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): |
|---|---|---|
| ☐ Preapplication | ☐ New | |
| ☒ Application | ☒ Continuation | * Other (Specify): |
| ☐ Changed/Corrected Application | ☐ Revision | |

| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| Completed by Grants.gov upon submission. | Tague 20111319 |

| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: |
|---|---|
| | 956006145W |

**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

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| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 956006145W | 0948783940000 |

**d. Address:**

| | |
|---|---|
| * Street1: | 3227 Cheadle Hall |
| Street2: | Office of Research |
| * City: | Santa Barbara |
| County/Parish: | |
| * State: | CA: California |
| Province: | |
| * Country: | USA: UNITED STATES |
| * Zip / Postal Code: | 93106-2050 |

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| Earth Research Institute | |

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

| | | | |
|---|---|---|---|
| Prefix: | Dr. | * First Name: | Christina |
| Middle Name: | | | |
| * Last Name: | Tague | | |
| Suffix: | | | |

Title: Associate Professor

Organizational Affiliation:

| | | | |
|---|---|---|---|
| * Telephone Number: | 805-893-8579 | Fax Number: | 805-893-7612 |

* Email: tague@bren.ucsb.edu

## Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

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

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G11AS20026

* Title:

USGS Non-Competitive Assistance FY 2011 - Headquarters

**13. Competition Identification Number:**

G11AS20026

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The Western Mountain Initiative: Vulnerability and Adaptation to Climate Change in Western Mountain Ecosystems.

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-023
b. Program/Project: CA-023

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 07/01/2011
* b. End Date: 06/30/2012

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

| | |
|---|---|
| * a. Federal | 78,555.00 |
| * b. Applicant | 0.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 78,555.00 |

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/20/2011.

[ ] 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 [X] 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)**

[X] ** I AGREE

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

**Authorized Representative:**

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

* Title: Sponsored Projects Officer

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

* Email: hopwood@research.ucsb.edu

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

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): |
|---|---|---|
| ☐ Preapplication | ☒ New | |
| ☒ Application | ☐ Continuation | * Other (Specify): |
| ☐ Changed/Corrected Application | ☐ Revision | |

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

**State Use Only:**

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6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: Mattole Restoration Council

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0037149

* c. Organizational DUNS: 049500502

**d. Address:**

* Street1: PO Box 160
Street2:
* City: Petrolia
County/Parish:
* State: CA
Province:
* Country:
* Zip / Postal Code: 95558

**e. Organizational Unit:**

Department Name: Wild and Working Lands Program

Division Name:

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

Prefix:

* First Name: Laura

Middle Name:

* Last Name: Cochrane

Suffix:

Title: Contract Manager

Organizational Affiliation:

* Telephone Number: 707-986-1078

Fax Number:

* Email: laura@mattole.org

**Application for Federal Assistance SF-424**

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

M. Non profit w/ 501C3 IRS status (other than higher education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Forest Service

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

10.680

CFDA Title:

FOREST HEALTH PROTECTION

*** 12. Funding Opportunity Number:**

* Title:

CONDUCTING ACTIVITIES RELATED TO MONITORING, EXTENSION, MANAGEMENT, AND MITIGATION OF THE SUDDEN OAK DEATH DISEASE CAUSED BY PHYTOPHTHORA RAMORUM.

**13. Competition Identification Number:**

Title:

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

Mattole Watershed, Humboldt County, CA

Add Attachment | Delete Attachment | View Attachment

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

Mattole Sudden Oak Death Detection and Control 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: 1-CA
* b. Program/Project: 1-CA

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 07/01/2011
* b. End Date: 06/30/2012

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

| | |
|---|---|
| * a. Federal | $11,000.00 |
| * b. Applicant | $1,877.00 |
| * c. State | 589l.00 |
| * d. Local | |
| * e. Other | 3,437. ~~$9,328.00~~ |
| * f. Program Income | |
| * g. TOTAL | $22,205.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 6-17-11
- [ ] 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
- [x] 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)**

- [x] ** 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: ~~Jeremy~~ HEZEKIAH ~~ALLEN~~

Middle Name:

* Last Name: ~~Wheeler~~ ALLEN

Suffix:

* Title:

* Telephone Number: 707-629-3514

Fax Number:

* Email: ~~jeremy@mattole.org~~ HEZEKIAH@MATTOLE.ORG

* Signature of Authorized Representative: Hezekiah Allen

* Date Signed: June 17 2011

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 15, 2011

Applicant Identifier:

1. TYPE OF SUBMISSION:

| Application | Preapplication |
|---|---|
| ☒ Construction | ☐ Construction |
| ☐ Non-Construction | ☐ Non-Construction |

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: **Port of Oakland**

Organizational Unit: **Port of Oakland Acting by and through its Board of Port Commissioners**

Address *(give city, county, state, and zip code)*: **530 Water Street, Oakland, CA 94607**

Name and telephone number of the person to be contracted on matters involving this application *(give area code)*: **Christina Lee (510) 627-1510**

EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2

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

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

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

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

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other *(specify)*

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9. NAME OF FEDERAL AGENCY: **Federal Aviation Administration**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6

TITLE: **Airport Improvement Program (AIP)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Aircraft Rescue and Firefighting (ARFF) Vehicle Replacement, South Field, OAK**

12. AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: **San Francisco Bay Area**

13. PROPOSED PROJECT

| Start Date | Ending Date |
|---|---|
| 07/2011 | 07/2012 |

14. CONGRESSIONAL DISTRICTS OF

| a. Applicant | b. Project |
|---|---|
| 7 | 4 |

15. ESTIMATED FUNDING

| | | |
|---|---|---|
| a. Federal | $ | 713,222 .00 |
| b. Applicant | $ | 171,778 .00 |
| c. State | $ | . |
| d. Local | $ | . |
| e. Other | $ | . |
| f. Program income | $ | . |
| g. TOTAL | $ | 885,000 .00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: **June 15, 2011**

b. NO ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If yes, attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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. Title | c. Telephone number |
|---|---|---|
| **Deborah Ale Flint** | **Director of Aviation** | **(510) 627-1133** |

d. Signature of Authorized Representative

e. Date Signed: **June 15, 2011**

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

**Authorized for Local Reproduction**

Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

| | | |
|---|---|---|
| **2. DATE SUBMITTED** June 14, 2010 | Applicant Identifier Williams Library | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☑ Construction | ☑ Construction |
| ☐ Non-Construction | ☐ Non-Construction |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: Colusa County Free Library | **Organizational Unit:** Department: Administration |
| Organizational DUNS: 120466255 | Division: |
| **Address:** Street: 738 Market Street | **Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Wendy |
| City: Colusa | Middle Name |
| County: Colusa | Last Name Burke |
| State: Ca / Zip Code 95932 | Suffix: |
| Country: USA | Email: wburke@countyofcolusa.org |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: [redacted] | Phone Number (give area code) 530-458-7671 / Fax Number (give area code) 530-458-7358 |

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**8. TYPE OF APPLICATION:**

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

County

Other (specify)

**9. NAME OF FEDERAL AGENCY:** US Department of Agriculture

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10-766

ITLE (Name of Program): USDA Rural Development Community Facilities Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Williams Library ~~Refurbishment and~~ ADA Accessibility Grant Request

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:

Colusa County, California

**13. PROPOSED PROJECT**

| Start Date: | Ending Date: |
|---|---|
| January 2011 | January 2013 |

**14. CONGRESSIONAL DISTRICTS OF:**

| a. Applicant | b. Project |
|---|---|
| 2 | 2 |

**15. ESTIMATED FUNDING:**

| | | |
|---|---|---|
| a. Federal | $ 16,500 | ~~33,550~~ |
| b. Applicant | $ 13,500 | ~~27,450~~ |
| c. State | $ | |
| d. Local | $ | |
| e. Other | $ | |
| f. Program Income | $ | |
| g. TOTAL | $ 30,000 | ~~61,000~~ |

Revised 6/2011

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix | First Name Wendy | Middle Name |
| Last Name Burke | | Suffix |
| b. Title County Librarian | | c. Telephone Number (give area code) 530-458-0372 |
| Signature of Authorized Representative Wendy Burke | | e. Date Signed June 14, 2010 |

Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

| | | |
|---|---|---|
| 2. DATE SUBMITTED<br>June 14, 2010 | | Applicant Identifier<br>Arbuckle Library |
| 3. DATE RECEIVED BY STATE | | State Application Identifier |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☑ Construction | ☑ Construction |
| ☐ Non-Construction | ☐ Non-Construction |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name:<br>Colusa County Free Library | **Organizational Unit:**<br>Department:<br>Administration |
| Organizational DUNS:<br>120466255 | Division: |
| **Address:**<br>Street:<br>738 Market Street | **Name and telephone number of person to be contacted on matters involving this application (give area code)**<br>Prefix: / First Name: Wendy |
| City:<br>Colusa | Middle Name |
| County:<br>Colusa | Last Name<br>Burke |
| State: Ca / Zip Code 95932 | Suffix: |
| Country:<br>USA | Email:<br>wburke@countyofcolusa.org |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*:<br>[redacted] | Phone Number (give area code): 530-458-7671<br>Fax Number (give area code): 530-458-7358 |

**8. TYPE OF APPLICATION:**

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

County

Other (specify)

**9. NAME OF FEDERAL AGENCY:**
US Department of Agriculture

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

10-766

TITLE (Name of Program):
JSDA Rural Development Community Facilities Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Arbuckle Library ~~Refurbishment and~~ ADA Accessibility Grant Request

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:

Colusa County, California

**13. PROPOSED PROJECT**

| Start Date: | Ending Date: |
|---|---|
| January 2011 | January 2013 |

**14. CONGRESSIONAL DISTRICTS OF:**

| a. Applicant | b. Project |
|---|---|
| 2 | 2 |

**15. ESTIMATED FUNDING:**

| | | |
|---|---|---|
| a. Federal | $ 10,850 | ~~29,400~~ |
| b. Applicant | $ 20,150 | ~~54,600~~ |
| c. State | $ | |
| d. Local | $ | |
| e. Other | $ | |
| f. Program Income | $ | |
| g. TOTAL | $ 31,000 | ~~84,000~~ |

Revised 6/23/11

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix | First Name<br>Wendy | Middle Name |
| Last Name<br>Burke | | Suffix |
| b. Title<br>County Librarian | | c. Telephone Number (give area code)<br>530-458-0372 |
| d. Signature of Authorized Representative<br>Wendy Burke | | e. Date Signed<br>June 14, 2010 |

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

Rec 6-14-10 MLC

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

## Application for Federal Assistance SF-424

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* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 06/17/2011

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: San Manuel Band of Mission Indians

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0526268

* c. Organizational DUNS: 0802646040000

**d. Address:**

* Street1: 26569 Community Center Drive
Street2:
* City: Highland
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92346-6712

**e. Organizational Unit:**

Department Name: San Manuel Fire Department

Division Name:

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

Prefix:
* First Name: Michael
Middle Name: K
* Last Name: Layne
Suffix:

Title: Grants Administrator

Organizational Affiliation: San Manuel Band of Mission Indians

* Telephone Number: 909-864-8933 ext. 2168
Fax Number: 909-863-0719

* Email: mlayne@sanmanuel-nsn.gov

## Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

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

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-11-GPD-067-000-01

* Title:

Fiscal Year (FY) 2011 Tribal Homeland Security Grant Program (THSGP)

**13. Competition Identification Number:**

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

MCI/Mass Decon Equipment Trailer

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: 41
b. Program/Project: 41

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2011
* b. End Date: 09/30/2014

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

| | |
|---|---|
| * a. Federal | 250,000.00 |
| * b. Applicant | 0.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 250,000.00 |

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2011.

