

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.



<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 5/29/2014	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
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</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>Nathan Maddox (213) 922-7368</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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> Increase Duration  If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20.205</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>Cabrillo Mole Ferry Terminal Rehabilitation</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>6/30/2014</b>	Ending Date <b>9/30/2017</b>	a. Applicant <b>Districts 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 42, 46</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	\$ 2,400,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>5/16/2014</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 600,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 3,000,000.00		

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

a Typed Name of Authorized Representative <b>NATHAN MADDOX</b>	b Title Transportation Planner Regional Grants Management	c Telephone number <b>(213) 922-7368</b>
d. Signature of Authorized Representative 	e. Date Signed <b>05/29/2014</b>	



APPLICATION FOR  
FEDERAL ASSISTANCE

1 TYPE OF SUBMISSION:		Preapplication	2. DATE SUBMITTED	Application Identifier 90CM0151
{ } Construction	{ } Construction		3. DATE RECEIVED BY STATE	State Application Identifier
{ X } Non-Construction	{ } Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5 APPLICATION INFORMATION				
Legal Name: Community Action Partnership of San Luis Obispo County, Inc.		Organization Unit: Migrant & Seasonal Head Start		
Organizational DUNS: 05-890-1950		Name and telephone number of the person to be contracted on matters involving the application (give area code) William Castellanos (805) 544-4355 FAX # (805) 549-8388		
Address (give city, county, state and zip) 1030 Southwood Drive San Luis Obispo County San Luis Obispo, CA 93401		STATE CLEARING HOUSE JUN 02 2014		
6 EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2410253		7. TYPE OF APPLICANT (enter appropriate letter in box) { N }		
8 TYPE OF APPLICATION  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in boxes: ( ) ( ) A. Increase Award                      B. Decrease Award C. Increase Duration                    D. Decrease Duration Other (Specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Community Action Agency		
10 CATALOG OF FEDERAL DOMESTIC                      93-600  TITLE: Migrant and Seasonal Head Start		9. NAME OF FEDERAL AGENCY: Administration for Children and Families Office of Human Development Services		
12 AREAS AFFECTED BY PROJECT (city, counties, states, etc.): San Luis Obispo, Fresno, Monterey, San Benito, Kern, Santa Barbara, Ventura, and Orange Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funding for FY 2014 including: A) Migrant and Seasonal Head Start PA 22 Base and PA 20 Training B) Migrant and Seasonal Early Head Start PA 25 Base and PA 21 Training		
13 PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS		
Start Date 9/1/2014	Ending Date 8/31/2015	a. Applicant 22	b. Project 17, 19, 20, 21, 22, 23, 46	
15 ESTIMATED FUNDING:		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 ( F4) PROGRAM NOT COVERED BY E.Q. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a Federal	\$ 25,999,471			
b Applicant	\$ 1,659,541			
c State				
d Local				
e Other/ In-Kind				
f Program Income				
g TOTAL	\$ 27,659,012	17. IS THE APPLICANT DELINQUENT OF ANY FEDERAL DEBT? ( ) YES If "Yes" attach an explanation. (X) NO		
18 TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED				
a. Typed Name and Authorized Representative: Santos Arrona		b. Title: Vice-President CAPSLO Board of Directors		c. Telephone Number (805) 544-4355
d. Signature of Authorized Representative			e. Date Signed 4/17/14	

37

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**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 02 2014

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:

Tower Park Village Owners Association

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

94-2901017

\* c. Organizational DUNS:

07-941-2660

d. Address:

\* Street 1:

2 Silverwood Court

Street 2:

\_\_\_\_\_

\* City:

Lodi

County/Parish:

San Joaquin

\* State:

CA

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95242

e. Organizational Unit:

Department Name:

US Dept of Agriculture

Division Name:

Rural Development

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

Prefix:

\_\_\_\_\_

\* First Name:

Richard

Middle Name:

A.

\* Last Name:

Fong

Suffix:

Jr.

Title:

Secretary - General Counsel

Organizational Affiliation:

Attorney

\* Telephone Number:

510 748 6800 x 103

Fax Number:

510 748 6822

\* Email:

rfong@fonglaw.com

**Application for Federal Assistance SF-424**

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

M. Homeowner Association (Nonprofit Mutual Benefit Corp)

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

\* Other (specify):

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

U.S. Dept of Agriculture, Rural Development

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

10,763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Rural area between Lodi

Add Attachments

Delete Attachments

View Attachments

and Rio Vista, CA - Tower Park Village residential subdivision

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

Water supply source improvement and expansion

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

9th Dist. Calif. (CA-009)

\* b. Program/Project

9th Dist Calif (CA-009)

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

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

\* a. Start Date:

7-1-14

\* b. End Date:

5-31-14

18. Estimated Funding (\$):

\* a. Federal

500,000.00

\* b. Applicant

[Empty text box]

\* c. State

[Empty text box]

\* d. Local

[Empty text box]

\* e. Other

[Empty text box]

\* f. Program Income

[Empty text box]

\* g. TOTAL

500,000.000

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

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

5-30-14

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

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

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

Yes

No

If "Yes, provide explanation and attach.

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

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

I AGREE

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

Authorized Representative:

Prefix:

[Empty text box]

\* First Name:

Richard

Middle Name:

A.

\* Last Name:

Fong

Suffix:

Jr.

\* Title:

Secretary - General Counsel

\* Telephone Number:

510 748 6800 x103

Fax Number:

510 748 6822

\* Email:

rfong@fonglaw.com

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

5/29/14



**EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT  
CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. The organization has a bona fide need for grant funding and is unable to finance the proposed project from its own resources.
2. The organization has no known relatives or close associates that are current USDA Rural Development employees.
3. No outstanding judgment has been obtained and recorded by the United States of America in a Federal Court (other than in the United States Tax Court.)
4. No insurance claims have been made to an insurance company, FEMA, or other agency.
5. If the grant is awarded, the project design and specifications; procurement and contract documents will be in compliance with RUS Instruction 1780 and applicable bidding laws and federal regulations.

Tower Park Village Owners Association  
Name of Organization

  
\_\_\_\_\_  
Signature of Authorized Official  
(Richard Tony)

5-28-14  
Date

Secretary - General Counsel  
Title

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

JUN 02 2014

6a. Federal Entity Identifier:

[Empty field]

\* 6b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498083

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:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

a. 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:

[Empty field]

\* First Name:

BRIAN

Middle Name:

[Empty field]

\* Last Name:

SALAZAR

Suffix:

[Empty field]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-323-6201

Fax Number:

916-327-6320

\* Email:

BRIAN.SALAZAR@WILDLIFE.CA.GOV



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

**Application for Federal Assistance SF-424** Version 02

**9. Type of Applicant 1: Select Applicant Type:**  
  
**Type of Applicant 2: Select Applicant Type:**  
  
**Type of Applicant 3: Select Applicant Type:**  
  
 \* Other (specify):

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

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

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

**13. Competition Identification Number:**  
  
**Title:**

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

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

Attach supporting documents as specified in agency instructions.



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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-002"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2016"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="65,000.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="35,000.00"/>	
* 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="100,000.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="06/02/2014"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<p><b>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)</b></p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	* Fax Number: <input type="text" value="916-327-0062"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>



Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

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 02 2014

6a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier: G1498052

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: \_\_\_\_\_

\* 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: JASON

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

\* Last Name: WILLIAMS

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

Title: GRANT ADMINISTRATOR

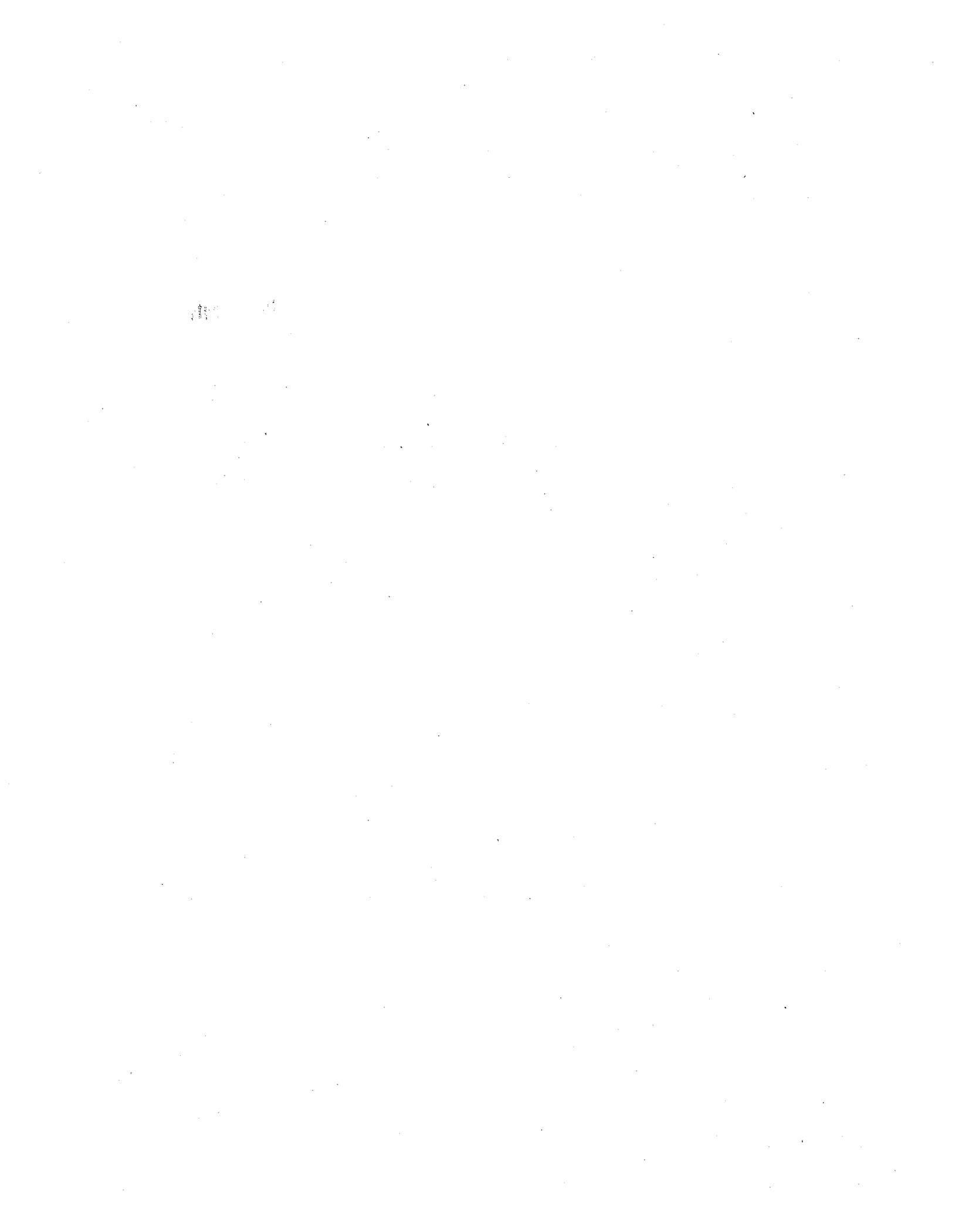
Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number: 916-327-0062

Fax Number: 916-327-6320

\* Email: JASON.WILLIAMS@WILDLIFE.CA.GOV



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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</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="F14AS00058"/>	
<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" value="Merced (16), Fresno (21) and Stanislaus (10) Counties"/>	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
<input type="text" value="WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: REGION 4"/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	



OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-006

\* b. Program/Project 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: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	2,293,664.00
* b. Applicant	0.00
* c. State	764,555.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	42,047.00
* g. TOTAL	3,100,266.00

\* 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 06/02/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA  
Middle Name: [ ]  
\* Last Name: BAYS  
Suffix: [ ]

\* Title: STAFF SERVICES MANAGER I

\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

\* 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
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>            * Other (Specify):  <input type="text"/> </p>		
<b>RECEIVED</b>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.         </p>		<p>4. Applicant Identifier:  <input type="text"/> </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> </p>
<b>JUN 02 2014</b>		
<b>STATE CLEARING HOUSE</b>		
<b>State Use Only:</b>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/> 61498074</p>
<b>B. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text"/> STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 94-1697567         </p>		<p>* c. Organizational DUNS:  <input type="text"/> 8083223580000         </p>
<b>d. Address:</b>		
<p>* Street1: <input type="text"/> 1831 9TH STREET</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> SACRAMENTO</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 95811-7011</p>		
<b>e. Organizational Unit:</b>		
<p>Department Name:  <input type="text"/> FISH AND WILDLIFE         </p>		<p>Division Name:  <input type="text"/> GRANTS MANAGEMENT BRANCH         </p>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<p>Prefix: <input type="text"/> * First Name: <input type="text"/> BRIAN</p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> SALAZAR</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> GRANT ADMINISTRATOR</p>		
<p>Organizational Affiliation:  <input type="text"/> </p>		
<p>* Telephone Number: <input type="text"/> 916-323-6201</p>		<p>Fax Number: <input type="text"/> 916-327-6320</p>
<p>* Email: <input type="text"/> BRIAN.SALAZAR@WILDLIFE.CA.GOV</p>		

MS. 7. 111.

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

F14AS00127

Title:

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

**13. Competition Identification Number:**

Title:

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

ALL CALIFORNIA COUNTIES

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

TOWNSEND'S BIG-EARED BAT STATEWIDE ASSESSMENT

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="129,800.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="69,892.00"/>
* 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="199,692.00"/>

\* 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 216, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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



<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.       </p>		<p>4. Applicant Identifier:  <input type="text"/> </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> </p>
<p><b>RECEIVED</b> <b>JUN 02 2014</b> <b>STATE CLEARING HOUSE</b></p>		
<b>State Use Only:</b>		
<p>6. Date Received by State: <input type="text"/></p>	<p>7. State Application Identifier: <input type="text"/> 61498073</p>	
<b>8. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text"/> STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 94-1697567       </p>	<p>* c. Organizational DUNS:  <input type="text"/> 8083223580000       </p>	
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 1831 9TH STREET</p>	<p>Street2: <input type="text"/></p>	
<p>* City: <input type="text"/> SACRAMENTO</p>	<p>County: <input type="text"/></p>	
<p>* State: <input type="text"/> CA: California</p>	<p>Province: <input type="text"/></p>	
<p>* Country: <input type="text"/> USA: UNITED STATES</p>	<p>* Zip / Postal Code: <input type="text"/> 95811-7011</p>	
<b>e. Organizational Unit:</b>		
<p>Department Name:  <input type="text"/> FISH AND WILDLIFE       </p>	<p>Division Name:  <input type="text"/> GRANTS MANAGEMENT BRANCH       </p>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<p>Prefix: <input type="text"/></p>	<p>* First Name: <input type="text"/> BRIAN</p>	
<p>Middle Name: <input type="text"/></p>	<p>* Last Name: <input type="text"/> SALAZAR</p>	
<p>Suffix: <input type="text"/></p>	<p>Title: <input type="text"/> GRANT ADMINISTRATOR</p>	
<p>Organizational Affiliation:  <input type="text"/> </p>		
<p>* Telephone Number: <input type="text"/> 916-323-6201</p>	<p>Fax Number: <input type="text"/> 916-327-6320</p>	
<p>* Email: <input type="text"/> BRIAN.SALAZAR@WILDLIFE.CA.GOV</p>		



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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

F14AS00127

\* Title:

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

**13. Competition Identification Number:**

Title:

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

FRESNO, MADERA, SAN BENITO, KINGS, TULARE, KERN, SAN LUIS OBISPO, AND SANTA BARBARA COUNTIES

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

SAN JOAQUIN ANTELOPE SQUIRREL ASSESSMENT

Attach supporting documents as specified in agency instructions.



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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

* a. Federal	191,209.00
* b. Applicant	0.00
* c. State	102,959.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	294,168.00

**\* 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: 4040-0004  
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 checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
* 3. Date Received:	4. Applicant Identifier:	
Completed by Grants.gov upon submission.	_____	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>JUN 02 2014</p> <p>STATE CLEANING HOUSE</p> </div>
_____	_____	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	_____
_____	_____	_____
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <u>Madera County MD-19AB Parkwood</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
<u>94-6000518</u>	<u>038080920</u>	
d. Address:		
* Street 1:	<u>2037 W. Cleveland Avenue</u>	
* Street 2:	_____	
* City:	<u>Madera</u>	
* County/Parish:	_____	
* State:	<u>California</u>	
* Province:	_____	
* Country:	<u>USA: UNITED STATES</u>	
* Zip / Postal Code:	<u>93637</u>	
e. Organizational Unit:		
Department Name:	Division Name:	
<u>Public Works</u>	_____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	<u>Kheng</u>
Middle Name:	_____	
* Last Name:	<u>Vang</u>	
Suffix:	_____	
Title:	<u>County Engineer</u>	
Organizational Affiliation:		
<u>Employee</u>		
* Telephone Number:	Fax Number:	_____
<u>(559) 675-7817</u>	_____	
* Email: <u>kheng.vang@madera-county.com</u>		



**Application for Federal Assistance SF-424**

**B. Type of Applicant ( - Select Applicant Type:**

Madera County - Public

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

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

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

**\* 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:**

Construction of new water source (well) to replace an existing well within same site location. See attached Report (PER) and supporting documentations.

