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Survey-Studies-Investigations-Demonstration and Special Purpose Activities relating to Clean Air Act

\* 12. Funding Opportunity Number:

FY13 CAA Section 103 PM 2.5 monitoring network

\* Title:

13. Competition Identification Number:

Title:

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

County of San Diego

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

San Diego County Air Pollution Control District Program to develop and implement the fine particulate (PM2.5) monitoring network.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-52

\* b. Program/Project 50, 53

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

**17. Proposed Project:**

\* a. Start Date: 04-01-2008

\* b. End Date: 03-31-2014

**18. Estimated Funding (\$):**

\* a. Federal \$ 253, 260  
\* b. Applicant  
\* c. State  
\* d. Local  
\* e. Other  
\* f. Program Income  
\* g. TOTAL \$ 253, 260

**\* 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 6/14/13  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

Yes  No

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\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \* First Name: Robert  
Middle Name:  
\* Last Name: Kard  
Suffix:

\* Title: Air Pollution Control Officer

\* Telephone Number: (858) 586-2600 Fax Number: (858) 586-2601

\* Email: robert.kard@sdcounty.ca.gov

\* Signature of Authorized Representative: *Robert Kard* \* Date Signed: 6-13-2013

*RF*