[ ] 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 [X] 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)**

[X] ** I AGREE

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

**Authorized Representative:**

Prefix: Mr.
* First Name: Michael
Middle Name: Kevin
* Last Name: Layne
Suffix:

* Title: Grants Administrator

* Telephone Number: 909-864-8933 ext. 2168
Fax Number: 909-863-0719

* Email: mlayne@sanmanuel-nsn.gov

* Signature of Authorized Representative: Mike Layne
* Date Signed: 06/17/2011

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):

* Other (Specify)

RECEIVED
JUN 20 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: CDFA 10.769

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: Harvest Community Development Group

* b. Employer/Taxpayer Identification Number (EIN/TIN): 36-4681919

*c. Organizational DUNS: 049510728

**d. Address:**

*Street1: 10164 Palmdale Blvd
Street 2:
*City: Sun Village
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 93543-1921

**e. Organizational Unit:**

Department Name: Harvest Community Development Group

Division Name: Harvest Community Employment Resource Center

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

Prefix: Ms
First Name: Gail
Middle Name: M.
*Last Name: Johnson
Suffix:

Title: Community Outreach & Programs Director

Organizational Affiliation:

*Telephone Number:

Fax Number:

*Email:

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

## Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise and Television Grants

*12. Funding Opportunity Number:

*Title: Rural Business Enterprise Grant FY 2011

13. Competition Identification Number:

Title:

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

Unincorporated Southeast Antelope Valley; Sun Village, Littlerock, Lake Los Angeles, Pearblossom, Llano, and Valyermo

*15. Descriptive Title of Applicant's Project:

The Harvest Community Employment Resource Center

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

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

# Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 25th Congressional District

*b. Program/Project: same

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

17. Proposed Project:

*a. Start Date: August 1, 2011

*b. End Date: n/a

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

| | |
|---|---|
| *a. Federal | $1,095,642.00 |
| *b. Applicant | $123,550.00 |
| *c. State | |
| *d. Local | |
| *e. Other | $20,400.00 |
| *f. Program Income | |
| *g. TOTAL | $1,239,592.00 |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on June 20, 2011

☐ 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: Gail

Middle Name: M.

*Last Name: Johnson

Suffix:

*Title: Community Outreach & Programs Director

*Telephone Number: (661) 557-5977

Fax Number:

*Email: g.johnson@hcdg4me.org

*Signature of Authorized Representative:

Date Signed: June 20, 2011

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

## Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] 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: IMPERIAL VALLEY ECONOMIC DEVELOPMENT CORPORATION

*b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0873809

*c. Organizational DUNS: 015605806

**d. Address:**

*Street 1: 1405 IMPERIAL AVE.
Street 2: SUITE #2
*City: EL CENTRO.
County: IMPERIAL
*State: CALIFORNIA
Province:
*Country: USA
*Zip / Postal Code 92243-6360

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**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: TIMOTHY

Middle Name: EDWARD

*Last Name: KELLEY

Suffix:

Title: PRESIDENT / CEO

Organizational Affiliation: IMPERIAL VALLEY ECONOMIC DEVELOPMENT CORPORATION

*Telephone Number: 760-353-8332

Fax Number: 760-353-9149

*Email: tim@ivedc.com

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

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

Type of Applicant 2: Select Applicant Type: NON-PROFIT

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA RURUAL DEVELOPMENT

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

10.769

CFDA Title:

RURAL BUSINESS ENTERPRISE GRANTS

***12 Funding Opportunity Number:**

*Title:

**13. Competition Identification Number:**

Title:

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

CITIES OF IMPERIAL COUNTY, CA
CITIES OF EASTERN RIVERSIDE COUNTY, CA
CITIES OF SOUTH EASTERN SAN BERNADINOO COUNTY, CA

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

"BUILDING SUSTAINABLE RURAL PROSPERITY FROM REGIONAL COLLABORATION"

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

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

**16. Congressional Districts Of:**

*a. Applicant: 51 *b. Program/Project: CA-051 CA-041 CA-045

**17. Proposed Project:**

*a. Start Date: JULY 1, 2011 *b. End Date: JUNE 30, 2012

**18. Estimated Funding ($):** 50,000.00

| | |
|---|---|
| *a. Federal | $50,000.00 |
| *b. Applicant | 0 |
| *c. State | 0 |
| *d. Local | 0 |
| *e. Other | 0 |
| *f. Program Income | 0 |
| *g. TOTAL | $50,000.00 |

***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 6/17/11

☐ 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: TIMOTHY

Middle Name: EDWARD

*Last Name: KELLEY

Suffix:

*Title: PRESIDENT / CEO

*Telephone Number: 760-353-8332 Fax Number: 760-353-9149

* Email: tim@ivedc.com

*Signature of Authorized Representative: Timothy E. Kelley *Date Signed: 6/14/11

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
11-9706-0042-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

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

*c. Organizational DUNS:
807-487-665

**d. Address:**

*Street 1: 1220 N Street
Street 2:
*City: Sacramento Place: 64000
County: Sacramento County:067
*State: CA 06
Province:
*Country: USA GSA:3150
*Zip / Postal Code 95814

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**e. Organizational Unit:**

Department Name:
California Department of Food and Agriculture

Division Name:
Animal Health and Food Safety Services

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

Prefix: Dr.
*First Name: Kent
Middle Name:
*Last Name: Fowler
Suffix:

Title: Branch Chief

Organizational Affiliation:
None

*Telephone Number: (916) 657-5045
Fax Number: (916) 653-2215

*Email: kfowler@cdfa.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:**

**USDA, APHIS, Veterinary Services**

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

Plant Pest and Animal Disease

CFDA Title:

Record Keeping

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

**13. Competition Identification Number:**

Title:

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

**Entire State of California (06)**

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

Record Keeping

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

**16. Congressional Districts Of:**

*a. Applicant: 05 *b. Program/Project: Statewide

**17. Proposed Project:**

*a. Start Date: 4/1/11 *b. End Date: 3/31/12

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

| | |
|---|---|
| *a. Federal | 15,000 |
| *b. Applicant | |
| *c. State | 7,591 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 22,591 |

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888 | Fax Number: -

* Email: KAlameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda *Date Signed: 6/17/11

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☒ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier: 08-0661

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 11-9706-1870-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

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

*c. Organizational DUNS: 807-487-665

**d. Address:**

*Street 1: 1220 N Street
Street 2:
*City: Sacramento Place: 64000
County: Sacramento County:067
*State: CA 06
Province:
*Country: USA GSA:3150
*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name: California Department of Food and Agriculture

Division Name: Animal Health and Food Safety Services

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

Prefix: Dr. *First Name: Anita
Middle Name:
*Last Name: Edmondson
Suffix:

Title: Research Scientist Supervisor I

Organizational Affiliation: None

*Telephone Number: (916) 654-1447 Fax Number: (916) 653-2215

*Email: anita.edmonson@cdfa.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:**

**USDA, APHIS, Veterinary Services**

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

Plant Pest and Animal Disease

CFDA Title:

2009 Bovine Tuberculosis Eradication Program

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

**13. Competition Identification Number:**

Title:

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

**Entire State of California (06)**

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

Detection and Eradication of Bovine Tuberculosis from California

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

**16. Congressional Districts Of:**

*a. Applicant: 05 *b. Program/Project: Statewide

**17. Proposed Project:**

*a. Start Date: 4/1/11 *b. End Date: 3/31/12

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

| | |
|---|---|
| *a. Federal | 100,000 |
| *b. Applicant | |
| *c. State | 395,627 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 495,627 |

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888 | Fax Number:

* Email: Kalameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda | *Date Signed: 6/17/11

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

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☑ Preapplication | ☑ New | |
| ☐ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received: 4. Application Identifier:

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Indian Dispute Resolution Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3145119

*c. Organizational DUNS: 849671375

**d. Address:**

*Street1: 1325 Howe Ave.
Street 2: Suite 201
*City: Sacramento
County: Sacramento
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95825

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**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: Steven
Middle Name:
*Last Name: Haberfeld
Suffix: Ph.D.

Title: Executive Director

Organizational Affiliation:

*Telephone Number: 916-482-5800 Fax Number: 916-482-5808

*Email: steven@indiandispute.com

# Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Carson Colony, NV; Dresslerville Colony, NV; Stewarts Community, NV; Woodfords Community, CA; Ramah Chapter Reservation, NM; Alamo Chapter Reservation, NM

*15. Descriptive Title of Applicant's Project:

Tribal Forest Enterprise Development Project

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

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

# Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-005

*b. Program/Project: NV-002, CA-003, NM-002

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

17. Proposed Project:

*a. Start Date: 09/01/2011

*b. End Date: 08/31/2012

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

| | |
|---|---|
| *a. Federal | $99,500.00 |
| *b. Applicant | $60,500.00 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $160,000.00 |

***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 6/15/2011
☐ 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: Steven

Middle Name:

*Last Name: Haberfeld

Suffix: Ph.D.

*Title: Executive Director

Steven Haberfeld

*Telephone Number: 916-482-5800

Fax Number: 916-482-5808

*Email: steven@indiandispute.com

*Signature of Authorized Representative: Steven Haberfeld

Date Signed: 6/13/2011

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

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: 95-6000759

5a. Federal Entity Identifier: 95-6000759

* 5b. Federal Award Identifier:

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**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Pasadena, Department of Water and Power

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

* c. Organizational DUNS: 028900439

**d. Address:**

* Street1: 150 South Los Robles Avenue
Street2: Suite 200
* City: Pasadena
County: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91101

**e. Organizational Unit:**

Department Name: Pasadena Water and Power

Division Name: Water Conservation

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

Prefix: Ms.
* First Name: Nancy
Middle Name:
* Last Name: Long
Suffix:

Title: Water Conservation Manager

Organizational Affiliation: Pasadena Water and Power

* Telephone Number: 626-744-3865
Fax Number: 626-744-7264

* Email: nlong@cityofpasadena.net

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:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Mid-Pacific Region

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

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11AF20019

* Title:

Reclamation's Water Use Efficiency Grant Program, California Bay-Delta Constituents

**13. Competition Identification Number:**

Title:

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

City of Pasadena, California

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

Pasadena Water and Power, Smart Landscape Makeover Program: Incentive in Support of Water Conservation Efforts for Low Income Families

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-029 * b. Program/Project: CA-029

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2011 * b. End Date: 02/28/2012

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

| | |
|---|---|
| * a. Federal | 50,000.00 |
| * b. Applicant | 55,000.00 |
| * c. State | 0.00 |
| * d. Local | 23,160.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 128,160.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/20/2011.
- [ ] 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
- [x] No

Explanation

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

- [x] ** 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: Phyllis

Middle Name: E.

* Last Name: Currie

Suffix:

* Title: General Manager, Pasadena Water and Power

* Telephone Number: 626-744-4425 Fax Number: 626-744-6640

* Email: PCurrie@cityofpasadena.net

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

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): |
|---|---|---|
| ☐ Preapplication | ☒ New | |
| ☒ Application | ☐ Continuation | * Other (Specify): |
| ☐ Changed/Corrected Application | ☐ Revision | |

| * 3. Date Received: | 4. Applicant Identifier: |
|---|---|
| 06/21/2011 | |

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

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**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: PARKS AND RECREATION, CA DEPT OF

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | * c. Organizational DUNS: |
|---|---|
| 68-0303606 | 1720708070000 |

**d. Address:**

* Street1: 301 CASPIAN WAY
Street2:
* City: IMPERIAL BEACH
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91932-91933

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| | |

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

Prefix: Mr. * First Name: Clay
Middle Name:
* Last Name: Phillips
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 619-575-3613 EX303 Fax Number: 619-575-6913

* Email: CPHILLIP@PARKS.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:**

Department of Commerce

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

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2011-2003045

* Title:

FY11 National Estuarine Research Reserve Operations

**13. Competition Identification Number:**

Title:

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

Area Affected by Project.docx

Add Attachment | Delete Attachment | View Attachment

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

TRNERR MANAGEMENT AND OPERATIONS

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: 51
b. Program/Project: 51, 53

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 07/01/2011
* b. End Date: 12/31/2012

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

| | |
|---|---|
| * a. Federal | 333,760.00 |
| * b. Applicant | 0.00 |
| * c. State | 143,407.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 477,167.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/15/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Clay
Middle Name:
* Last Name: Phillips
Suffix:

* Title: Reserve Manager

* Telephone Number: 619-575-3613 EX 303
Fax Number: 619-575-6913

* Email: CPHILLIP@PARKS.CA.GOV

* Signature of Authorized Representative: Clay Phillips
* Date Signed: 06/21/2011

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| 1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction | Pre-application ☑ Construction ☑ Non-Construction | 2. DATE SUBMITTED | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|---|---|
| Legal Name: City of Jackson | Organizational Unit: Department: Public Works |
| Organizational DUNS: 00-493-9906 | Division: Wastewater |
| Address: Street: 33 Broadway | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Michael |
| City: Jackson | Middle Name |
| County: Amador | Last Name Daly |
| State: California Zip Code 95642 | Suffix: |
| Country: United States of America | Email: mdaly@ci.jackson.ca.us |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000350 | Phone Number (give area code) 209-223-1646 / Fax Number (give area code) 209-223-3141 |