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="\$500,000.00"/>
* b. Applicant	<input type="text" value="60.00"/>
* 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="\$500,000.00"/>

**\* 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

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:

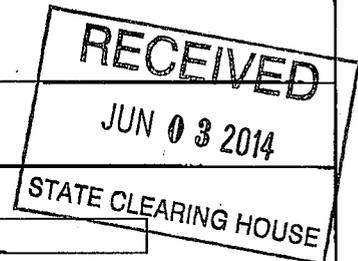
\* Email:

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



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

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p></td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p>			
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>			
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>			
<b>State Use Only:</b>					
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: G1498077</p>			
<b>8. APPLICANT INFORMATION:</b>					
<p>* a. Legal Name: STATE OF CALIFORNIA</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-1697567</p>		<p>* c. Organizational DUNS:  8083223580000</p>			
<b>d. Address:</b>					
<p>* Street1: 1831 9TH STREET</p> <p>Street2: <input type="text"/></p> <p>* City: SACRAMENTO</p> <p>County: <input type="text"/></p> <p>* State: CA; California</p> <p>Province: <input type="text"/></p> <p>* Country: USA; UNITED STATES</p> <p>* Zip / Postal Code: 95811-7011</p>					
<b>e. Organizational Unit:</b>					
<p>Department Name:  FISH AND WILDLIFE</p>		<p>Division Name:  GRANTS MANAGEMENT BRANCH</p>			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<p>Prefix: <input type="text"/> * First Name: BRIAN</p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: SALAZAR</p> <p>Suffix: <input type="text"/></p>					
<p>Title: GRANT ADMINISTRATOR</p>					
<p>Organizational Affiliation:  <input type="text"/></p>					
<p>* Telephone Number: 916-323-6201</p>		<p>Fax Number: 916-327-6320</p>			
<p>* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV</p>					





**Application for Federal Assistance SF-424** Version 02

**9. Type of Applicant 1: Select Applicant Type:**  
  
**Type of Applicant 2: Select Applicant Type:**  
  
**Type of Applicant 3: Select Applicant Type:**  
  
**\* Other (specify):**

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

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

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

**13. Competition Identification Number:**  
  
**Title:**

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

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

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="92,220.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="49,657.00"/>
* 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="141,877.00"/>

\* 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 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:



Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify)

[Empty box]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1498070

**RECEIVED**  
 JUN 03 2014  
 STATE CLEARING HOUSE

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:

[Empty box]

\* City:

SACRAMENTO

County:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* 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:

[Empty box]

\* First Name:

BRIAN

Middle Name:

[Empty box]

\* Last Name:

SALAZAR

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

\* Telephone Number:

916-323-6201

Fax Number:

916-327-6320

\* Email:

BRIAN.SALAZAR@WILDLIFE.CA.GOV



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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

F14A800127

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Del Norte and Humboldt Counties

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

HUMBOLDT MARTEN HABITAT RESTORATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-002"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2017"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="100,000.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="53,846.00"/>	
* 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="153,846.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/02/2014"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-0062"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>



Application for Federal Assistance SF-424	
<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 type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>RECEIVED</b>	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> Water Supply Restoration Project
<b>JUN 03 2014</b>	
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> STATE CLEARING HOUSE
<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> Parliament Public Utility District	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6038154	<b>* c. Organizational DUNS:</b> 115724347
<b>d. Address:</b>	
<b>* Street 1:</b>	396 N. Church, Unit 6
<b>Street 2:</b>	_____
<b>* City:</b>	Parliament
<b>County/Parish:</b>	Tulare
<b>* State:</b>	CA
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	93219
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> _____	<b>Division Name:</b> _____
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> _____	<b>* First Name:</b> James
<b>Middle Name:</b> H.	_____
<b>* Last Name:</b> Wegley	_____
<b>Suffix:</b> _____	_____
<b>Title:</b> Consulting Civil Engineer	
<b>Organizational Affiliation:</b> _____	
<b>* Telephone Number:</b> (559) 732-7938	<b>Fax Number:</b> (559) 732-7937
<b>* Email:</b> keiweg@aol.com	



**Application for Federal Assistance SF-424**

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

Special District Government

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

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

**\* Other (specify):**

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

United States Department of Agriculture Rural Development

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

10.763

**CFDA Title:**

Emergency and Imminent Community Water Assistance Grant

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

10.763

**\* Title:**

Emergency Community Water Assistance Grant

**13. Competition Identification Number:**

**Title:**

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

Add Attachments

Delete Attachments

View Attachments

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

Restore well capacity to Tulare Street Well and outfit Gray West Well with pump, motor, electrical, hydro-pneumatic tank and ancillary equipment.

**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 (\$):

* e. Federal	<input type="text" value="\$500,000.00"/>
* b. Applicant	<input type="text" value="\$107,000.00"/>
* a. 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="\$607,000.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12872 Process?  
 a. This application was made available to the State under the Executive Order 12872 Process for review on   
 b. Program is subject to E.O. 12872 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12872.

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

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

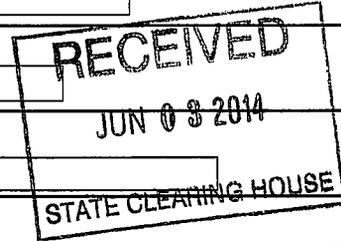


Authorized Representative



**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> CEO/Cofounder Other (Specify) Galilee Center	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b>			
<b>5a. Federal Entity Identifier:</b>			<b>* 5b. Federal Award Identifier:</b>		
<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> Galilee Center					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 27-3133601			<b>* c. Organizational DUNS:</b> 053038912		
<b>d. Address:</b>					
<b>* Street 1:</b> 66101 Hammond Road					
<b>Street 2:</b>					
<b>* City:</b> Mecca					
<b>County/Parish:</b> Riverside					
<b>* State:</b> CA					
<b>Province:</b>					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 92254					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b>			<b>Division Name:</b>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Ms		<b>* First Name:</b> Claudia			
<b>Middle Name:</b>					
<b>* Last Name:</b> Castorena					
<b>Suffix:</b>					
<b>Title:</b> CFO/Cofounder					
<b>Organizational Affiliation:</b> Galilee Center					
<b>* Telephone Number:</b> (760) 396 9100		<b>Fax Number:</b> (760) 396 5400			
<b>* Email:</b> ccastorena@galileecenter.org					





**Application for Federal Assistance SF-424**

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

Non-Profit

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

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

**\* Other (specify):**

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

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

**CFDA Title:**

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

**\* Title:**

**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

45

\* b. Program/Project

45

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

50,000

Add Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

\* a. Federal

\$50,000.00

\* b. Applicant

\$200,000.00

\* c. State

\* d. Local

\$25,000.00

\* e. Other

\* f. Program Income

\* g. TOTAL

\$275,000.00

**\* 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

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

Ms

\* First Name:

Gloria

Middle Name:

\* Last Name:

Gomez

Suffix:

\* Title:

CEO/CoFounder

\* Telephone Number:

(760) 396 9100

Fax Number:

(760) 396 5400

\* Email:

ggomez@dallaleecenter.org

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.



**Application for Federal Assistance SF-424**

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

* 3. Date Received:	4 Applicant Identifier:
	0978-1501

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

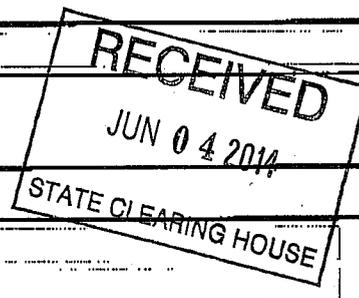
**State Use Only:**

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

**6. APPLICANT INFORMATION:**

* a. Legal Name: Pacificos Energy, Inc.
---

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
45 2207812	03-209-3509



**d. Address:**

* Street1	1350 Hayes Street
Street2:	Suite C-15
* City:	Benicia
County:	Solano
* State:	California
Province:	
* Country:	USA
* Zip / Postal Code:	94510

**a. 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:	Rob
Middle Name:			
* Last Name:	Kamlsky		
Suffix:			

Title:	CFO
--------	-----

Organizational Affiliation:

* Telephone Number	(530) 902-1188	Fax Number:	
--------------------	----------------	-------------	--

* Email:	robkamlsky@pacificosenergy.com
----------	--------------------------------

**Application for Federal Assistance SF-424**

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

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

US Department of Energy, Energy Efficiency and Renewable Energy

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

81 0B7

CFDA Title:

TECHNOLOGY INCUBATOR FOR WIND ENERGY INNOVATIONS

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

DE-FOA-0000978

\* Title:

TECHNOLOGY INCUBATOR FOR WIND ENERGY INNOVATIONS

**13. Competition Identification Number:**

Title:

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

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

Modular Wing-Shaped Tower Designed for 500 ft Hub Height

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-005

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

17. Proposed Project:

\* a. Start Date: 10/01/2014

\* b. End Date: 11/01/2015

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	147,212.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	647,212.00

\* 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 06/04/2014

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Rob

Middle Name:

\* Last Name: Kamisky

Suffix:

\* Title: CFO

\* Telephone Number: (530) 902-1188 Fax Number:

\* Email: robkamisky@pacificenergy.com

\* Signature of Authorized Representative: [Signature] \* Date Signed: 4 June 2014

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

0670-7130

5a. Federal Entity Identifier:

0670-7130

\*5b. Federal Award Identifier:

RECEIVED

JUN 04 2014

STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

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

956006142W

\*c. Organizational DUNS:

627797426

**d. Address:**

\*Street 1: 200 University Office Building

Street 2: \_\_\_\_\_

\*City: Riverside

County: \_\_\_\_\_

\*State: CA: California

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

\*Country: USA: United States

\*Zip / Postal Code 92521-0217

**e. Organizational Unit:**

Department Name:

CE-CERT

Division Name:

Bourns College of Engineering

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

Prefix: \_\_\_\_\_ \*First Name: Ursula

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

\*Last Name: Prins

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

Title: Principal Contract and Grant Officer

Organizational Affiliation:

Research & Economic Development

\*Telephone Number: 951-827-4808

Fax Number: 951-827-4483

\*Email: ursula.prins@ucr.edu

**Application for Federal Assistance SF-424**

Version 02

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

S. Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H. Public/State Controlled Inst on of Higher Educ

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:

Renewable Energy Research and Development

**\*12 Funding Opportunity Number:**

DE-FOA-0000974

\*Title:

Bioenergy Technologies Incubator

**13. Competition Identification Number:**

Title:

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

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

THF Co-Solvent Biomass Fractionation to Catalytic Fuel Precursors with High Yields

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-041	*b. Program/Project: CA-041	
<b>17. Proposed Project:</b>		
*a. Start Date: 10/01/2014	*b. End Date: 09/30/2016	
<b>18. Estimated Funding (\$):</b>		
*a. Federal	1,060,000	
*b. Applicant	265,000	
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	1,325,000	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>05/23/2014</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Ursula</u>	
Middle Name: _____		
*Last Name: <u>Prins</u>		
Suffix: _____		
*Title: Principal Contract and Grant Officer		
*Telephone Number: 951-827-4808	Fax Number: 951-827-4483	
* Email: ursula.prins@ucr.edu		
*Signature of Authorized Representative: 	*Date Signed: <u>5/23/2014</u>	

OMB Number: 4040-0004  
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 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: <input type="text"/>		* 5b. Federal Award Identifier: F14AS00033												
<b>State Use Only:</b>														
6. Date Received by State: <input type="text"/>		7. State Application Identifier: G1498019												
<b>8. APPLICANT INFORMATION:</b>														
* a. Legal Name: STATE OF CALIFORNIA		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUN 04 2014  STATE CLEARING HOUSE </div>												
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000													
<b>d. Address:</b>														
* Street1:	1831 9TH STREET													
Street2:	<input type="text"/>													
* City:	SACRAMENTO													
County:	<input type="text"/>													
* State:	CA: California													
Province:	<input type="text"/>													
* Country:	USA: UNITED STATES													
* Zip / Postal Code:	95811-7011													
<b>e. Organizational Unit:</b>														
Department Name: <input type="text"/>		Division Name: <input type="text"/>												
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>														
Prefix:	<input type="text"/>	* First Name: STEVE												
Middle Name:	<input type="text"/>													
* Last Name:	WONG													
Suffix:	<input type="text"/>													
Title:	GRANTS ADMINISTRATOR													
Organizational Affiliation: <input type="text"/>														
* Telephone Number:	916-445-3694	Fax Number: 916-327-6320												
* Email:	steve.wong@wildlife.ca.gov													

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* Title:

RS (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.):**

Statewide

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

SALMON AND STEELHEAD CONSERVATION AND MANAGEMENT: ENHANCED FALL-RUN CHINOOK

Attach supporting documents as specified in agency instructions.

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

**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="300,192.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="100,064.00"/>
* 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="400,256.00"/>

**\* 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: 4040-0004  
Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td> * 1. Type of Submission:  <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td> * 2. Type of Application:  <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td> * If Revision, select appropriate letter(s):  <input type="text"/>  * Other (Specify):  <input type="text"/> </td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>			
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: F14AS00033			
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: G1498007			
8. APPLICANT INFORMATION:		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>RECEIVED</b>  JUN 04 2014  STATE CLEARING HOUSE </div>			
*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: <input type="text"/> * City: SACRAMENTO County: <input type="text"/> * State: CA: California Province: <input type="text"/> * Country: USA: UNITED STATES * Zip / Postal Code: 95811-7011					
e. Organizational Unit:					
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: PETE Middle Name: <input type="text"/> * Last Name: MARCELLANA Suffix: <input type="text"/>					
Title: GRANTS 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**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* 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.):**

Humboldt County

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

FISH HATCHERY OPERATIONS: MAD RIVER HATCHERY

Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-002"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="339,799.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="112,933.00"/>	
* 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="451,732.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/04/2014"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** 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.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

### Application for Federal Assistance SF-424

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

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

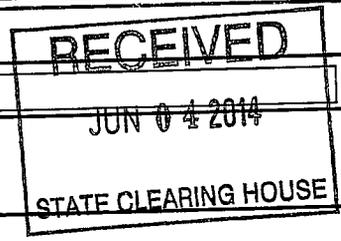
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
---	--

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: <u>New Auberry Water Association</u>	* c. Organizational DUNS: <u>6280751450000</u>
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-2318559</u>	



**d. Address:**

* Street1: <u>34624 Robles</u>
Street2: _____
* City: <u>Auberry</u>
County/Parish: <u>Fresno</u>
* State: <u>CA: California</u>
Province: _____
* Country: <u>USA: UNITED STATES</u>
* Zip / Postal Code: <u>93602</u>

**e. Organizational Unit:**

Department Name: _____	Division Name: _____
------------------------	----------------------

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

Prefix: <u>Ms.</u>	* First Name: <u>Rebecca</u>
Middle Name: _____	
* Last Name: <u>Nunnelee</u>	
Suffix: _____	
Title: <u>Treasurer (Board of Director) and Grant Manager</u>	
Organizational Affiliation: _____	
* Telephone Number: <u>310-415-6053</u>	Fax Number: <u>310-828-6512</u>
* Email: <u>rebeccan.nawa@gmail.com</u>	

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**  
United States Department of Agriculture

**11. Catalog of Federal Domestic Assistance Number:**  
10.763  
**CFDA Title:**  
Emergency and Imminent Community Water Assistance Grant (ECWAG) Program

**\* 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:**  
Well Construction (Including Site Selection and Design) and Temporary Water Hauling

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text"/>
* 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="500,000.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G149B032

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:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

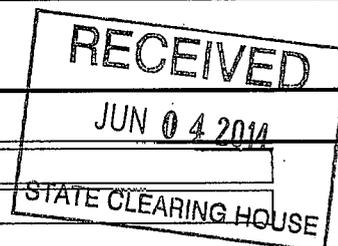
[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011



e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

STEVE

Middle Name:

[Empty field]

\* Last Name:

WONG

Suffix:

[Empty field]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

\* Email:

steve.wong@wildlife.ca.gov

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14A900033

\* 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.):**

Fresno County

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

HIGH MOUNTAIN LAKES RESOURCES ASSESSMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

\* a. Applicant:

\* b. Program/Project:

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	42,981.00
* b. Applicant	0.00
* c. State	14,327.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	57,308.00

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

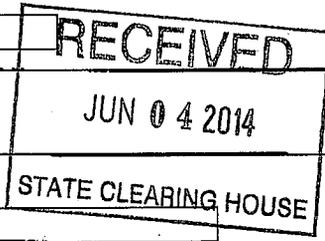
- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]



\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

F14A900033

State Use Only:

6. Data Received by State:

[Empty field]

7. State Application Identifier:

G1498043

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:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

STEVE

Middle Name:

[Empty field]

\* Last Name:

WONG

Suffix:

[Empty field]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

\* Email:

steve.wong@wildlife.ca.gov

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* 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.):**

Statewide

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

STURGEON BY-CATCH ASSESSMENT RESEARCH PROJECT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

**Application for Federal Assistance SF-424**

**Version 02**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="182,160.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="60,720.00"/>
* 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="242,880.00"/>

**\* 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: 4040-0004  
Expiration Date: 01/31/2009

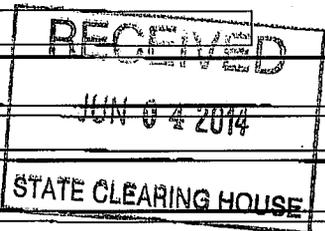
**Application for Federal Assistance SF-424** Version 02

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

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

<p>5a. Federal Entity Identifier:</p> <input type="text"/>	<p>* 5b. Federal Award Identifier:</p> <input type="text" value="E14A900033"/>
--	--

<p><b>State Use Only:</b></p>	
<p>6. Date Received by State:</p> <input type="text"/>	<p>7. State Application Identifier: <input type="text" value="G1498091"/></p>



**B. APPLICANT INFORMATION:**

\* a. Legal Name:

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text" value="94-1697567"/>	<p>* c. Organizational DUNS:</p> <input type="text" value="8093223580000"/>
--	---

**d. Address:**

\* Street1:   
 Street2:   
 \* City:   
 County:   
 \* State:   
 Province:   
 \* Country:   
 \* Zip / Postal Code:

**e. Organizational Unit:**

<p>Department Name:</p> <input type="text"/>	<p>Division Name:</p> <input type="text"/>
--	--

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

Prefix:  \* First Name:   
 Middle Name:   
 \* Last Name:   
 Suffix:   
 Title:   
 Organizational Affiliation:   
 \* Telephone Number:  Fax Number:   
 \* Email:

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F14AS00033

\* Title:

RB (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.):

Merced (16), Tuolumne (4), and Stanislaus (10) Counties.

