

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16 - 30, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
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RECEIVED
JUN 18 2012
STATE CLEARING HOUSE

*3. Date Received:	4. Application Identifier: CA-90-Y974
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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: City of Montebello**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000746	*c. Organizational DUNS: 174479642
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d. Address:
*Street1: 400 S. Taylor Avenue
Street 2:
*City: Montebello
County: USA
*State: CA
Province:
Country: *Zip/ Postal Code: 90640

e. Organizational Unit:

Department Name: Transportation	Division Name: Montebello Bus Lines
---	---

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

Prefix: Ms. First Name: Alva
Middle Name:
*Last Name: Carrasco
Suffix:

Title: Assistant Director

Organizational Affiliation:

*Telephone Number: 323 887-4658 Fax Number: 323 887-4643
*Email: acarrasco@cityofmontebello

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507

CFDA Title:

**Federal Transit_Formula Grants
Urbanized Area Formula Program**

*12. Funding Opportunity Number:

*Title:

Los Angeles/ Long Beach/Santa Ana Urbanized Formula Allocation, FY2010 Section 5307

13. Competition Identification Number:

Title:

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

City of Montebello and the surrounding communities of Alhambra, Bell Gardens, Boyle Heights, Commerce, Downtown Los Angeles, East Los Angeles, La Mirada, Monterey Park, Pico Rivera, Rosemead, San Marino, South Gate, South San Gabriel, and Whittier; Los Angeles County, California.

*15. Descriptive Title of Applicant's Project:

Tire Lease, Associated Capital Maintenance (ACM), Seven (7) CNG Buses, Passenger Information System Project (PISP) and Bus Stop Improvement Project (BSIP).

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-038 *b. Program/Project: CA-038

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

17. Proposed Project:

*a. Start Date: 07/01/2012 *b. End Date: 07/01/2016

18. Estimated Funding (\$):

*a. Federal	\$8,770,000.00
*b. Applicant	
*c. State	\$765,500.00
*d. Local	\$802,000.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$10,337,500.00

***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 6/7/2012
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372

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

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

**I AGREE

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

Authorized Representative:
Prefix: Ms. *First Name: Aurora

Middle Name:

*Last Name: Jackson

Suffix:
*Title: Director

*Telephone Number: 323 887-4606 Fax Number: 323 887-4643
*Email: ajackson@cityofmontebello.com
*Signature of Authorized Representative:  Date Signed: 6/12/2012

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 5-1-2012	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
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RECEIVED
JUN 18 2012
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: Blood Systems, Inc.	* b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1881853	* c. Organizational DUNS: 00-690-2498
--	--	---

d. Address:

* Street1:	6210 E. Oak Street
Street2:	_____
* City:	Scottsdale
County:	_____
* State:	AZ
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	85257

e. Organizational Unit:

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

Prefix: Mr.	* First Name: Shane
Middle Name: _____	
* Last Name: Whitten	
Suffix: _____	

Title: Corporate Safety and Fleet Manager

Organizational Affiliation:
Blood Systems

* Telephone Number: 480-675-5897	Fax Number: 480-675-5525
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*** Email:** swhitten@bloodsystems.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAP-12-05

* Title:

National Clean Diesel Funding Assistance Program, FY 2012 Request for Proposals (RFP)

13. Competition Identification Number:

Title:

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

EPA Region 9- California, Nevada, Arizona as well as surrounding areas.