RECEIVED JUN 22 2011 STATE CLEARING HOUSE

| | |
|---|---|
| 8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify) | 7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify) |
| | 9. NAME OF FEDERAL AGENCY: USDA Rural Development Rural Utilities Water and Waste Disposal Program |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): Water and Waste Disposal Systems for Rural Communities | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WWTP & Disposal System Modifications |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Jackson, Amador County | |
| 13. PROPOSED PROJECT Start Date: Spring 2013 Ending Date: Fall 2014 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd b. Project 3rd |

| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
|---|---|---|
| a. Federal | $ $8,300,000 .00 | a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/20/2011 |
| b. Applicant | $ .00 | |
| c. State | $ .00 | |
| d. Local | $ .00 | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| e. Other | $ .00 | |
| f. Program Income | $ .00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | $ $8,300,000 .00 | ☐ Yes If "Yes" attach an explanation. ☐ No N/A |

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix Mr. | First Name Michael | Middle Name |
| Last Name Daly | | Suffix |
| b. Title City Manager | | c. Telephone Number (give area code) 209-223-1646 |
| d. Signature of Authorized Representative | | e. Date Signed 6/20/2011 |

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

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| 2. DATE SUBMITTED<br>June 22, 2011 | | Applicant Identifier<br>City of Redondo Beach |
| 3. DATE RECEIVED BY STATE | | State Application Identifier |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier |

**1. TYPE OF SUBMISSION:**

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: City of Redondo Beach

Organizational DUNS: 074151966

Address:
Street: 415 Diamond Street
City: Redondo Beach
County: Los Angeles
State: CA
Zip Code: 90277
Country: U.S.A

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STATE CLEARING HOUSE

Organizational Unit:
Department: Harbor, Business & Transit Department
Division: Transit Division

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms. First Name: Joyce
Middle Name:
Last Name: Rooney
Suffix:
Email: joyce.rooney@redondo.org
Phone Number (give area code): (310) 318-0631, ext. 1+2670
Fax Number (give area code): (310) 937-6621

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 95-6000766 7

**8. TYPE OF APPLICATION:**

☑ New ☐ Continuation ☐ Revision

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

Other (specify)

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

C. Municipal

Other (specify)

**9. NAME OF FEDERAL AGENCY:**
Department of Transportation, Federal Transit Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 20.507

TITLE (Name of Program): Federal Transit Formula Grants (A)

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Replacement Transit Vehicle Procurement

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
City of Redondo Beach, County of Los Angeles, California

**13. PROPOSED PROJECT**
Start Date: 8/1/2011
Ending Date: 12/31/2012

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: California (6), 36
b. Project:

**15. ESTIMATED FUNDING:**

| | | |
|---|---|---|
| a. Federal<br>FTA 5307 FAP | $ | 1,665,184.00 |
| b. Applicant | $ | .00 |
| c. State | $ | .00 |
| d. Local | $ | 461,440.00 |
| e. Other<br>FTA 5309 E2009-BUSP-142 | $ | 180,576.00 |
| f. Program Income | $ | .00 |
| g. TOTAL | $ | 2,307,200.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: June 22, 2011

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative
Prefix: Ms. First Name: Joyce Middle Name:
Last Name: Rooney Suffix:
b. Title: Transit Operations and Transportation Facilities Manager
c. Telephone Number (give area code): (310) 318-0631, ext. 1+2670
d. Signature of Authorized Representative: Joyce Rooney
e. Date Signed: June 22, 2011

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

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

# Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

*3. Date Received: Completed by Grants.gov

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Corona

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000697

*c. Organizational DUNS: 088513155

**d. Address:**

*Street1: 400 S. Vincentia Avenue
Street 2:
*City: Corona
County: Riverside
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 92882

**e. Organizational Unit:**

Department Name: Department of Water and Power

Division Name:

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

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

Title: Business Supervisor

Organizational Affiliation: City of Corona

*Telephone Number: 951-739-4841

Fax Number:

*Email: jennifer@ci.corona.ca.us

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

# 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):

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*10. Name of Federal Agency:
CALFED and Department of the Interior, Bureau of Reclamation, Sacramento, California

11. Catalog of Federal Domestic Assistance Number:
15.504

CFDA Title:
Water Reclamation and Reuse Program Recovery. Title XVI.

*12. Funding Opportunity Number: R11AF20019

*Title: CALFED Water Use Efficiency Grant Program

13. Competition Identification Number: Not Applicable

Title:

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

*15. Descriptive Title of Applicant's Project:
Corona, CA: Weather-Based Irrigation Controller and Sprinkler Installation

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

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

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California's 44th

*a. Applicant California's 44th

*b. Program/Project: California's 44th

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

17. Proposed Project:

*a. Start Date: October, 2011

*b. End Date: October, 2013

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

| | | | |
|---|---|---|---|
| *a. Federal | $150,000.00 | *d. Local | |
| *b. Applicant | | *e. Other | |
| *c. State | $150,000.00 | *f. Program Income | |
| *d. Local | | *g. TOTAL | $300,000.00 |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/23/11
☐ 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: Jonathan

Middle Name:

*Last Name: Daly

Suffix:

*Title: General Manager

*Telephone Number: 951-736-2477

Fax Number:

*Email: jonathand@ci.corona.ca.us

*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:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

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

*** Other (Specify):**

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JUN 22 2011
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:**

**8. APPLICANT INFORMATION:**

*** a. Legal Name:** San Francisco State University

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 93-1137247

*** c. Organizational DUNS:** 9425149850000

**d. Address:**

*** Street1:** 1600 Holloway Avenue
**Street2:** ADM 471
*** City:** San Francisco
**County/Parish:**
*** State:** CA: California
**Province:**
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 94132-1722

**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:** Jaime
**Middle Name:**
*** Last Name:** Kooser
**Suffix:**

**Title:** Director, NERR

**Organizational Affiliation:**

*** Telephone Number:** 415-338-3703
**Fax Number:** 415-435-7120

*** Email:** jkooser@sfsu.edu

## Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

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

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2011-2003045

* Title:

FY11 National Estuarine Research Reserve Operations

**13. Competition Identification Number:**

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

San Francisco Bay NERR Operations FY 11

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-012
b. Program/Project: CA-012

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

**17. Proposed Project:**

* a. Start Date: 07/01/2011
* b. End Date: 12/31/2012

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

| | |
|---|---|
| * a. Federal | 587,190.00 |
| * b. Applicant | 246,653.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 5,000.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 838,843.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/21/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Alison
Middle Name:
* Last Name: Sanders
Suffix:

* Title: Director, ORSP

* Telephone Number: 415-405-3943
Fax Number: 415-338-2493

* Email: asanders@sfsu.edu

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

6/22/11

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):

* Other (Specify)

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STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419

*c. Organizational DUNS: 025986159

**d. Address:**

*Street1: 21865 Copley Dr.
Street 2:
*City: Diamond Bar
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 91765

**e. Organizational Unit:**

Department Name: Project Director e-mail: reden@aqmd.gov

Division Name: Science & Technology Advancement

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

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

Title: Financial Analyst

Organizational Affiliation:
South Coast Air Quality Management District

*Telephone Number: 909-396-2780

Fax Number: 909-396-2765

*Email: mleonard@aqmd.gov

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

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

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):
Special District

*10. Name of Federal Agency:
U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Investigations, Special Purpose Activities to the CCA

*12. Funding Opportunity Number: Tracking Number 11-341

*Title:

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

S103 Research Grant: PM 2.5 Monitoring

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

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

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 42 *b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: April 1, 2011 *b. End Date: March 31, 2012

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

| | |
|---|---|
| *a. Federal | $867,807.00 |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $867,807.00 |

***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 6-22-11
☐ 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: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100 Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: Barry R. Wallerstein Date Signed: 6/22/2011

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
By: [signature]
Date: 6/22/11

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

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received: 4. Application Identifier:

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Metropolitan Water District of Southern California

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JUN 23 2011
STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

*c. Organizational DUNS: 06-389-2975

**d. Address:**

*Street 1: 700 North Alameda Street
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: *Zip/ Postal Code: 90012

**e. Organizational Unit:**

Department Name: Division Name: Water Resource Management Group

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

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

Title: Manager, Regional Supply Unit

Organizational Affiliation:

*Telephone Number: (213) 217-6557 Fax Number: (213) 217-6119

*Email: ahui@mwdh2o.com

**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: E. Regional Organization

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

*Other (specify):

*10. Name of Federal Agency:
Department of the Interior, Bureau of Reclamation, Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:
15.504

CFDA Title:
Water Reclamation and Reuse Program

*12. Funding Opportunity Number: R11AF20019

*Title: Reclamation's CALFED Water Use Efficiency Grant Program FY 2011

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura counties

*15. Descriptive Title of Applicant's Project:
Recycled Water Retrofit Program

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

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

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

16. Congressional Districts Of:

*a. Applicant CA-023 through CA-053 *b. Program/Project: CA-023 through CA-053

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

17. Proposed Project:

*a. Start Date: October 2011 *b. End Date: September 2013

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

| | |
|---|---|
| *a. Federal | $1,000,000.00 |
| *b. Applicant | |
| *c. State | |
| *d. Local | $1,000,000.00 |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $2,000,000.00 |

***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 06/21/2011
☐ 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: Jeffrey

Middle Name:

*Last Name: Kightlinger

Suffix:

*Title: General Manager

*Telephone Number: (213) 217-6211 Fax Number:

*Email: jkightlinger@mwdh2o.com

*Signature of Authorized Representative: Date Signed: 06/20/2011

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

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received: 4. Application Identifier:

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: Metropolitan Water District of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002071

*c. Organizational DUNS: 06-389-2975

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JUN 23 2011
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**d. Address:**

*Street1: 700 North Alameda Street
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: *Zip/ Postal Code: 90012

**e. Organizational Unit:**

Department Name: Division Name: Water Resource Management Group

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

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

Title: Manager, Regional Supply Unit

Organizational Affiliation:

*Telephone Number: (213) 217-6557 Fax Number: (213) 217-6119

*Email: ahui@mwdh2o.com

# 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: E. Regional Organization

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

*Other (specify):

*10. Name of Federal Agency:
Department of the Interior, Bureau of Reclamation, Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:
15.504

CFDA Title:
Water Reclamation and Reuse Program

*12. Funding Opportunity Number: R11AF20019

*Title: Reclamation's CALFED Water Use Efficiency Grant Program FY 2011

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura counties

*15. Descriptive Title of Applicant's Project:
Irrigation Efficiency Incentives for Commercial Landscapes

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

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

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

16. Congressional Districts Of:

*a. Applicant CA-023 through CA-053 *b. Program/Project: CA-023 through CA-053

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

17. Proposed Project:

*a. Start Date: October 2011 *b. End Date: September 2013

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

| | |
|---|---|
| *a. Federal | $500,000.00 |
| *b. Applicant | $1,438,900.00 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $1,938,900.00 |

***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 06/21/2011
☐ 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: Jeffrey

Middle Name:

*Last Name: Kightlinger

Suffix:

*Title: General Manager

*Telephone Number: (213) 217-6211 Fax Number:

*Email: jkightlinger@mwdh2o.com

*Signature of Authorized Representative: Date Signed: 06/20/2011

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

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

| *1. Type of Submission: | *2. Type of Application | * If Revision, select appropriate letter(s) |
|---|---|---|
| ☒ Preapplication | ☒ New | |
| ☐ Application | ☐ Continuation | *Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

3. Date Received: 4. Applicant Identifier:

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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: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676

*c. Organizational DUNS: 056179906

**d. Address:**

*Street 1: 8445 WEST ELOWIN COURT
Street 2: P.O. BOX 6520
*City: VISALIA
County: TULARE
*State: CALIFORNIA
Province:
*Country: USA: UNITED STATES
*Zip / Postal Code 93290

**e. Organizational Unit:**

Department Name: Division Name:

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

Prefix: MR *First Name: PATRICK
Middle Name:
*Last Name: ISHERWOOD
Suffix:

Title: ADMINISTRATIVE ANALYST

Organizational Affiliation:

*Telephone Number: (559) 802 - 1653 Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.org

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

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

**16. Congressional Districts Of:**

*a. Applicant: 21 *b. Program/Project: 18-21

**17. Proposed Project:**

*a. Start Date: 09/01/2011 *b. End Date: 9/1/2012

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

| | |
|---|---|
| *a. Federal | 150,000 |
| *b. Applicant | |
| *c. State | 250,000 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 400,000 |

***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 5/18/2011

☐ 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: PETER

Middle Name: NUGENT

*Last Name: CAREY

Suffix:

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: *Date Signed: 5/18/2011

Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

| | |
|---|---|
| 2. DATE SUBMITTED | Applicant Identifier |
| 3. DATE RECEIVED BY STATE | State Application Identifier G1198015 |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-134-D-2 |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☐ Construction |
| ☒ Non-Construction | ☒ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name: State of California