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

FALL-RUN CHINOOK SALMON POPULATION MODEL (SALSIM) ENHANCEMENTS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

**Application for Federal Assistance SF-424**

**Version 02**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="94,659.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="31,553.00"/>
* 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="126,212.00"/>

**\* 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 216, Section 1001)

-- I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

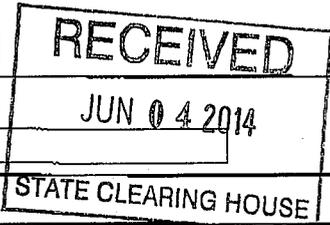
\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424

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): <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: E14A900033
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1498018
---	---

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

e. Organizational Unit:

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: STEVE
Middle Name: <input type="text"/>	
* Last Name: WONG	
Suffix: <input type="text"/>	

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-3694	Fax Number: <input type="text"/>
----------------------------------	----------------------------------

\* Email: STEVE.WONG@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* 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.):**

STATEWIDE

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

FLATWATER FISHERY MANAGEMENT AND RESEARCH

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,108,561.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="369,520.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,478,081.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		
<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 type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>• Other (Specify)</b> _____		
<b>* 3. Date Received:</b> 5/27/14 <small>Completed by Grants.gov upon submission.</small>		<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____
<b>RECEIVED</b> JUN 05 2014 <b>STATE CLEARING HOUSE</b>		
<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> City of Montague		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000375		<b>* c. Organizational DUNS:</b> 933529278
<b>d. Address:</b>		
<b>* Street 1:</b> P.O. Box 428		
<b>Street 2:</b> _____		
<b>* City:</b> Montague		
<b>County/Parish:</b> Siskiyou		
<b>* State:</b> California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 96064		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> water		<b>Division Name:</b> _____
<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> Chris
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Tyhurst		
<b>Suffix:</b> _____		
<b>Title:</b> Water/Sewer Supt.		
<b>Organizational Affiliation:</b> City of Montague		
<b>* Telephone Number:</b> (530) 459-5204		<b>Fax Number:</b> (530) 459-0327
<b>* Email:</b> montaguepubwks@sbcglobal.net		

**RECEIVED**  
MAY 27 2014

By: \_\_\_\_\_

**Application for Federal Assistance SF-424**

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

municipal

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

USDA - Rural Development

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

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

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

\* Title:

**13. Competition Identification Number:**

Title:

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

City of Montague

Add Attachments

Delete Attachments

View Attachments

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

Emergency Water Purchase Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  1st

\* b. Program/Project  1st

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

Add Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$185,735.00"/>
* b. Applicant	<input type="text"/>
* 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="\$185,735.00"/>

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

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

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

Yes  No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

*Chris Tynhurst* 5/27/14

RECEIVED

By \_\_\_\_\_

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

JUN 05 2014

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

\* a. Legal Name:

Ventura County Watershed Protection District

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

95-600944

\* c. Organizational DUNS:

0666911220000

d. Address:

\* Street1:

800 South Victoria Ave

Street2:

[Empty field]

\* City:

Ventura

County:

Ventura

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93009

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

Zoe

Middle Name:

[Empty field]

\* Last Name:

Carlson

Suffix:

[Empty field]

Title:

Santa Clara River Watershed Coordinator

Organizational Affiliation:

Staff Environmental Planner

\* Telephone Number:

805-654-2032

Fax Number:

805-654-3350

\* Email:

zoe.carlson@ventura.org

## Application for Federal Assistance SF-424

Version 02

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

D: Special District Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Bureau of Reclamation

## 11. Catalog of Federal Domestic Assistance Number:

## CFDA Title:

## \* 12. Funding Opportunity Number:

R14AS00038

## \* Title:

WaterSMART: Cooperative Watershed Management Program Grants for FY 2014

## 13. Competition Identification Number:

R14AC00038

## Title:

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

The Santa Clara River Watershed including the City of Santa Clarita, the City of Santa Paula, the City of Fillmore, the City of Ventura, the City of Oxnard, the County of Ventura, the County of Los Angeles and the state of California.

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

Santa Clara River Watershed Enhanced Coordination

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	26	* b. Program/Project
		24-26
Attach an additional list of Program/Project Congressional Districts if needed.		
	Add Attachment	Delete Attachment
View Attachment		
<b>17. Proposed Project:</b>		
* a. Start Date:	02/17/2014	* b. End Date:
		02/17/2016
<b>18. Estimated Funding (\$):</b>		
* a. Federal	100,000.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	100,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	06/05/2014
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:		* First Name: Tully
Middle Name:		
* Last Name:	Clifford	
Suffix:		
* Title:	Director	
* Telephone Number:	805-654-2040	Fax Number: 805-654-3350
* Email:	Tully.Clifford@Ventura.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">JUN 06 2014</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">STATE CLEARING HOUSE</div>
Completed by Grants.gov upon submission.		
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
04-6003888		
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: MARIPOSA PUBLIC UTILITY DISTRICT		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-6003888	005900030	
d. Address:		
* Street 1:	PO BOX 494	
Street 2:		
* City:	MARIPOSA	
County/Parish:	MARIPOSA	
* State:	CALIFORNIA	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95338	
e. Organizational Unit:		
Department Name:	Division Name:	
MARIPOSA PUBLIC UTILITY DISTRICT	NA	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	MARK
Middle Name:		
* Last Name:	ROWNEY	
Suffix:		
Title:	GENERAL MANAGER	
Organizational Affiliation:	EMPLOYEE MANAGER CLERK TO THE BOARD OF DIRECTORS	
* Telephone Number:	Fax Number:	
(209) 966-2515	(209) 966-6615	
* Email:	mpud@sf.net	

**Application for Federal Assistance SF-424**

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

California Special District

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

Other (specify):

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

USDA Rural Development

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

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

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

**\* Title:**

**13. Competition Identification Number:**

Title:

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

Mariposa California

Add Attachments

Delete Attachments

View Attachments

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

Acquisition of an existing water well, install pumping equipment and appurtenant infrastructure including 20'X20' security fence and 8'X8' control building.

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-004

\* b. Program/Project CA-004

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

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

\* a. Start Date: [Empty text box]

\* b. End Date: [Empty text box]

18. Estimated Funding (\$):

* a. Federal	\$1,000,000.00
* b. Applicant	[Empty text box]
* c. State	[Empty text box]
* d. Local	[Empty text box]
* e. Other	[Empty text box]
* f. Program Income	[Empty text box]
* g. TOTAL	\$1,000,000.00

\* 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 06-05-2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes, provide explanation and attach.

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

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 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: [Empty text box] \* First Name: Mark

Middle Name: [Empty text box]

\* Last Name: Rowney

Suffix: [Empty text box]

\* Title: General Manager

\* Telephone Number: (209) 966-2515 Fax Number: (209) 966-2515

\* Email: mpud@sti.net

\* 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:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

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

RECEIVED

JUN 06 2014

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Tuolumne Utilities District

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

770313842

**\* c. Organizational DUNS:**

071871248

**d. Address:**

**\* Street1:**

18885 Nugget Blvd.

**Street2:**

**\* City:**

Sonora

**County:**

Tuolumne

**\* State:**

California

**Province:**

**\* Country:**

United States

**\* Zip / Postal Code:**

95370

**e. Organizational Unit:**

**Department Name:**

Engineering

**Division Name:**

N/A

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

**Prefix:**

Mr.