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

Blood Systems Inc., a 501(c)(3) non-profit organization, is facilitating efforts to administer a regional grant program that will provide funding for clean diesel projects involving Class 8 delivery trucks, transit buses and school buses operating in California, Nevada and Arizona. Diesel emission reduction strategies that will be applied in this project include the early retirement of conventional Class 8 tractors and school buses with newer model year and alternative fuel trucks and school buses operating on liquefied natural gas (LNG) or as an all-electric vehicle. The alternative fuel vehicle component of this proposal will pioneer an LNG Fueling Corridor across the west coast of the U.S. from California to Nevada (700 mile link on one of the nation's most heavily traveled goods movement truck routes) and pilot the introduction of all-electric school buses across Phoenix, Arizona.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant AZ- 3

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

- * a. Federal 2699805
- * b. Applicant 7398000
- * c. State
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL 10097805

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

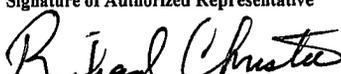
* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 06/14/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Y717-06	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/11	Ending Date 12/31/14	a. Applicant Districts 25 – 39, 42 and 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 43,005,327.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/14/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 10,751,332.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 53,756,659.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

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

a Typed Name of Authorized Representative RICHARD CHRISTIE	b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 	e. Date Signed 06/14/12	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 18, 2012	Applicant Identifier Dept. of Food and Agriculture
		3. DATE RECEIVED BY STATE April 10, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1317-CA

5. APPLICANT INFORMATION	
Legal Name: State of California	Organizational Unit: Department: Food and Agriculture Division: Plant Health and Pest Prevention Services
Organizational DUNS: 807487665	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 18 2012 </div>
Address: Street: 1220 N Street, Room 315	
City: Sacramento	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason
County: Sacramento	Middle Name K
State: California Zip Code 95814	Last Name Chan
Country: United States	Suffix: Email: jason.chan@cdfa.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 6 8 - 0 3 2 5 1 0 4 </div>	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; margin-left: 200px;"> 1 0 - 0 2 5 </div> TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: European Grapevine Moth

13. PROPOSED PROJECT Start Date: January 1, 2012 Ending Date: December 31, 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1 b. Project European Grapevine Moth
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 11,648,986 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 18, 2012
b. Applicant \$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 220,857 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ ⁰⁰	
g. TOTAL \$ 11,869,843 ⁰⁰	

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

a. Authorized Representative		
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Office	c. Telephone Number (give area code) (916) 403-6525	
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
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

06/18/2012

4. Applicant Identifier:

[Empty box]

RECEIVED

JUN 18 2012

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

[Empty box]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1298060GRA

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1831 9th Street

Street2:

[Empty box]

* City:

Sacramento

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

Fish and Game

Division Name:

Grants Management Branch

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

Prefix:

[Empty box]

* First Name:

Steve

Middle Name:

[Empty box]

* Last Name:

Wong

Suffix:

[Empty box]

Title:

Grant Administrator

Organizational Affiliation:

Grants Management Branch

* Telephone Number:

(916) 445-3694

Fax Number:

[Empty box]

* Email:

scwong@dfg.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12A900047

* Title:

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

13. Competition Identification Number:

Title:

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

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

UPPER PIT RIVER ANGLER CREEL CENSUS

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	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="a.11"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="106,499.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="35,500.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="141,999.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="06/18/2012"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="08/18/2012"/>

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 14, 2012	Applicant Identifier 1671
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y943

5. APPLICANT INFORMATION

Legal Name: San Mateo Transit District
 Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070

Organizational Unit: Development
 Name and telephone number of person to be contacted on matters involving this application (give area code): Rebecca Arthur (650)508-6368

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2325976

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

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: 20-507
 TITLE: FTA Section 5307 Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Capital Maintenance-Fuel
 ADA Operating Subsidy
 Preventive Maintenance

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 San Mateo County

13. PROPOSED PROJECT

Start Date 7/1/12	Ending Date 6/30/14	a. Applicant 12 & 14	b. Project 12 & 14
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15. ESTIMATED FUNDING:

a. Federal	\$	4,121,602 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	1,030,402 ⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	5,152,004 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 06/25/12
 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 Joel Slavik	b. Title Manager, Grants & Fund Program	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative		e. Date Signed 6/15/12



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 14, 2012	Applicant Identifier 1671
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-04-0220