Organizational DUNS: 808322358

Address:
Street: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: CA
Zip Code: 95811
Country:

Organizational Unit:
Department: CA Department of Fish and Game
Division: Grants Management Branch

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Steve
Middle Name
Last Name: Wong
Suffix:
Email: scwong@dfg.ca.gov
Phone Number (give area code): (916) 445-3694
Fax Number (give area code): (916) 327-6320

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**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 94-1697567

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

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

**9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605
TITLE (Name of Program): Sport Fish Restoration Act

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Fish Hatchery Operations/Mad River Hatchery

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
Humbolt Co., CA

**13. PROPOSED PROJECT**
Start Date: 07/01/2011
Ending Date: 06/30/2014

**14. CONGRESSIONAL DISTRICTS OF:**
a. Applicant: CDFG/Mad River Hatchery- (1)
b. Project: Mad River Hatchery Dist. (1)

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 1,036,473.00 |
| b. Applicant | $ |
| c. State | $ 345,491.00 |
| d. Local | $ |
| e. Other | $ |
| f. Program Income | $ |
| g. TOTAL | $ 1,381,964.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/23/11
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Blaine
Middle Name
Last Name: Nickens
Suffix
b. Title: Chief of Grants Management Branch
c. Telephone Number (give area code): (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed: 3/23/2011

**APPLICATION FOR FEDERAL ASSISTANCE** Version 7/03

| | | | |
|---|---|---|---|
| 1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction | Pre-application ☐ Construction ☒ Non-Construction | 2. DATE SUBMITTED | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier G1198021 |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-126-R-5 |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | Organizational Unit: Department: CA Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: Grants Management Branch |
| Address: Street: 1831 Ninth Street | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 95811 | Suffix: |
| Country: | Email: scwong@dfg.ca.gov |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567 | Phone Number (give area code) (916) 445-3694 Fax Number (give area code) (916) 327-6320 |
| 8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | 7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify) |
| | 9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Flatwater Fishery Management and Coordination (Statewide Project) |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide | |
| 13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2013 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project Statewide |

| 15. ESTIMATED FUNDING: | | |
|---|---|---|
| a. Federal | $ (1st yr $ 980,187)-(2nd $980,187) | 1,960,374.00 |
| b. Applicant | $ | |
| c. State | $ (1st yr $326,729)-(2nd $326,729) | 635,458.00 |
| d. Local | $ | |
| e. Other | $ | |
| f. Program Income | $ | |
| g. TOTAL | $ Each year- ($1,306,916) | 2,595,832.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/23/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix Mr. | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Manager, Grants Management Branch | | c. Telephone Number (give area code) (916) 327-0062 |
| d. Signature of Authorized Representative Blaine Nickens | | e. Date Signed 5/11/2011 |

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**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| 1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction | Pre-application ☐ Construction ☒ Non-Construction | 2. DATE SUBMITTED | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier G1198016 |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-125-R-5 |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | Organizational Unit: |
| | Department: CA Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: Grants Management Branch |
| Address: | Name and telephone number of person to be contacted on matters involving this application (give area code) |
| Street: 1831 Ninth Street | Prefix: First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 95811 | Suffix: |
| Country: | Email: scwong@dfg.ca.gov |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 6 9 7 5 6 7 | Phone Number (give area code) (916) 445-3694 / Fax Number (give area code) (916) 327-6320 |

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| | |
|---|---|
| 8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) Original sent 6/4/09- Confirmation to proceed | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>A. State<br>Other (specify)<br>9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 6 0 5<br>TITLE (Name of Program): Sport Fish Restoration Act | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inland Trout Resource Assessment Program |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide | |
| 13. PROPOSED PROJECT<br>Start Date: 07/01/2011 Ending Date: 06/30/2013 | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant 3 b. Project Statewide |

| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
|---|---|---|
| a. Federal | $ 608,337.00 | a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/23/11 |
| b. Applicant | $ | |
| c. State | $ 202,779.00 | |
| d. Local | $ | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other | $ | ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| f. Program Income | $ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | $ 811,116.00 | ☐ Yes If "Yes" attach an explanation. ☒ No |

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

| | | |
|---|---|---|
| a. Authorized Representative | | |
| Prefix Mr. | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief of Grants Management Branch | | c. Telephone Number (give area code) (916) 445-9300 |
| d. Signature of Authorized Representative | | e. Date Signed 6/23/2011 |

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Version 7/03

**APPLICATION FOR FEDERAL ASSISTANCE**

| | | |
|---|---|---|
| **2. DATE SUBMITTED** | Applicant Identifier | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | G1198012 |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | F-124-T-5 |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☐ Construction |
| ☒ Non-Construction | ☒ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name: State of California

Organizational DUNS: 808322358

Address:
Street: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: CA Zip Code 95811
Country:

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Organizational Unit:
Department: CA Department of Fish and Game
Division: Grants Management Branch

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: First Name: Steve
Middle Name
Last Name Wong
Suffix:
Email: scwong@dfg.ca.gov
Phone Number (give area code) (916) 445-3694
Fax Number (give area code) (916) 327-6320

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 94-1697567

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

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

**9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605
TITLE (Name of Program): Sport Fish Restoration Act

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Technical Guidance for Inland Trout Fisheries Enhancement

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
Statewide

**13. PROPOSED PROJECT**
Start Date: 07/01/2011 Ending Date: 06/30/2013

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

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 195,447.00 |
| b. Applicant | $ |
| c. State | $ 65,149.00 |
| d. Local | $ |
| e. Other | $ |
| f. Program Income | $ |
| g. TOTAL | $ 260,596.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/23/11
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix Mr. First Name Blaine Middle Name
Last Name Nickens Suffix
b. Title Chief of Grants Management Branch
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed 5/26/2011

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** | Applicant Identifier | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier G1198011 | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier F-123-R-5 | |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☐ Construction |
| ☒ Non-Construction | ☒ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name: State of California

Organizational DUNS: 808322358

Address:

Street: 1831 Ninth Street

City: Sacramento

County: Sacramento

State: CA Zip Code 95811

Country:

Organizational Unit:

Department: CA Department of Fish and Game

Division: Grants Management Branch

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: First Name: Steve

Middle Name

Last Name Wong

Suffix:

Email: scwong@dfg.ca.gov

Phone Number (give area code) (916) 445-3694

Fax Number (give area code) (916) 327-6320

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**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 94-1697567

**8. TYPE OF APPLICATION:**

☒ New ☐ Continuation ☐ Revision

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

Other (specify)

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

A. State

Other (specify)

**9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605

TITLE (Name of Program): Sport Fish Restoration Act

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Sacramento- San Joaquin Estuary Sport Fish Studies

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Sac, Stockton, San Joaq.,Suisun, Marin, Sonoma, Yolo, C.Costa

**13. PROPOSED PROJECT**

Start Date: 07/01/2011 Ending Date: 06/30/2013

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 3 b. Project Statewide

**15. ESTIMATED FUNDING:**

| | | |
|---|---|---|
| a. Federal | $ | 1,034,550.00 |
| b. Applicant | $ | |
| c. State | $ | 344,850.00 |
| d. Local | $ | |
| e. Other | $ | |
| f. Program Income | $ | |
| g. TOTAL | $ | 1,379,400.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative

Prefix Mr. First Name Blaine Middle Name

Last Name Nickens Suffix

b. Title Chief of Grants Management Branch

c. Telephone Number (give area code) (916) 445-9300

d. Signature of Authorized Representative

e. Date Signed 4/8/2011

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| **1. TYPE OF SUBMISSION:** Application ☐ Construction ☒ Non-Construction; Pre-application ☐ Construction ☒ Non-Construction | **2. DATE SUBMITTED** | Applicant Identifier | |
| | **3. DATE RECEIVED BY STATE** | State Application Identifier | G1198008 |
| | **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | F-89-D-15 |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | Organizational Unit: |
| | Department: Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: |
| Address: | Name and telephone number of person to be contacted on matters involving this application (give area code) |
| Street: 1831 S Street | Prefix: Mr. First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 98511 | Suffix: |
| Country: USA | Email: scwong@dfg.ca.gov |
| **6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 94-1697567 | Phone Number (give area code) (916) 445-3694 Fax Number (give area code) (916) 327-6320 |
| **8. TYPE OF APPLICATION:** ☒ New ☐ Continuation ☐ Revision; If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) C; Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types) A. State; Other (specify) |
| | **9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605; TITLE (Name of Program): Sport Fish Restoration Act | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Maintenance of Sport Fish Habitat and Angler Opportunities on State Wildlife Areas |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Statewide | |
| **13. PROPOSED PROJECT** Start Date: 07/01/2011 Ending Date: 06/30/2012 | **14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project Statewide |

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| **15. ESTIMATED FUNDING:** | | **16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** |
|---|---|---|
| a. Federal | $ 130,576.00 | a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: |
| b. Applicant | $ | |
| c. State | $ 43,525.00 | |
| d. Local | $ | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other | $ | ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| f. Program Income | $ | **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** |
| g. TOTAL | $ 174,101.00 | ☐ Yes If "Yes" attach an explanation. ☒ No |

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

| | | |
|---|---|---|
| a. Authorized Representative | | |
| Prefix Mr. | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief of Grants Management Branch | | c. Telephone Number (give area code) (916) 445-9300 |
| d. Signature of Authorized Representative | | e. Date Signed 5/26/2011 |

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | |
|---|---|---|
| 2. DATE SUBMITTED | Applicant Identifier | |
| 3. DATE RECEIVED BY STATE | State Application Identifier | G1198009 |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | F-114-D-8 |

1. TYPE OF SUBMISSION:
Application: ☐ Construction ☒ Non-Construction
Pre-application: ☐ Construction ☒ Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: State of California
Organizational DUNS: 808322358
Address:
Street: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: CA
Zip Code: 95811
Country:

Organizational Unit:
Department: CA Department of Fish and Game
Division: Grants Management Branch
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: Steve
Middle Name
Last Name: Wong
Suffix:
Email: scwong@dfg.ca.gov
Phone Number (give area code): (916) 445-3694
Fax Number (give area code): (916) 327-6320

RECEIVED JUN 23 2011 STATE CLEARING HOUSE

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 94-1697567

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

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

**9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605
TITLE (Name of Program): Sport Fish Restoration Act

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Fish Hatchery Operations/Fish Health Laboratory

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Statewide

**13. PROPOSED PROJECT**
Start Date: 07/01/2011
Ending Date: 06/30/2014

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

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 919,422.00 |
| b. Applicant | $ |
| c. State | $ 306,474.00 |
| d. Local | $ |
| e. Other | $ |
| f. Program Income | $ |
| g. TOTAL | $ 1,225,896.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/23/11
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix: Mr.
First Name: Blaine
Middle Name
Last Name: Nickens
Suffix
b. Title: Chief of Grants Management Branch
c. Telephone Number (give area code): (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed: 6/15/2011

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** | Applicant Identifier | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | G1198010 |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier | F-119-R-6 |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☐ Construction |
| ☒ Non-Construction | ☒ Non-Construction |

**5. APPLICANT INFORMATION**

Legal Name: State of California

Organizational Unit:
Department: CA Department of Fish and Game
Division: Grants Management Branch

Organizational DUNS: 808322358

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Address:
Street: 1831 Ninth Street
City: Sacramento
County: Sacramento
State: CA
Zip Code 95811
Country:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Steve
Middle Name
Last Name Wong
Suffix:
Email: scwong@dfg.ca.gov
Phone Number (give area code) (916) 445-3694
Fax Number (give area code) (916) 327-6320

**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 94-1697567

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

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

**9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605
TITLE (Name of Program): Sport Fish Restoration Act

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Central Valley Salmon and Steelhead Angler Survey

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
Central Valley- (Statewide)

**13. PROPOSED PROJECT**
Start Date: 07/01/2011
Ending Date: 06/30/2014

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

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 3,343,954.00 |
| b. Applicant | $ |
| c. State | $ 1,114,651.00 |
| d. Local | $ |
| e. Other | $ |
| f. Program Income | $ |
| g. TOTAL | $ 4,458,605.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/23/11
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix Mr. First Name Blaine Middle Name
Last Name Nickens Suffix
b. Title Chief of Grants Management Branch
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed 5/13/2011

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☐ Continuation
- ☒ Revision

* If Revision, select appropriate letter(s)
A. Increase Award
*Other (Specify)

3. Date Received:
4. Applicant Identifier:

5a. Federal Entity Identifier:
*5b. Federal Award Identifier: 11-9706-1977-CA NAI

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**State Use Only:**

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

**8. APPLICANT INFORMATION:**

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

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104
*c. Organizational DUNS: 807-487-665