**\* First Name:**

Erik

**Middle Name:**

**\* Last Name:**

Johnson

**Suffix:**

**Title:**

Senior Engineer

**Organizational Affiliation:**

**\* Telephone Number:**

(209) 532-5536

**Fax Number:**

(209) 532-0693

**\* Email:**

erikj@tuolumneutilities.com

**Application for Federal Assistance SF-424**

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

G. Special District

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

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

**\* Other (specify):**

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

United States Department of Agriculture

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

1 0 7 6 3

**CFDA Title:**

Emergency and Imminent Community Water Assistance Grant

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

Columbia, Tuolumne County, California

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

New Melones Emergency Water Supply Project

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="500,000.00"/>
* b. Applicant	<input type="text" value="318,450.00"/>
* 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="818,450.00"/>

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

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

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

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

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

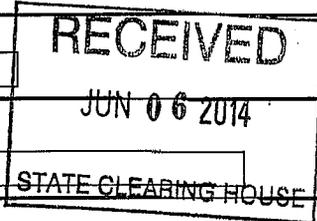
[Empty field]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]



5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

F14AS00033

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498037

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:

1931 9TH STREET

Street2:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

PETE

Middle Name:

[Empty field]

\* Last Name:

MARCELLANA

Suffix:

[Empty field]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-445-4658

Fax Number:

[Empty field]

\* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F142S00033

\* Title:

RB (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.):**

San Joaquin County

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

SAN JOAQUIN RIVER ANADROMOUS FISH MONITORING AND ASSESSMENTS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-009"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="992,115.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="330,705.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,322,820.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/04/2014"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value=""/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

**Application for Federal Assistance SF-424**

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

RECEIVED

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
-------------------------------------	--

JUN 09 2014

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
--	---

STATE CLEARING HOUSE

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> River Pines Public Utility District		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1540099	<b>* c. Organizational DUNS:</b> 0049547560000	

**d. Address:**

<b>* Street1:</b>	22900 Canyon Avenue
<b>Street2:</b>	PO Box 70
<b>* City:</b>	River Pines
<b>County/Parish:</b>	Amador
<b>* State:</b>	CA: California
<b>Province:</b>	
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	95675-0070

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

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

<b>Prefix:</b> _____	<b>* First Name:</b> Greg
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Guina	
<b>Suffix:</b> _____	

<b>Title:</b> Chief Plant Operator
------------------------------------

<b>Organizational Affiliation:</b> _____
---

<b>* Telephone Number:</b> 209-245-6723	<b>Fax Number:</b> 209-245-5710
---	---------------------------------

<b>* Email:</b> rrpud@rrpud.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:**

USDA Rural Development

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

10.763

**CFDA Title:**

Emergency and Imminent Community Water Assistance Grant

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

N.A.

**\* Title:**

N.A.

**13. Competition Identification Number:**

N.A.

**Title:**

N.A.

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

Add Attachment

Delete Attachment

View Attachment

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

Replacement District Well No. 2

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="380,100.00"/>
* b. Applicant	<input type="text"/>
* 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="380,100.00"/>

**\* 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**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Clinicas De Salud Del Pueblo, Inc

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**  
95-2657324

**\* c. Organizational DUNS:**  
078729688

**d. Address:**

**\* Street1:** 1166 K Street

**Street2:**

**\* City:** Brawley, CA

**County:** Imperial

**\* State:** CA

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 92227

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**\* First Name:** Yvonne

**Middle Name:**

**\* Last Name:** Bell

**Suffix:**

**Title:** CEO

**Organizational Affiliation:**

**\* Telephone Number:** 760-344-9951

**Fax Number:** 760-344-5840

**\* Email:** YvonneB@cdsdp.org

**Application for Federal Assistance SF-424**

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

M: Non-profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

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

10.766

CFDA Title:

Community Facilities Loan & Grant Program

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Mecca, CA

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

2014 Mecca Clinic Medical and Office Equipment Purchase

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 51

\* b. Program/Project 36

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

17. Proposed Project:

\* a. Start Date: 10/1/2014

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

18. Estimated Funding (\$):

\* a. Federal \$16,500

\* b. Applicant \$13,500

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$30,000

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 5/29/2014

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Ms.

\* First Name: Yvonne

Middle Name:

\* Last Name: Bell

Suffix:

\* Title: CEO

\* Telephone Number: 760-344-9951

Fax Number: 760-344-5840

\* Email: YvonneB@cdsdp.org

\* Signature of Authorized Representative: *Yvonne Bell*

\* Date Signed: 5/30/14

Application for Federal Assistance SF-424

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

\* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_

\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

8. APPLICANT INFORMATION:

\* a. Legal Name:

Clinicas De Salud Del Pueblo, Inc

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-2657324

\* c. Organizational DUNS:

078729688

d. Address:

\* Street1:

1166 K Street

Street2:

\_\_\_\_\_

\* City:

Brawley, CA

County:

Imperial

\* State:

CA

Province:

\_\_\_\_\_

\* Country:

\_\_\_\_\_

\* Zip / Postal Code:

92227

USA: UNITED STATES

e. Organizational Unit:

Department Name:

\_\_\_\_\_

Division Name:

\_\_\_\_\_

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

Prefix:

Ms.

\* First Name:

Yvonne

Middle Name:

\_\_\_\_\_

\* Last Name:

Bell

Suffix:

\_\_\_\_\_

Title:

CEO

Organizational Affiliation:

\_\_\_\_\_

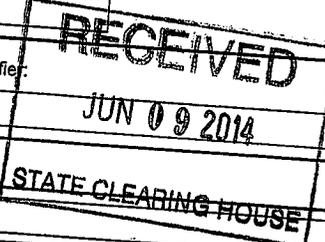
\* Telephone Number:

760-344-9951

Fax Number:

760-344-5840

\* Email: YvonneB@cdsdp.org



**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

M: Non-profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan & Grant Program

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

Salton City, CA

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

2014 West Shores Clinic Medical and Office Equipment Purchase

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 51

\* b. Program/Project 51

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

17. Proposed Project:

\* a. Start Date: 10/1/2014

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

18. Estimated Funding (\$):

\* a. Federal \$16,400

\* b. Applicant \$5,500

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$21,900

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/29/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Ms. \* First Name: Yvonne

Middle Name:

\* Last Name: Bell

Suffix:

\* Title: CEO

\* Telephone Number: 760-344-9951 Fax Number: 760-344-5840

\* Email: YvonneB@cdsdp.org

\* Signature of Authorized Representative: *Yvonne Bell* \* Date Signed: 5/30/14

### Application for Federal Assistance SF-424

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

- Preapplication
- Application
- Changed/Corrected Application

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

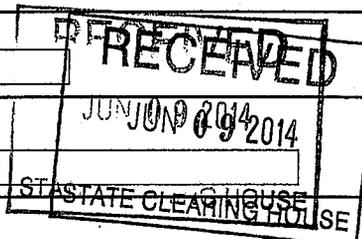
- New
- Continuation
- Revision

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

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**



**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Clinicas De Salud Del Pueblo, Inc

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

95-2657324

**\* c. Organizational DUNS:**

078729688

**d. Address:**

**\* Street1:**

1166 K Street

**Street2:**

**\* City:**

Brawley, CA

**County:**

Imperial

**\* State:**

CA

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92227

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Yvonne

**Middle Name:**

**\* Last Name:**

Bell

**Suffix:**

**Title:**

CEO

**Organizational Affiliation:**

**\* Telephone Number:**

760-344-9951

**Fax Number:**

760-344-5840

**\* Email:**

YvonneB@cdsdp.org

**Application for Federal Assistance SF-424**

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

M: Non-profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

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

10.766

CFDA Title:

Community Facilities Loan & Grant Program

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Niland, CA

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

2014 Niland Clinic Medical and Office Equipment Purchase

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 51

\* b. Program/Project

51

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

**17. Proposed Project:**

\* a. Start Date: 10/1/2014

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

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

\* a. Federal \$22,300

\* b. Applicant \$7,500

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$29,800

**\* 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

5/29/2014.

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms.