5. APPLICANT INFORMATION

Legal Name: San Mateo Transit District
 Organizational Unit: Development

Address (give city, county, State, and zip code):
 1250 San Carlos Blvd.
 San Carlos, CA 94070

Name and telephone number of person to be contacted on matters involving this application (give area code):
 Rebecca Arthur (650)508-6368

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2325976
 7. TYPE OF APPLICANT: (enter appropriate letter in box) G

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: 20-500
 TITLE: FTA Section 5309 Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Bus Lift Overhaul
 Radio Communications/Narrowbanding

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 San Mateo County

13. PROPOSED PROJECT

Start Date 7/1/12	Ending Date 2/28/14	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 12 & 14	b. Project 12 & 14
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15. ESTIMATED FUNDING:

a. Federal	\$	1,041,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	186,500 ⁰⁰
d. Local	\$	73,750 ⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	1,301,250 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 06/25/12
 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.

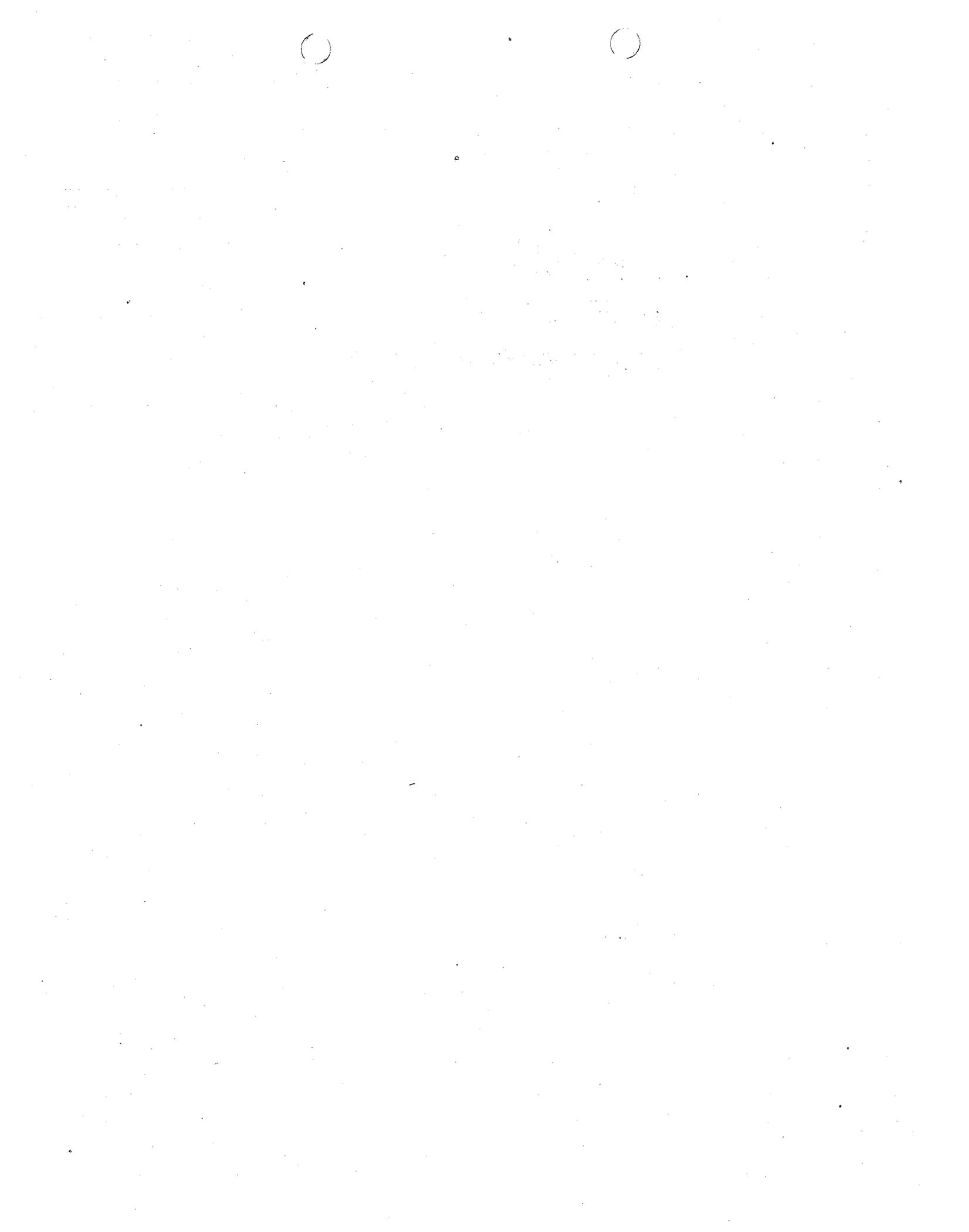
a. Type Name of Authorized Representative Joel Slavit	b. Title Manager, Grants & Fund Program	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative <i>Joel Slavit</i>		e. Date Signed 6/15/12