**d. Address:**

*Street 1: 1220 N Street
Street 2:
*City: Sacramento Place: 64000
County: Sacramento County: 067
*State: CA 06
Province:
*Country: USA GSA:3150
*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name: California Department of Food and Agriculture
Division Name: Animal Health and Food Safety Services

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

Prefix: Dr.
*First Name: Michael
Middle Name:
*Last Name: Poulos
Suffix:

Title: Veterinary Medical Officer IV

Organizational Affiliation:
None

*Telephone Number: (530) 949-2003
Fax Number: (530) 225-2240

*Email: Michael.Poulos@cdfa.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:**

**USDA, APHIS, Veterinary Services**

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

Plant Pest and Animal Disease

CFDA Title:

very virulent Infectious Bursal Disease Virus

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pease and Animal Disease

**13. Competition Identification Number:**

Title:

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

**Entire State of California (06)**

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

very virulent Infectious Bursal Disease Virus Prevalence Study

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

**16. Congressional Districts Of:**

*a. Applicant: 05 *b. Program/Project: Statewide

**17. Proposed Project:**

*a. Start Date: 4/1/2011 *b. End Date: 3/31/2012

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

| | |
|---|---|
| *a. Federal | 60,000 |
| *b. Applicant | |
| *c. State | 37,839 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 97,839 |

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888 | Fax Number:

* Email: KAlameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda *Date Signed: 6/23/11

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☐ Continuation
- ☒ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
11-9706-1532-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

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**8. APPLICANT INFORMATION:**

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

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

*c. Organizational DUNS:
807-487-665

**d. Address:**

*Street 1: 1220 N Street
Street 2:
*City: Sacramento Place: 64000
County: Sacramento County:067
*State: CA 06
Province:
*Country: USA GSA:3150
*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name:
California Department of Food and Agriculture

Division Name:
Animal Health and Food Safety Services

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

Prefix: Dr.
*First Name: Dennis
Middle Name: J.
*Last Name: Wilson
Suffix:

Title: Veterinary Medical Officer IV

Organizational Affiliation:
None

*Telephone Number: (916) 651-8833
Fax Number: (916) 653-2215

*Email: dwilson@cdfa.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:**

**USDA, APHIS, Veterinary Services**

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

Plant Pest and Animal Disease

CFDA Title:

Foreign Animal Disease

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

**13. Competition Identification Number:**

Title:

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

**Entire State of California (06)**

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

Foreign Animal Disease

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

**16. Congressional Districts Of:**

*a. Applicant: 05 *b. Program/Project: Statewide

**17. Proposed Project:**

*a. Start Date: 4/1/11 *b. End Date: 3/31/12

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

| | |
|---|---|
| *a. Federal | 54,750 |
| *b. Applicant | |
| *c. State | 84,275 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 139,025 |

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888 | Fax Number: -

* Email: KAlameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda | *Date Signed: 6/23/11

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☐ Continuation
- ☒ Revision

* If Revision, select appropriate letter(s)
A. Increase Award
*Other (Specify)

3. Date Received:

4. Applicant Identifier:

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5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
11-9706-1934-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

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

*c. Organizational DUNS:
807-487-665

**d. Address:**

*Street 1: 1220 N Street
Street 2:
*City: Sacramento Place: 6400
County: Sacramento County: 067
*State: CA 06
Province:
*Country: USA GSA: 3150
*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name:
California Deaprtment of Food and Agriculture

Division Name:
Animal Health and Food Safety Services

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

Prefix: Dr.
*First Name: Sarah
Middle Name:
*Last Name: Mize
Suffix:

Title: Veterinary Medical Officer IV

Organizational Affiliation:

*Telephone Number: (909) 947-4462
Fax Number: (909) 923-5128

*Email: sarah.mize@cdfa.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:**

**USDA,APHIS, Veterinary Services**

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

Plant Pest and Animal Disease

CFDA Title:

Notifiable Avian Influenza-Live Bird Marketing System

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

**13. Competition Identification Number:**

Title:

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

**Entire State of California (06)**

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

Notifiable Avian Influenza in the Live Bird Marketing System (LBMS) program

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

**16. Congressional Districts Of:**

*a. Applicant: 05 *b. Program/Project: Statewide

**17. Proposed Project:**

*a. Start Date: 4/1/11 *b. End Date: 3/31/12

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

| | |
|---|---|
| *a. Federal | 588,750 |
| *b. Applicant | |
| *c. State | 192,570 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 781,320 |

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888 | Fax Number:

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda | *Date Signed: 6/23/11

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

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

| *1. Type of Submission: | *2. Type of Application | * If Revision, select appropriate letter(s) |
|---|---|---|
| ☐ Preapplication | ☐ New | A. Increase Award |
| ☒ Application | ☐ Continuation | *Other (Specify) |
| ☐ Changed/Corrected Application | ☒ Revision | |

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 10-9706-1414-CA

**State Use Only:**

6. Date Received by State:

7. State Application Identifier: Grant 10-0046-FR

**8. APPLICANT INFORMATION:**

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

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

*c. Organizational DUNS: 807-487-665

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**d. Address:**

*Street 1: 1220 N Street
Street 2:
*City: Sacramento Place: 64000
County: Sacramento County:067
*State: CA 06
Province:
*Country: USA GSA:3150
*Zip / Postal Code 95814

**e. Organizational Unit:**

Department Name: California Department of Food and Agriculture

Division Name: Animal Health and Food Safety Services

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

Prefix: Dr. *First Name: Hector
Middle Name:
*Last Name: Webster
Suffix:

Title: Research Program Specialist II

Organizational Affiliation: None

*Telephone Number: (916) 657-5041 Fax Number: (916) 653-2215

*Email: hwebster@cdfa.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:**

**USDA, APHIS, Veterinary Services**

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

Plant Pest and Animal Disease

CFDA Title:

Swine Health Program

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

**13. Competition Identification Number:**

Title:

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

**Entire State of California (06)**

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

Swine Health Program

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

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

**16. Congressional Districts Of:**

*a. Applicant: 05 *b. Program/Project: Statewide

**17. Proposed Project:**

*a. Start Date: 4/1/11 *b. End Date: 3/31/12

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

| | |
|---|---|
| *a. Federal | 70,500 |
| *b. Applicant | |
| *c. State | 22,868 |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | 93,368 |

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: (916) 651-9888 | Fax Number: -

* Email: KAlameda@cdfa.ca.gov

*Signature of Authorized Representative: Kathy Alameda | *Date Signed: 4/23/11

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| 2. DATE SUBMITTED<br>June 23, 2011 | | Applicant Identifier<br>Dept. of Food and Agriculture |
| 3. DATE RECEIVED BY STATE<br>June 23, 2011 | | State Application Identifier |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier<br>11-8520-1211-CA |

**1. TYPE OF SUBMISSION:**

| Application | Pre-application |
|---|---|
| ☐ Construction | ☐ Construction |
| ☑ Non-Construction | ☐ Non-Construction |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name:<br>State of California | **Organizational Unit:**<br>Department:<br>Food and Agriculture |
| Organizational DUNS:<br>807487665 | Division:<br>Plant Health and Pest Prevention Services |
| **Address:**<br>Street:<br>1220 N Street, Room 315 | **Name and telephone number of person to be contacted on matters involving this application (give area code)**<br>Prefix: / First Name: Scott |
| City:<br>Sacramento | Middle Name |
| County:<br>Sacramento | Last Name<br>Okimura |
| State:<br>California / Zip Code 95814 | Suffix: |
| Country:<br>United States | Email:<br>sokimura@cdfa.ca.gov |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*:<br>68-0325104 | Phone Number (give area code)<br>(916) 654-1211 / Fax Number (give area code)<br>(916) 654-0555 |

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**8. TYPE OF APPLICATION:**

☐ New ☑ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

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

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

10-025

TITLE (Name of Program):
Plant & Animal Disease, Pest Control, and Animal Care

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Asian citrus psyllid activities in California

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:

State of California

**13. PROPOSED PROJECT**

| Start Date: | Ending Date: |
|---|---|
| October 1, 2010 | September 30, 2011 |

**14. CONGRESSIONAL DISTRICTS OF:**

| a. Applicant | b. Project |
|---|---|
| 52 | Asian Citrus Psyllid Activities |

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 1,385,921.00 |
| b. Applicant | $ .00 |
| c. State | $ .00 |
| d. Local | $ .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 1,385,921.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 6/23/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix | First Name<br>Kathy | Middle Name |
| Last Name<br>Alameda | | Suffix |
| b. Title<br>Manager, Federal Funds Management Unit | | c. Telephone Number (give area code)<br>(916) 651-9888 |
| d. Signature of Authorized Representative | | e. Date Signed |

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

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

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004609

* c. Organizational DUNS: 043656206

**d. Address:**

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708

**e. Organizational Unit:**

Department Name: Financial Planning

Division Name: Grants Administration

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

Prefix: Ms.
* First Name: Laura
Middle Name:
* Last Name: Cashion
Suffix:

Title: Grants Administrator

Organizational Affiliation: Employee

* Telephone Number: 909-993-1724
Fax Number: 909-993-1985

* Email: lcashion@ieua.org

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:**

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 - Mid-Pacific Region

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

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11AF20019

* Title:

Reclamation's Water Use Efficiency Grant Program, California Bay-Delta Constituents

**13. Competition Identification Number:**

Title:

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

City of Chino, City of Chino Hills, City of Ontario, City of Montclair, City of Upland, City of Rancho Cucamonga, City of Fontana, San Bernardino County.

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

INLAND EMPIRE REGIONAL RESIDENTAL LANDSCAPE RETROFIT PROGRAM

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-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2011
* b. End Date: 09/30/2013

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

| | |
|---|---|
| * a. Federal | 305,096.00 |
| * b. Applicant | 379,829.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 684,925.00 |

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/23/2011.

[ ] 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 [X] No Explanation

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

[X] ** 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: Thomas

Middle Name: A.

* Last Name: Love

Suffix:

* Title: General Manager

* Telephone Number: 909-993-1600 Fax Number: 909-993-1985

* Email: tlove@ieua.org

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

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

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

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☒ New | |
| ☒ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004609

* c. Organizational DUNS: 043656206

**d. Address:**

* Street1: 6075 Kimball Avenue
Street2:
* City: Chino
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91708

**e. Organizational Unit:**

Department Name: Financial Planning

Division Name: Grants Administration

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

Prefix: Ms.
* First Name: Laura
Middle Name:
* Last Name: Cashion
Suffix:

Title: Grants Administrator

Organizational Affiliation: Employee

* Telephone Number: 909-993-1724
Fax Number: 909-993-1986

* Email: lcashion@ieua.org

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

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

**8. 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 - Mid-Pacific Region

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

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11AF20019

* Title:

Reclamation's Water Use Efficiency Grant Program, California Bay-Delta Constituents

**13. Competition Identification Number:**

Title:

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

City of Chino, City of Chino Hills, City of Ontario, City of Montclair, City of Upland, City of Rancho Cucamonga, City of Fontana, San Bernardino County.

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

TURNER BASIN RECHARGE IMPROVEMENTS

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-042
* b. Program/Project: CA-042

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

Additional Congressional Dis | Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2011
* b. End Date: 09/30/2013

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

| | |
|---|---|
| * a. Federal | 406,712.00 |
| * b. Applicant | 948,996.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 1,355,708.00 |

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/23/2011.

[ ] 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 [X] No Explanation

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

[X] ** 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: Thomas

Middle Name: A.