\* First Name: Yvonne

Middle Name:

\* Last Name: Bell

Suffix:

\* Title: CEO

\* Telephone Number: 760-344-9951

Fax Number: 760-344-5840

\* Email: YvonneB@cdsdp.org

\* Signature of Authorized Representative:

*Yvonne Bell*

\* Date Signed:

5/30/14

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

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

**RECEIVED**

**JUN 09 2014**

**STATE CLEARING HOUSE**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Clinicas De Salud Del Pueblo, Inc

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

95-2657324

**\* c. Organizational DUNS:**

078729688

**d. Address:**

**\* Street1:**

1166 K Street

**Street2:**

**\* City:**

Brawley, CA

**County:**

Imperial

**\* State:**

CA

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92227

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Yvonne

**Middle Name:**

**\* Last Name:**

Bell

**Suffix:**

**Title:**

CEO

**Organizational Affiliation:**

**\* Telephone Number:**

760-344-9951

**Fax Number:**

760-344-5840

**\* Email:**

YvonneB@cdsdp.org

**Application for Federal Assistance SF-424**

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

M: Non-profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

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

10.766

CFDA Title:

Community Facilities Loan & Grant Program

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Winterhaven, CA

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

2014 Winterhaven Clinic Medical and Office Equipment Purchase

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 51

\* b. Program/Project 51

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

**17. Proposed Project:**

\* a. Start Date: 10/1/2014

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

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

- \* a. Federal \$24,600
- \* b. Applicant \$8,300
- \* c. State
- \* d. Local
- \* e. Other
- \* f. Program Income
- \* g. TOTAL \$32,900

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/29/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms. \* First Name: Yvonne

Middle Name:

\* Last Name: Bell

Suffix:

\* Title: CEO

\* Telephone Number: 760-344-9951 Fax Number: 760-344-5840

\* Email: YvonneB@cdsdp.org

\* Signature of Authorized Representative: *Yvonne Bell* \* Date Signed: 5/30/14

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 type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> A <b>* Other (Specify)</b> 
<b>* 3. Date Received:</b> 	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture	
<b>5a. Federal Entity Identifier:</b> 14-8506-1317-CA	<b>* 5b. Federal Award Identifier:</b> 	
<b>RECEIVED</b> <b>JUN 10 2014</b> <b>STATE CLEARINGHOUSE</b>		
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> April 1, 2014	<b>7. State Application Identifier:</b> 13-0444-FR	
<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 315	Street2:	
<b>* City:</b> Sacramento	County:	
<b>* State:</b> California	Province:	
<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 and 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> Jason	
<b>Middle Name:</b> K		
<b>* Last Name:</b> Chan		
<b>Suffix:</b>		
<b>Title:</b>		
<b>Organizational Affiliation:</b> California Department of Food and Agriculture		
<b>* Telephone Number:</b> (916) 654-1211	<b>Fax Number:</b> (916) 654-0555	
<b>* Email:</b> 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:**

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 6

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 1/1/2014

\* b. End Date: 12/31/2014

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

\* a. Federal 6,241,075

\* b. Applicant

\* c. State 0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 6,241,075

**\* 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 January 17, 2014.

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed:

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

<b>* 3. Date Received:</b> 	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
--------------------------------	--

<b>5a. Federal Entity Identifier:</b> 14-8506-1211-CA	<b>* 5b. Federal Award Identifier:</b> 
--	--

**RECEIVED**  
**JUN 10 2014**  
**STATE CLEARING HOUSE**

**State Use Only:**

<b>6. Date Received by State:</b> November 14, 2013	<b>7. State Application Identifier:</b> 13-0263-FR
---	--

**8. APPLICANT INFORMATION:**

<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

**d. Address:**

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

**e. Organizational Unit:**

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

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

<b>Prefix:</b>	<b>* First Name:</b> Jason
<b>Middle Name:</b> K	
<b>* Last Name:</b> Chan	
<b>Suffix:</b>	
<b>Title:</b>	

<b>Organizational Affiliation:</b> California Department of Food and Agriculture	
<b>* Telephone Number:</b> (916)654-1211	<b>Fax Number:</b> (916)654-0555
<b>* Email:</b> jason.chan@cdfa.ca.gov	

**Application for Federal Assistance SF-424**

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

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 6

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 10/1/2013

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

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

\* a. Federal 6,803,332

\* b. Applicant

\* c. State 1,071,851

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 7,875,183

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

a. This application was made available to the State under the Executive Order 12372 Process for review on December 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:  \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

\* 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 10 2014

STATE CLEARING HOUSE

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

G1498094

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:

\_\_\_\_\_

\* 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:

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

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F14A800058

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Lassen (1), Siakiyou (1), Del Norte (2) and Tehama (1) Counties

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: REGION 1

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-006

\* b. Program/Project CA-1&2

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	1,570,421.00
* b. Applicant	0.00
* c. State	523,474.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	277,796.00
* g. TOTAL	2,371,691.00

\* 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 06/09/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No Explanation:

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

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

\* 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

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

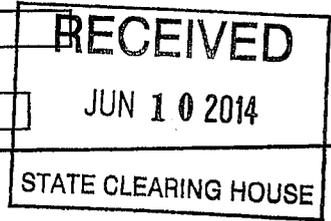
- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_  
\* Other (Specify): \_\_\_\_\_



**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** River Pines Public Utility District

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

94-1540099

**\* c. Organizational DUNS:**

0049547560000

**d. Address:**

\* Street1: 22900 Canyon Avenue

Street2: PO Box 70

\* City: River Pines

County/Parish: Amador

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95675-0070

**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:

Greg

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

\* Last Name:

Guina

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

Title: Chief Plant Operator

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

\* Telephone Number: 209-245-6723

Fax Number:

209-245-5710

\* Email: rrpud@rrpud.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:**

USDA Rural Development

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

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

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

N.A.

\* Title:

N.A.

**13. Competition Identification Number:**

N.A.

Title:

N.A.

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

Add Attachment

Delete Attachment

View Attachment

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

Replacement District Well No. 2

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.

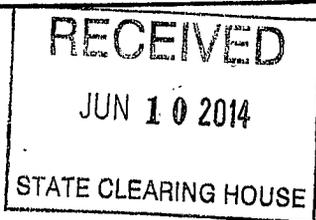
**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="380,100.00"/>
* b. Applicant	<input type="text"/>
* 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="380,100.00"/>



**\* 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:

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)**

\_\_\_\_\_

**RECEIVED**

JUN 11 2014

STATE CLEARING HOUSE

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

G1498097

**8. APPLICANT INFORMATION:**

**\* b. 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:**

\_\_\_\_\_

**\* 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:**

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

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

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

F14A900058

**\* 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.):**

Kern (16), Tulare (23) and Fresno (21) Counties

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

ECOLOGICAL RESERVE ENHANCEMENT: CENTRAL REGION

Attach supporting documents as specified in agency instructions.

<a href="#">Add Attachments</a>	<a href="#">Delete Attachments</a>	<a href="#">View Attachments</a>
---------------------------------	------------------------------------	----------------------------------

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-006

\* b. Program/Project CA-ALL

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	96,056.00
* b. Applicant	0.00
* c. State	32,019.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	128,075.00

\* 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 06/10/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

\* 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

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED January 16, 2014	Applicant Identifier	
5. APPLICANT INFORMATION			3. DATE RECEIVED BY STATE	State Application Identifier	
Legal Name: First 5 Del Norte Children and Family Commission			4. DATE RECEIVED BY FEDERAL AGENCY JAN 21 2014	Federal Identifier	
Organizational DUNS:			Organizational Unit: Department: First 5 Del Norte		
Address: Street: 494 Pacific Avenue City: Crescent City County: Del Norte State: California Zip Code: 95531			Division: Independent Entity of Local Government		
Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Patricia Middle Name:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2254126			Last Name: Vernelson Suffix:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-525 766m			9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: First 5 Garden Restoration and Expansion		
13. PROPOSED PROJECT Start Date: June, 2014 Ending Date: December 2014			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project Children's garden expansion		
15. ESTIMATED FUNDING: a. Federal \$ 30,000 <sup>00</sup> b. Applicant \$ 13,500 76,346 <sup>00</sup> c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 43,500 76,346 <sup>00</sup>			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
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.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix Ms. Last Name Vernelson b. Title Director d. Signature of Authorized Representative <i>Patricia Vernelson</i>			Middle Name Suffix c. Telephone Number (give area code) 707-464-0955 e. Date Signed 1/16/2014 <i>1/15/14 plo</i>		

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(a):**

\_\_\_\_\_

**\* Other (Specify)**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_

**RECEIVED**

**JUN 13 2014**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

G1498096

**STATE CLEARING HOUSE**

**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:**

\_\_\_\_\_

**\* 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:**

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**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F14AS00058

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Kern (16), Tulare (23), Fresno (21), Tuolumne (4), Merced (16), Mariposa (4), Madera (4), Kings (21)  
Counties

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

WILDLIFE MANAGEMENT RESOURCE ASSESSMENT: CENTRAL REGION (General Wildlife Resources)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="07/01/2014"/>	* b. End Date: <input type="text" value="06/30/2015"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="788,251.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="262,750.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,051,001.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/12/2014"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value=""/>		
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="BAYS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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)  
 \_\_\_\_\_

RECEIVED  
JUN 13 2014

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

STATE CLEARING HOUSE

6a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

G1498098

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:

\_\_\_\_\_

\* 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:

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

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15. 611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F14AS00058

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Del Norte (2), Humboldt (2), Mendocino (2), Trinity (2), Siskiyou (1), Shasta (1), Tehama (1), Modoc (1), and Lassen (1) Counties