* Last Name: Love

Suffix:

* Title: General Manager

* Telephone Number: 909-993-1600 Fax Number: 909-993-1985

* Email: tlove@ieua.org

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

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

Version 7/03

# APPLICATION FOR FEDERAL ASSISTANCE

| | | |
|---|---|---|
| 1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction; Pre-application ☐ Construction ☐ Non-Construction | 2. DATE SUBMITTED | Applicant Identifier |
| | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: The Regents of the University of California | Organizational Unit: Department: Office of Research |
| Organizational DUNS: 627797426 | Division: Sponsored Programs Office |
| Address: Street: 200 University Office Building | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Myrna |
| City: Riverside | Middle Name: |
| County: Riverside | Last Name: Lindo |
| State: CA Zip Code: 92521-0217 | Suffix: |
| Country: USA | Email: myrna.lindo@ucr.edu |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6006142 | Phone Number (give area code) (951) 827-5535 Fax Number (give area code) (951) 827-4486 |
| 8. TYPE OF APPLICATION: Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A. Increase Award C. Increase Duration Other (specify): | 7. TYPE OF APPLICANT: (See back of form for Application Types) I. Public/State Controlled Institution/Higher Ed Other (specify): Hispanic Serving Institution |
| | 9. NAME OF FEDERAL AGENCY: USDA Forest Service |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.652☐Forestry Research Other (specify): | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Biological Control of Goldspotted Oak Borer |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ALL | |
| 13. PROPOSED PROJECT Start Date: 09/01/2011 Ending Date: 08/31/2013 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-44 b. Project: CA-ALL |

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**15. ESTIMATED FUNDING:**

| | | |
|---|---|---|
| a. Federal | $ 19,000 | .00 |
| b. Applicant | $ 9,880 | .00 |
| c. State | $ | .00 |
| d. Local | $ | .00 |
| e. Other | $ | .00 |
| f. Program Income | $ | .00 |
| g. TOTAL | $ 28880 | .00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/23/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☒ No

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

| | | |
|---|---|---|
| a. Authorized Representative | | |
| Prefix Mrs. | First Name: Myrna | Middle Name: |
| Last Name: Lindo | | Suffix: |
| b. Title: Senior Contract and Grant Officer | | c. Telephone Number (give area code) (951) 827-5535 |
| Email: myrna.lindo@ucr.edu | | Fax Number (give area code) (951) 827-4483 |
| d. Signature of Authorized Representative Myrna A. Lindo | | e. Date Signed: 6/23/11 |

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):

* Other (Specify)

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:
USDA-RD Rural Business Enterprise Grant

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: CalaverasGROWN

* b. Employer/Taxpayer Identification Number (EIN/TIN): 76-0707922

*c. Organizational DUNS: 805960619

**d. Address:**

*Street1: P O Box 2102
Street 2:
*City: San Andreas
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95249

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STATE CLEARING HOUSE

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Ms
First Name: Nancyjo
Middle Name:
*Last Name: Riekse
Suffix:

Title: Project Manager

Organizational Affiliation:
Assigned to manage project by CalaverasGROWN

*Telephone Number: 530-863-0551
Fax Number: None

*Email: nancyjor9@sbcglobal.net

FAX TO: 1-916-323-3018
FROM: CalaverasGROWN
DATE: 6-24-11
6 pages

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

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

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA- Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:
Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Merced, Mariposa, Tuolumne, Calaveras, and Amador Counties, California

*15. Descriptive Title of Applicant's Project:
Final Link: Getting value-added livestock from farm to fork:

**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:** 3, 18 + 19

*a. Applicant: 3 *b. Program/Project: 3 or 18 or 19

**17. Proposed Project:** Final Link: Technical Assistance

*a. Start Date: September 2011 *b. End Date: August 2012

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

*a. Federal $50,000
*b. Applicant $70,000
*c. State
*d. Local
*e. Other
*f. Program Income $0
*g. TOTAL $120,000

***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 ____

☐ 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: Billie Anne
Middle Name:
*Last Name: Hammer
Suffix:

*Title: President, CalaverasGROWN

*Telephone Number: 209-754-6477 Fax Number: 209 754-6472

*Email: info@calaverasgrown.org

*Signature of Authorized Representative: Billie Anne Hammer *Date Signed: 3 June 11

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

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|---|---|---|
| | | 2. DATE SUBMITTED<br>June 34, 2011 | Applicant Identifier<br>California Department of Food and Agriculture |
| 1. TYPE OF SUBMISSION:<br>Application | Pre-application | 3. DATE RECEIVED BY STATE<br>March 12, 2010 | State Application Identifier |
| ☐ Construction<br>☑ Non-Construction | ☐ Construction<br>☐ Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier<br>10-8520-1165-CA |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name:<br>State of California | **Organizational Unit:**<br>Department:<br>Food and Agriculture |
| Organizational DUNS:<br>80748665 | Division:<br>Plant Health and Pest Prevention Services |
| **Address:**<br>Street:<br>1220 N Street, Room 221 | **Name and telephone number of person to be contacted on matters involving this application (give area code)**<br>Prefix: Ms. / First Name: Carol |
| City:<br>Sacramento | Middle Name |
| County:<br>Sacramento | Last Name<br>Gentry |
| State: CA / Zip Code 95814 | Suffix: |
| Country:<br>USA | Email:<br>cgentry@cdfa.ca.gov |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*:<br>6 8 - 0 3 2 5 1 0 4 | Phone Number (give area code)<br>(916) 651-2063 / ~~Fax Number (give area code)~~<br>(916) 651-2900 |

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| | |
|---|---|
| **8. TYPE OF APPLICATION:**<br>☑ New ☐ Continuation ☐ Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>☐ ☐<br>Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types)<br>A - State<br>Other (specify)<br>**9. NAME OF FEDERAL AGENCY:**<br>USDA/ APHIS/ PPQ |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**<br>1 0 - 0 2 5<br>TITLE (Name of Program):<br>Plant and Animal Disease, Pest Control, and Animal Care | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**<br>Dog Teams |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:<br>State of California | |
| **13. PROPOSED PROJECT**<br>Start Date: July 1, 2010 / Ending Date: September 30, 2011 | **14. CONGRESSIONAL DISTRICTS OF:**<br>a. Applicant: California / b. Project: California |

| **15. ESTIMATED FUNDING:** | | **16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** |
|---|---|---|
| a. Federal | $ 3,390,400 .00 | a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: 6/24/2011 |
| b. Applicant | $ .00 | |
| c. State | $ 719,399 .00 | |
| d. Local | $ .00 | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other | $ .00 | ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| f. Program Income | $ .00 | **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** |
| g. TOTAL | $ 4,109,799 .00 | ☐ Yes If "Yes" attach an explanation. ☑ No |

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

| | | |
|---|---|---|
| a. Authorized Representative | | |
| Prefix<br>Ms. | First Name<br>Kathy | Middle Name |
| Last Name<br>Alameda | | Suffix |
| b. Title<br>Federal Funds Manager | | c. Telephone Number (give area code)<br>(916) 651-9888 |
| d. Signature of Authorized Representative<br>Kathy Alameda | | e. Date Signed |

JUN 27 2011
STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | |
|---|---|---|
| 2. DATE SUBMITTED: June 27, 2011 | Applicant Identifier | |
| 3. DATE RECEIVED BY STATE | State Application Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | |

**1. TYPE OF SUBMISSION:**

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☑ Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: Los Angeles to Pasadena Metro Blue Line Construction

Organizational Unit:

Address (give city, county, State, and zip code): 406 E. Huntington Drive,Suite 202 Monrovia, CA. 91016

Name and telephone number of person to be contacted on matters involving this application (give area code): Crandal Jue (626) 471-9050

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**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 95-4731722

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

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) Transit Authority

**8. TYPE OF APPLICATION:**

☑ New ☐ Continuation ☐ Revision

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

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

**9. NAME OF FEDERAL AGENCY:**

Federal Transit Administration

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

TITLE:

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Phase 2 Intermodal Bus Ped Enhancements incorporates recommended Bus Interface Plan enhancements at the phase 2 stations of the Metro Gold Line Foothill Extension.

**12. AREAS AFFECTED BY PROJECT** (Cities, Counties, States, etc.):

San Gabriel Valley, LA County, CA.

**13. PROPOSED PROJECT**

Start Date: 10/1/11 Ending Date: 9/30/13

**14. CONGRESSIONAL DISTRICTS OF:** 26 DREIER, 29 SCHIFF, 32 CHU

a. Applicant: Metro Gold Line Foothill Extension

b. Project: Phase 2 Intermodal Bus Ped Enhancements

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 3,385,800 .00 |
| b. Applicant | $ .00 |
| c. State | $ .00 |
| d. Local | $ 846,450 .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 4,232,250 .00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes," attach an explanation. ☑ No

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

| | | |
|---|---|---|
| a. Type Name of Authorized Representative: Crandal Jue | b. Title: Chief Financial Officer | c. Telephone Number: (626) 471-9050 |
| d. Signature of Authorized Representative | | e. Date Signed: 06/27/11 |

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

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

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received: 4. Application Identifier:

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

State Use Only:

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Torrance

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000803

*c. Organizational DUNS: 06667416

**d. Address:**

*Street 1: 20500 Madrona Avenue.
Street 2:
*City: Torrance
County:
*State: CA
Province:
Country: *Zip/ Postal Code: 90503

**e. Organizational Unit:**

Department Name: Public Works Department

Division Name:

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

Prefix: Mr. First Name: John
Middle Name:
*Last Name: Dettle
Suffix:

Title: Engineering Manager/Project Manager

Organizational Affiliation:

*Telephone Number: 310-618-3059 Fax Number: 310-781-6902

*Email: jdettle@TorranceCA.gov

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

**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:
CALFED and Department of the Interior, Bureau of Reclamation, Policy and Administration

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

*12. Funding Opportunity Number: R11AF20019

*Title: Reclamation's Water Use Efficiency Grant Program California Bay-Delta Constituents

13. Competition Identification Number: Not Applicable

Title:

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

City of Torrance, County of Los Angeles, Santa Monica Bay, West Basin Aquifer, State of California.

*15. Descriptive Title of Applicant's Project:

Entradero Basin Recharge and Recycled Water

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

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

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-36 *b. Program/Project: CA-36

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

17. Proposed Project:

*a. Start Date: October 2011 *b. End Date: October 2013

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

| | | | |
|---|---|---|---|
| *a. Federal | $587,570.00 | *d. Local | |
| *b. Applicant | $89,360.00 | *e. Other | |
| *c. State | $812,430.00 | *f. Program Income | |
| *d. Local | | *g. TOTAL | $1,489,360.00 |

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on June 23, 2011
☐ 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: LeRoy

Middle Name: J.

*Last Name: Jackson

Suffix:

*Title: City Manager

*Telephone Number: 1-310-618-5880 Fax Number: 1-310-618-5891

*Email: CityManager@TorranceCA.Gov

*Signature of Authorized Representative: Date Signed: June 20, 2011

IV.K.1.5

## Part I -- EXECUTIVE SUMMARY (See Section IV.C.2.5)

### A. General Project Information

**A.1**

**Date: June 20, 2011**
**Applicant Name: City of Torrance**
**City, County, State: Torrance, Los Angeles County, CA**

**A.2**

**Project Name:** Entradero Basin Recharge and Recycled Water

**A.3**

**2011 Funding Request Summary** ***[Use * to denote an in-kind contribution]***
**For FY 2011, if the applicant has already committed to accomplish the project as part of another agreement, then the project will not be eligible for funding under this FOA.**

| FUNDING SOURCE | FUNDING AMOUNT |
|---|---|
| **Non-Federal Entities:** | |
| City of Torrance General Fund and Developer Investment Fees. | $89,360 |
| Santa Monica Bay Restoration | $812,430 |
| | |
| | |
| **Non-Federal Subtotal:** | $901,790 |
| | |
| **Reclamation Funding:** | $587,570 |
| (not to exceed $1,000,000) | |
| **TOTAL PROJECT FUNDING:** | $1,489,360 |

**A.4**

**One paragraph project summary.**

The Entradero Basin Recharge and Recycled Water project is a significant effort to reduce reliance on imported water sources, primarily the California Bay Delta. The project is expected to save 300 AFY of imported potable water in two important ways. First, it will replace 25 AFY of potable water with recycled water for irrigation. Second, a large infiltration basin will capture and absorb an estimated 275 AFY of stormwater flows routed to the basin. This will allow the City to replenish "over drafted" groundwater, improving both the quantity and quality of the local aquifer. It advances the City's goal of utilizing more of its adjudicated groundwater sources rather than relying on the costly, inefficient imported water. Total project costs are $1,489,360, with more than half of the required funds already secured. Completion of the project will occur within 24 months.

**A.5**

**This project is consistent with CALFED Bay Delta Program Goal # 1, 2, 3, and 4. Identify how this project contributes to accomplishment of this goal. (See Section I.A.2, page 5)**

The project is well aligned with the CALFED Bay Delta Program by reducing Southern California's reliance on Bay Delta water supplies.
It addresses the four goals as follows:
***Goal 1: Reduce existing irrecoverable losses, increasing the overall volume of available water.***

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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3. Date Received:

4. Applicant Identifier: 0387-1543

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2226406

*c. Organizational DUNS: 04-670-5849

**d. Address:**

*Street 1: Office of Research
Street 2: 5171 California Avenue, Suite 150
*City: Irvine
County: Orange
*State: California
Province:
*Country: USA
*Zip / Postal Code 92697-7600

**e. Organizational Unit:**

Department Name: Chemistry

Division Name: Physical Sciences

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

Prefix: Dr.
*First Name: Matthew
Middle Name:
*Last Name: Law
Suffix:

Title: Assistant Professor

Organizational Affiliation: University of California, Irvine

*Telephone Number: 949-824-5996
Fax Number: 949-824-8571

*Email: lawm@uci.edu

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

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

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

**U. S. 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-0000387

*Title:

Transformational PV Science and Technology: Next Generation Photovoltaics II

**13. Competition Identification Number:**

Title:

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

**Irvine, Orange County, CA**

**Golden, Jefferson County, CO**

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

Pyrite Iron Sulfide Solar Cells made from Solution

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

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

**16. Congressional Districts Of:**

*a. Applicant: CA-048 *b. Program/Project: CA-048

**17. Proposed Project:**

*a. Start Date: 01/01/2012 *b. End Date: 12/31/2015

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

| | |
|---|---|
| *a. Federal | $1,422,130.36 |
| *b. Applicant | 0 |
| *c. State | 0 |
| *d. Local | 0 |
| *e. Other | 0 |
| *f. Program Income | 0 |
| *g. TOTAL | 1,422,130.36 |

***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 06/27/2011

☐ 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: Leighsa

Middle Name:

*Last Name: Washington

Suffix:

*Title: Contract and Grant Officer

*Telephone Number: 949-824-3029 Fax Number: 949-824-2094

* Email: leighsa.washington@research.uci.edu

*Signature of Authorized Representative: *Date Signed: 06/27/11

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Prescribed by OMB Circular A-102

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

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

| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☒ New | |
| ☒ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

* 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:

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**8. APPLICANT INFORMATION:**

* a. Legal Name: Sacramento Suburban Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 800002258

* c. Organizational DUNS: 798624201

**d. Address:**

* Street1: 3701 Marconi Avenue, Suite 100
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95821-5346

**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: Warren
Middle Name:
* Last Name: Jung
Suffix:

Title: Manager Engineering Services

Organizational Affiliation:
Sacramento Suburban Water District

* Telephone Number: (916) 679-2896
Fax Number: (916) 332-6215

* Email: wjung@sswd.org

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:**

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 - Mid-Pacific Region

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

15.504

CFDA Title:

Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R11AF20019

* Title:

Reclamation's Water Use Efficiency Grant Program, California Bay-Delta Constituents

**13. Competition Identification Number:**

Title:

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

Sacramento Suburban Water District, Sacramento County, California

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

Sacramento Suburban Water District Meter Installation Acceleration 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 CA-003 * b. Program/Project CA-003

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2011 * b. End Date: 12/31/2012

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

| | |
|---|---|
| * a. Federal | 1,000,000.00 |
| * b. Applicant | 1,723,500.00 |
| * c. State | 0.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 2,723,500.00 |

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/23/2011.

[ ] 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 [X] No Explanation

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

[X] ** I AGREE

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

**Authorized Representative:**

Prefix: Mr. * First Name: Robert

Middle Name:

* Last Name: Roscoe

Suffix:

* Title: General Manager

* Telephone Number: (916) 972-7171 Fax Number:

* Email: rroscoe@sswd.org

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| | | 2. DATE SUBMITTED | Applicant Identifier |
| 1. TYPE OF SUBMISSION: Application ☐ Construction ☒ Non-Construction | Pre-application ☐ Construction ☒ Non-Construction | 3. DATE RECEIVED BY STATE 06/03/2011 | State Application Identifier G1198038 |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | Organizational Unit: |
| | Department: Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: Wildlife Conservation Board |
| Address: | Name and telephone number of person to be contacted on matters involving this application (give area code) |
| Street: 1831 9th Street | Prefix: First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 95811 | Suffix: |
| Country: USA | Email: sowong@dfg.ca.gov |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567 | Phone Number (give area code) (916) 445-3694 Fax Number (give area code) |
| 8. TYPE OF APPLICATION: ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) | 7. TYPE OF APPLICANT: (See back of form for Application Types) A. State |
| Other (specify) | Other (specify) |
| | 9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE (Name of Program): Sport Fish Restoration Act | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Westside/Doran Boat Launch Facility |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): *Sonoma County | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DISTRICTS OF: |
| Start Date: 07/01/2011 Ending Date: 06/30/2013 | a. Applicant 3 b. Project 19 |

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 315,551.00 |
| b. Applicant | $ |
| c. State | $ 105,184.00 |
| d. Local | $ |
| e. Other | $ |
| f. Program Income | $ |
| g. TOTAL | $ 420,735.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/28/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☒ No

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief, Grants Managment Branch | | c. Telephone Number (give area code) (916) 445-9300 |
| d. Signature of Authorized Representative | | e. Date Signed 6/28/2011 |

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| **1. TYPE OF SUBMISSION:** Application ☐ Construction ☒ Non-Construction / Pre-application ☐ Construction ☒ Non-Construction | | **2. DATE SUBMITTED** | Applicant Identifier |
| | | **3. DATE RECEIVED BY STATE** 06/03/2011 | State Application Identifier G1198034 |
| | | **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | Organizational Unit: Department: Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: Wildlife Conservation Board |
| Address: Street: 1831 9th Street | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 95811 | Suffix: |
| Country: USA | Email: scwong@dfg.ca.gov |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 94-1697567 | Phone Number (give area code) (916) 445-3694 / Fax Number (give area code) |
| **8. TYPE OF APPLICATION:** ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types) A. State Other (specify) |
| | **9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605 TITLE (Name of Program): Sport Fish Restoration Act | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Colusa Boat Launch Facility |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Colusa County | |
| **13. PROPOSED PROJECT** Start Date: 07/01/2011 Ending Date: 06/30/2013 | **14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project 19 |

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 306,535.00 |
| b. Applicant | $ |
| c. State | $ 102,179.00 |
| d. Local | $ |
| e. Other | $ |
| f. Program Income | $ |
| g. TOTAL | $ 408,714.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/29/11

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☒ No

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

| | | |
|---|---|---|
| a. Authorized Representative Prefix | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief, Grants Managment Branch | | c. Telephone Number (give area code) (916) 445-9300 |
| d. Signature of Authorized Representative | | e. Date Signed 6/29/2011 |

RECEIVED JUN 29 2011 STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

RECEIVED
JUN 29 2011
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier: DE-FOA-0000492-1572

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: Qsolar Technology Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-0925329

*c. Organizational DUNS: 831061887

**d. Address:**

*Street1: 10387 Scenic Blvd.
Street 2:
*City: Cupertino
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 95014

**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: Kyu Hyun
Middle Name:
*Last Name: Choi
Suffix:

Title: CEO

Organizational Affiliation:
Qsolar Technology Inc.

*Telephone Number: 408-813-1800
Fax Number:

*Email: kyuhchoi@gmail.com

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: R. Small Business

Type of Applicant 2: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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

*Other (specify):

*10. Name of Federal Agency:
Department of Energy

11. Catalog of Federal Domestic Assistance Number:
81.087

CFDA Title:

*12. Funding Opportunity Number: DE-FOA-0000492

*Title: Foundational Program to Advance Cell Efficiency (F-PACE)

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
High Efficiency Nano-Structured Photovoltaic Cell

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

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: California's 15th Congressional District

*a. Applicant Qsolar Technology, Inc.

*b. Program/Project: DE-FOA-0000492

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

17. Proposed Project: High Efficiency Nano-Structured Photovoltaic Cell

*a. Start Date: Sept 2011

*b. End Date: Sept 2014

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

| | |
|---|---|
| *a. Federal | $1,390,282.40 |
| *b. Applicant | $285,434.60 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $1,675,717.00 |

***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 6/28/2011
☐ 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: Kyu Hyun

Middle Name:

*Last Name: Choi

Suffix:

*Title: CEO

*Telephone Number: 408-813-1800

Fax Number:

*Email: kyuhchoi@gmail.com

*Signature of Authorized Representative: Kyu Choi

Date Signed: 6/28/2011

Scott Okimura 654-1211

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** June 30, 2011 | Applicant Identifier Dept. of Food and Agriculture | |
| **3. DATE RECEIVED BY STATE** June 23, 2011 | State Application Identifier | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier 11-8520-0934-GR | |

**1. TYPE OF SUBMISSION:**

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

**5. APPLICANT INFORMATION**

Legal Name: State of California

Organizational DUNS: 807487665

**Address:**

Street: 1220 N Street, Room 315

City: Sacramento

County: Sacramento

State: CA

Zip Code: 95814

Country: United States

**Organizational Unit:**

Department: Food and Agriculture

Division: Plant Health and Pest Prevention Services

**Name and telephone number of person to be contacted on matters involving this application (give area code)**

Prefix:

First Name: Scott

Middle Name

Last Name: Okimura

Suffix:

Email: sokimura@cdfa.ca.gov

Phone Number (give area code): (916) 654-1211

Fax Number (give area code): (916) 654-0555

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

**8. TYPE OF APPLICATION:**

☐ New ☑ Continuation ☐ Revision

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

Other (specify)

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

A - State

Other (specify)

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

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

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Exotic fruit fly surveys in California

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

**13. PROPOSED PROJECT**

Start Date: January 1, 2011

Ending Date: December 31, 2011

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant: District 40

b. Project: Exotic Fruit Fly Surveys in CA

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 4,097,000.00 |
| b. Applicant | $ .00 |
| c. State | $ 10,856,663.00 |
| d. Local | $ .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 14,953,663.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: June 29, 2011

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☐ No

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

a. Authorized Representative

Prefix

First Name: Kathy

Middle Name

Last Name: Alameda

Suffix

b. Title: Manager, Federal Funds Management Unit

c. Telephone Number (give area code): (916) 651-9888

d. Signature of Authorized Representative

e. Date Signed

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| **1. TYPE OF SUBMISSION:** Application ☐ Construction ☒ Non-Construction | Pre-application ☐ Construction ☒ Non-Construction | **2. DATE SUBMITTED** | Applicant Identifier |
| | | **3. DATE RECEIVED BY STATE** 06/03/2011 | State Application Identifier G1198032 |
| | | **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | Organizational Unit: |
| | Department: Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: Wildlife Conservation Board |
| Address: Street: 1831 9th Street | Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 95811 | Suffix: |
| Country: USA | Email: scwong@dfg.ca.gov |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 94-1697567 | Phone Number (give area code) (916) 445-3694 Fax Number (give area code) |

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| | |
|---|---|
| **8. TYPE OF APPLICATION:** ☒ New ☐ Continuation ☐ Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types)<br>A. State<br>Other (specify)<br>**9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605<br>TITLE (Name of Program): Sport Fish Restoration Act | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**<br>Shelter Island Boat Launching Facility |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: *San Diego County | |
| **13. PROPOSED PROJECT** Start Date: 07/01/2011 Ending Date: 06/30/2013 | **14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project 19 |

| **15. ESTIMATED FUNDING:** | | **16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** |
|---|---|---|
| a. Federal | $ 180,315.00 | a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/29/11 |
| b. Applicant | $ | |
| c. State | $ 60,105.00 | |
| d. Local | $ | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other | $ | ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| f. Program Income | $ | **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** |
| g. TOTAL | $ 240,420.00 | ☐ Yes If "Yes" attach an explanation. ☒ No |

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

| | | |
|---|---|---|
| a. Authorized Representative | | |
| Prefix | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief, Grants Managment Branch | | c. Telephone Number (give area code) (916) 445-9300 |
| d. Signature of Authorized Representative | | e. Date Signed 6/28/2011 |

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

| | | | |
|---|---|---|---|
| **1. TYPE OF SUBMISSION:** Application ☐ Construction ☒ Non-Construction | Pre-application ☐ Construction ☒ Non-Construction | **2. DATE SUBMITTED** | Applicant Identifier |
| | | **3. DATE RECEIVED BY STATE** 06/03/2011 | State Application Identifier G1198035 |
| | | **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: State of California | **Organizational Unit:** Department: Department of Fish and Game |
| Organizational DUNS: 808322358 | Division: Wildlife Conservation Board |
| **Address:** Street: 1831 9th Street | **Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: First Name: Steve |
| City: Sacramento | Middle Name |
| County: Sacramento | Last Name Wong |
| State: CA Zip Code 95811 | Suffix: |
| Country: USA | Email: scwong@dfg.ca.gov |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 94-1697567 | Phone Number (give area code) (916) 445-3694 Fax Number (give area code) |
| **8. TYPE OF APPLICATION:** ☒ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types) A. State Other (specify) |
| | **9. NAME OF FEDERAL AGENCY:** U.S. Department of Interior, Fish and Wildlife Service |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-605 TITLE (Name of Program): Sport Fish Restoration Act | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Fields Landing Boat Launch Facility |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: *Humboldt County | |
| **13. PROPOSED PROJECT** Start Date: 07/01/2011 Ending Date: 06/30/2013 | **14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3 b. Project 19 |

| **15. ESTIMATED FUNDING:** | | **16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** |
|---|---|---|
| a. Federal | $ 270,472.00 | a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/29/11 |
| b. Applicant | $ | |
| c. State | $ 90,158.00 | |
| d. Local | $ | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| e. Other | $ | |
| f. Program Income | $ | **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** |
| g. TOTAL | $ 360,630.00 | ☐ Yes If "Yes" attach an explanation. ☒ No |