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

WILDLIFE & HABITAT CONSERVATION: REGION 1 (REGIONAL LAND ACQUISITION PLANNING AND COORDINATION)

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 CA-006

\* b. Program/Project 1&2

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	124,748.00
* b. Applicant	0.00
* c. State	41,583.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	166,331.00

\* 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 06/12/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

\* 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

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

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

B-14-06-0503

\*5b. Federal Award Identifier:

**State Use Only:**

RECEIVED

6. Date Received by State:

7. State Application Identifier:

JUN 13 2014

**8. APPLICANT INFORMATION:**

\*a. Legal Name: County of San Bernardino

STATE CLEARING HOUSE

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

95-6002748

\*c. Organizational DUNS:

009241659

**d. Address:**

\*Street 1: 385 North Arrowhead, Third Floor  
Street 2: \_\_\_\_\_  
\*City: San Bernardino  
County: San Bernardino  
\*State: California  
Province: \_\_\_\_\_  
\*Country: US  
\*Zip / Postal Code 92415-0043

**e. Organizational Unit:**

Department Name:

Department of Community Development and Housing

Division Name:

Community Development

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

Prefix: Ms. \*First Name: Dena  
Middle Name: \_\_\_\_\_  
\*Last Name: Fuentes  
Suffix: \_\_\_\_\_

Title: Director of Community Development and Housing

Organizational Affiliation:

\*Telephone Number: (909) 387-4411

Fax Number: (909) 387-4411

\*Email: Dena.Fuentes@eda.sbcounty.gov

**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:**

Department of Housing and Urban Development

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

14-218

CFDA Title:

CDBG Entitlement Program

**\*12 Funding Opportunity Number:**

\*Title:

**13. Competition Identification Number:**

Title:

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

Unincorporated San Bernardino County and 12 cooperating cities

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

2014-15 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, and public services.



**Application for Federal Assistance SF-424** Version 02

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

3. Date Received: \_\_\_\_\_ 4. Applicant Identifier: \_\_\_\_\_

**RECEIVED**  
JUN 13 2014  
  
STATE CLEARING HOUSE

5a. Federal Entity Identifier: E-14-06-0503	*5b. Federal Award Identifier:
--	--------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

*a. Legal Name: County of San Bernardino	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-8002748	*c. Organizational DUNS: 009241659

**d. Address:**

*Street 1:	<u>385 North Arrowhead, Third Floor</u>
Street 2:	_____
*City:	<u>San Bernardino</u>
County:	<u>San Bernardino</u>
*State:	<u>California</u>
Province:	_____
*Country:	<u>US</u>
*Zip / Postal Code	<u>92415-0043</u>

**e. Organizational Unit:**

Department Name: Department of Community Development and Housing	Division Name: Housing Development
---	---------------------------------------

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

Prefix: <u>Ms.</u>	*First Name: <u>Dena</u>
Middle Name: _____	
*Last Name: <u>Fuentes</u>	
Suffix: _____	

Title: Director of Community Development and Housing

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

*Telephone Number: (909) 387-4411	Fax Number: (909) 387-4415
-----------------------------------	----------------------------

\*Email: Dena.Fuentes@eda.sbcounty.gov

**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:**

Department of Housing and Urban Development

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

14-231

CFDA Title:

Emergency Solutions Grant Program

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

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

Unincorporated San Bernardino County and 12 cooperating cities

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

2014-15 Emergency Solutions Grant (ESG) Program activities for implementing a countywide continuum of care strategy including emergency shelter, rapid rehousing and homeless prevention services.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 8,27,31,35,39

\*b. Program/Project: 8,27,31,35,39

**17. Proposed Project:**

\*a. Start Date: 7-1-14

\*b. End Date: 6-30-15

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

*a. Federal	_____	496,343
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	496,343

**\*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: Dena

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

\*Last Name: Fuentes

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

\*Title: Director of Community Development and Housing

\*Telephone Number: (909) 387-4411

Fax Number: (909) 387-4415

\* Email: Dena.Fuentes@eda.sbcounty.gov

\*Signature of Authorized Representative:

*Dena Fuentes*

\*Date Signed: 5/13/14

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**

**JUN 16 2014**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

Habitat for Humanity Lake County, CA Inc.

**5a. Federal Entity Identifier:**

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

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Habitat for Humanity Lake County, CA Inc.

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

88-0439756

**\* c. Organizational DUNS:**

078392803

**d. Address:**

**\* Street 1:**

PO Box 1830

**\* Street 2:**

**\* City:**

Lower Lake

**\* County/Parish:**

**\* State:**

CA

**\* Province:**

**\* Country:**

USA: UNITED STATE

**\* Zip / Postal Code:**

95457

**e. Organizational Unit:**

**Department Name:**

Resource Development

**Division Name:**

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

**Prefix:**

**\* First Name:**

Richard

**Middle Name:**

**\* Last Name:**

Birk

**Suffix:**

**Title:** President

**Organizational Affiliation:**

President of Habitat for Humanity Lake County, CA

**\* Telephone Number:**

707-994-1100

**Fax Number:**

707-994-1450

**\* Email:**

main@lakehabitat.org

**Application for Federal Assistance SF-424**

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

Non-profit, affordable housing 501 (c) 3 corporation

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

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

10.433

CFDA Title:

Housing Preservation Grant

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

USDA-RD-MPG-533-2014

\* Title:

Housing Preservation Grant

**13. Competition Identification Number:**

Habitat for Humanity Lake County CA Inc.

Title:

HRR Project 5

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

Lake County, CA

[Add Attachment](#)

[Delete](#)

[Print](#)

[View Attachment](#)

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

Home Repair and Rehabilitation Project 5

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 **Calif. 5&3**

\* b. Program/Project **Calif. 5&3**

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

17. Proposed Project:

\* a. Start Date: **10/01/2014**

\* b. End Date: **9/30/2015**

18. Estimated Funding (\$):

* a. Federal	125,000.00
* b. Applicant	33,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	158,000.00

\* 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 **6/16/2014**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

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 subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: **Richard**

Middle Name:

\* Last Name: **Blrk**

Suffix:

\* Title: **President**

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

\* Email: **main@lekehhabitat.org**

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

REVISED

OMB Number: 4040-0004  
Expiration Date: 04/31/2012

**Application for Federal Assistance SF-424**

Version 02.

\*1. Type of Submission

Preapplication

Application

Changed/Corrected Application

\*2. Type of Application

New

Continuation

Revision

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

E. To correct funding and revise grant number

\* Other (Specify)

E. To correct funding and revise grant number

\*3. Date Received:

4. Application Identifier:

CA-90-Z133

RECEIVED

5a. Federal Entity Identifier:

1685

\*5b. Federal Award Identifier:

JUN 16 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Redondo Beach

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-6000767

\*c. Organizational DUNS:  
074151986

d. Address:

\*Street 1: 415 Diamond Street

Street 2:

\*City: Redondo Beach

County: Los Angeles County

\*State: California

Province:

Country: USA

\*Zip/Postal Code: 90277

e. Organizational Unit:

Department Name:

Community Services Department

Division Name:

Transit Division

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

Prefix: Ms.

Middle Name:

First Name: Joyce

\*Last Name: Rooney

Suffix:

Title: Transit Operations and Transportation Facilities Manager

Organizational Affiliation:

Municipal local government

\*Telephone Number: (310) 318-0610, ext. 2670

Fax Number: (310) 798-8273

\*Email: joyce.rooney@redondo.org

**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:

Federal Transit - Formula Grants

\*12. Funding Opportunity Number: 20.507 Federal Transit Formula Grant

\*Title: Bus Bench and Shelter Replacement Project Phase 2

13. Competition Identification Number:

Title:

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

City of Redondo Beach, in Los Angeles County, California

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

Requesting FTA Transit Enhancement funding to continue with the City of Redondo Beach's Bus Bench and Shelter Replacement Project Phase 2.

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant: 36th Congressional District      \*b. Program/Project: 36th/ Congressional District

Attach an additional list of Program/Project Congressional Districts if needed.  
37th Congressional District

17. Proposed Project:

\*a. Start Date: 6/30/2014      \*b. End Date: 6/30/2015

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

*a. Federal	\$1,059,695.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	\$386,565.00
*f. Program Income	
*g. TOTAL	\$1,446,260.00

**\*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 6/16/14 .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

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: Joyce  
Middle Name:  
\*Last Name: Rooney

Suffix:

\*Title: Transit Operations and Transportation Facilities Manager

\*Telephone Number: (310) 318-0610, ext. 2670      Fax Number: (310) 798-8273

\*Email: joyce.rooney@redondo.org

\*Signature of Authorized Representative: *Joyce Rooney*      Date Signed: 6/16/14