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

a. Authorized Representative

| | | |
|---|---|---|
| Prefix | First Name Blaine | Middle Name |
| Last Name Nickens | | Suffix |
| b. Title Chief, Grants Managment Branch | | c. Telephone Number (give area code) (916) 445-9300 |
| d. Signature of Authorized Representative | | e. Date Signed 6/29/2011 |

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

## Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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JUN 30 2011
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:

**8. APPLICANT INFORMATION:**

* a. Legal Name: California State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968

* c. Organizational DUNS: 8083224080000

**d. Address:**

* Street1: 1330 Broadway, 13th Floor
Street2:
* City: Oakland
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94612-2530

**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: Karen
Middle Name:
* Last Name: Bane
Suffix:

Title: Deputy Manager, South Coast Program

Organizational Affiliation:
California State Coastal Conservancy

* Telephone Number: 510-286-0922
Fax Number:

* Email: kbane@scc.ca.gov

## Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

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

15.614

CFDA Title:

Coastal Wetlands Planning, Protection and Restoration Act

*** 12. Funding Opportunity Number:**

CWG-2012

* Title:

National Coastal Wetland Conservation Grants

**13. Competition Identification Number:**

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Invasive Plant Control in the Coastal Wetlands of the Tijuana River Valley

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: 9
b. Program/Project: 51, 53

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 07/01/2012
* b. End Date: 07/31/2015

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

| | |
|---|---|
| * a. Federal | 1,000,000.00 |
| * b. Applicant | 0.00 |
| * c. State | 626,325.00 |
| * d. Local | 0.00 |
| * e. Other | 0.00 |
| * f. Program Income | 0.00 |
| * g. TOTAL | 1,626,325.00 |

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2011.
- [ ] 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
- [x] 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)**

- [x] ** 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: Nadine
Middle Name:
* Last Name: Hitchcock
Suffix:

* Title: Deputy Executive Officer

* Telephone Number: 510-286-1015
Fax Number:

* Email: nhitchcock@scc.ca.gov

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

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | |
|---|---|---|
| **2. DATE SUBMITTED** June 24, 2011 | Applicant Identifier CMA 11-1 | |
| **3. DATE RECEIVED BY STATE** | State Application Identifier | |
| **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier NPIAS 3-06-0339-031-2011 | |

**1. TYPE OF SUBMISSION:**

Application: ☑ **Construction** ☐ **Non-Construction**

Pre-application: ☐ **Construction** ☐ **Non-Construction**

**5. APPLICANT INFORMATION**

Legal Name: County of Ventura

Organizational DUNS: 129771036

**Address:**

Street: 555 Airport Way, Suite B

City: Camarillo

County: Venutra

State: CA

Zip Code: 93010

Country: USA

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JUN 30 2011
STATE CLEARING HOUSE

**Organizational Unit:**

Department: Department of Airports

Division:

**Name and telephone number of person to be contacted on matters involving this application (give area code)**

Prefix: Mr. First Name: Todd

Middle Name

Last Name: McNamee

Suffix:

Email: todd.mcnamee@ventrua.org

Phone Number (give area code): (805) 388-4200

Fax Number (give area code): (805) 388-4366

**6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 95-6000944

**8. TYPE OF APPLICATION:**

☑ **New** ☐ **Continuation** ☐ **Revision**

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

Other (specify)

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

Other (specify)

**9. NAME OF FEDERAL AGENCY:**
Federal Aviation Administration, Western Pacific Region

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 20-106

TITLE (Name of Program): Airport Improvement Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
Construct parallel taxiway.

**12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*:
Ventura County

**13. PROPOSED PROJECT**

Start Date: June 2009

Ending Date: December 2009

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant: 23 & 24

b. Project: 24

**15. ESTIMATED FUNDING:**

| | |
|---|---|
| a. Federal | $ 4,102,213.00 |
| b. Applicant | $ 113,350.00 |
| c. State | $ 102,556.00 |
| d. Local | $ .00 |
| e. Other | $ .00 |
| f. Program Income | $ .00 |
| g. TOTAL | $ 4,318,119.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☑ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mr. First Name: Todd Middle Name

Last Name: McNamee Suffix

b. Title: Director of Airports

c. Telephone Number (give area code): (805) 388-4200

d. Signature of Authorized Representative: for

e. Date Signed: June 24, 2011

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

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

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1671958

*c. Organizational DUNS: 089187264

**d. Address:**

*Street 1: 413 N State Street Ukiah, CA 95482

Street 2: 221 S Lenore #D Willits, CA 94590

*City: Ukiah (Corporate office) Willits (site office)

County: Mendocino

*State: CA

Province:

*Country: USA

*Zip / Postal Code 95482

**e. Organizational Unit:**

Department Name: Community Action

Division Name:

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

Prefix:

*First Name: Patty

Middle Name:

*Last Name: Bruder

Suffix:

Title: Director of Community Action

Organizational Affiliation: North Coast Opportunities, Inc.

*Telephone Number: 707.462.1954

Fax Number: 707.462.0191

*Email: pbruder@ncoinc.org

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

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

**USDA Rural Deveopment - Rural Business Enterprise Grant**

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

CFDA Title:

10,769

***12 Funding Opportunity Number:**

*Title:

RBEG

**13. Competition Identification Number:**

Title:

RBEG

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

**Mendocino County**

**Lake County**

**Sonoma County**

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

Building a Regional Food System

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

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

**16. Congressional Districts Of:**

*a. Applicant: 1 *b. Program/Project: 1

**17. Proposed Project:**

*a. Start Date: July 1, 2011 *b. End Date: June 30, 2013

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

| | |
|---|---|
| *a. Federal | 60,000 |
| *b. Applicant | 6,000 |
| *c. State | |
| *d. Local | |
| *e. Other | 55,000 |
| *f. Program Income | |
| *g. TOTAL | |

***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: Wes

Middle Name: _____

*Last Name: Winter

Suffix: _____

*Title: Executive Director

*Telephone Number: 707.467-3236 | Fax Number: 707.462.0191

* Email: wwinter@ncoinc.org

*Signature of Authorized Representative: Wes Winter *Date Signed: 6/28/11

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|---|---|---|---|
| **1. TYPE OF SUBMISSION:** Application ☐ Construction ☐ Non-Construction | Pre-application ☐ Construction ☑ Non-Construction | **2. DATE SUBMITTED** | Applicant Identifier |
| | | **3. DATE RECEIVED BY STATE** | State Application Identifier |
| | | **4. DATE RECEIVED BY FEDERAL AGENCY** | Federal Identifier |

**5. APPLICANT INFORMATION**

| | |
|---|---|
| Legal Name: Sunshine School House, Inc. | **Organizational Unit:** Department: |
| Organizational DUNS: 16-944-7831 | Division: |
| **Address:** Street: 912 Solano St. | **Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms. / First Name: Angel |
| City: Corning | Middle Name |
| County: Tehama | Last Name Mason |
| State: CA / Zip Code 96021 | Suffix: |
| Country: | Email: angelmason@att.net |
| **6. EMPLOYER IDENTIFICATION NUMBER** *(EIN)*: 24-2475053 | Phone Number (give area code) 530-824-2041 / Fax Number (give area code) |
| **8. TYPE OF APPLICATION:** ☑ New ☐ Continuation ☐ Revision. If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) | **7. TYPE OF APPLICANT:** (See back of form for Application Types) O. Non Profit Organization. Other (specify) |
| | **9. NAME OF FEDERAL AGENCY:** USDA Rural Development Agency |
| **10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 10-766. TITLE (Name of Program): Community Facilities Grant | **11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Capital improvements, Furnishings, Equipment and Toys/Supplies for Infant Center, Preschool Center and Day Care Centers. |
| **12. AREAS AFFECTED BY PROJECT** *(Cities, Counties, States, etc.)*: Corning, CA | |
| **13. PROPOSED PROJECT** Start Date: 11/1/2011 / Ending Date: 10/30/2012 | **14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 2nd / b. Project 2nd |

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| **15. ESTIMATED FUNDING:** | | **16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?** |
|---|---|---|
| a. Federal | $ 29,985 .00 | a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/22/2011 |
| b. Applicant | $ .00 | |
| c. State | $ .00 | |
| d. Local | $ .00 | b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other | $ 42,433 .00 | ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| f. Program Income | $ .00 | **17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** |
| g. TOTAL | $ 72,428 .00 | ☐ Yes If "Yes" attach an explanation. ☑ No |

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

| | | |
|---|---|---|
| a. Authorized Representative | | |
| Prefix Ms. | First Name Angel | Middle Name |
| Last Name Mason | | Suffix |
| b. Title Executive Director | | c. Telephone Number (give area code) 530-824-2041 |
| d. Signature of Authorized Representative Angel Mason | | e. Date Signed |

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received:

4. Application Identifier: 0492-1700

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:

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243

*c. Organizational DUNS: 00-826-2602

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STATE CLEARING HOUSE

**d. Address:**

*Street1: 12500 Gladstone Avenue
Street 2:
*City: Sylmar
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 91342-5373

**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: Linda
Middle Name:
*Last Name: Schwartz
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: (818) 898-2818

Fax Number:

*Email: linda.m.schwartz@boeing.com

OMB Number: 4040-0004
Expiration Date: 01/31/2012

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

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:
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-0000492

*Title: Foundational Program to Advance Cell Efficiency

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

50% Efficient Integrated III-V Thin Film Multijunction Solar Cells
For Concentrator Photovoltaic Systems

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

OMB Number: 4040-0004
Expiration Date: 01/31/2012

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

16. Congressional Districts Of:

*a. Applicant CA-027 *b. Program/Project: MI-015

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

17. Proposed Project:

*a. Start Date: 10/01/2011 *b. End Date: 9/30/2014

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

| | |
|---|---|
| *a. Federal | $1,500,000.00 |
| *b. Applicant | $379,033.00 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $1,879,033.00 |

***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 6/30/2011
☐ 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: Linda

Middle Name:

*Last Name: Schwartz

Suffix:

*Title: Contract Manager

*Telephone Number: (818) 898-2818 Fax Number:

*Email: linda.m.schwartz@boeing.com

*Signature of Authorized Representative: Linda M. Schwartz Date Signed: 6/30/2011

OMB Number: 4040-0004
Expiration Date: 01/31/2012

# Application for Federal Assistance SF-424

Version 02

| *1. Type of Submission | *2. Type of Application | *If Revision, select appropriate letter(s): |
|---|---|---|
| ☐ Preapplication | ☑ New | |
| ☑ Application | ☐ Continuation | * Other (Specify) |
| ☐ Changed/Corrected Application | ☐ Revision | |

*3. Date Received:

4. Application Identifier: 0492-1693

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:

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6509243

*c. Organizational DUNS: 00-826-2602

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JUN 30 2011
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**d. Address:**

*Street1: 12500 Gladstone Avenue
Street 2:
*City: Sylmar
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 91342-5373

**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: Linda
Middle Name:
*Last Name: Schwartz
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: (818) 898-2818

Fax Number:

*Email: linda.m.schwartz@boeing.

OMB Number: 4040-0004
Expiration Date: 01/31/2012

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

9. Type of Applicant 1: Select Applicant Type: Q. For-Profit Organization (Other than Small Business)

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:
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-0000492

*Title: Foundational Program to Advance Cell Efficiency

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Concentrator Photovoltaic (CPV) Cells with 50% Efficiency Enabling Grid-Parity Solar Electricity Generation

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

OMB Number: 4040-0004
Expiration Date: 01/31/2012

## Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-027

*b. Program/Project: CO-007

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

17. Proposed Project:

*a. Start Date: 10/01/11

*b. End Date: 09/30/14

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

| | |
|---|---|
| *a. Federal | $1,496,266.00 |
| *b. Applicant | $997,352.93 |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $2,493,618.93 |

***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 06/30/11
☐ 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: Linda

Middle Name:

*Last Name: Schwartz

Suffix:

*Title: Contract Manager

*Telephone Number: (818) 898-2818

Fax Number:

*Email: linda.m.schwartz@boeing.com

*Signature of Authorized Representative: Linda M. Schwartz

Date Signed: 06/30/11