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 14, 2012	Applicant Identifier 1671
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-95-X187
5. APPLICANT INFORMATION			
Legal Name: San Mateo Transit District		Organizational Unit: Development	
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		Name and telephone number of person to be contacted on matters involving this application (give area code) Rebecca Arthur (650)508-6368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 2 5 9 7 6 STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px;">G</div> 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) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> 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: 2 0 - 5 0 7 TITLE: FTA Section 5307 Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Preventive Maintenance Replacement of 10 - 2005 El Dorado 22' Cutaways Advanced Communication System Upgrades	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/11	Ending Date 3/31/14	a. Applicant 12 & 14	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	13,288,913 ⁰⁰	
b. Applicant	\$		
c. State	\$	433,589 ⁰⁰	
d. Local	\$	1,288,132 ⁰⁰	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	15,010,634 ⁰⁰	
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/25/12	
		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joel Slavit		b. Title Manager, Grants & Fund Program	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative 		e. Date Signed 6/15/12	



**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED June 14, 2012	Applicant Identifier 1671
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-05-0262
5. APPLICANT INFORMATION			
Legal Name: Peninsula Corridor Joint Powers Board		Organizational Unit: Development	
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		Name and telephone number of person to be contacted on matters involving this application (give area code) Rebecca Arthur (650)508-6368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 2 5 9 7 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 5 0 0 0 TITLE: FTA Section 5309 Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Systemwide Track Rehabilitation and Related Structures Signal Communication Rehabilitation and Upgrades Preventive Maintenance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo, San Francisco, and Santa Clara Counties			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 12/3/09	Ending Date 8/31/14	a. Applicant 8, 12, 13, 14, 15, 16	b. Project 8, 12, 13, 14, 15, 16
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 14,123,510 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/25/12	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 3,530,878 ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 17,654,388 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joel Slavit		b. Title Manager, Grants & Fund Programmin	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative 		e. Date Signed 6/15/12	

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STATE CLEARING HOUSE



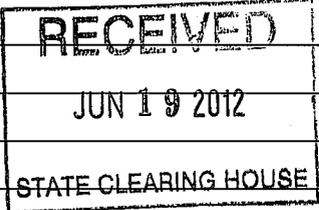
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 18, 2012	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE April 10, 2012	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1317-CA

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason
City: Sacramento	Middle Name K
County: Sacramento	Last Name Chan
State: California	Suffix:
Zip Code 95814	Email: jason.chan@cdfa.ca.gov
Country: United States	Phone Number (give area code) (916) 654-1211
	Fax Number (give area code) (916) 654-0555



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:
European Grapevine Moth

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

13. PROPOSED PROJECT
 Start Date: January 1, 2012 Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant District 1 b. Project European Grapevine Moth

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 18, 2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 11,648,986.00	
b. Applicant	\$.00	
c. State	\$ 220,858.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL	\$ 11,869,844.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No

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

a. Authorized Representative

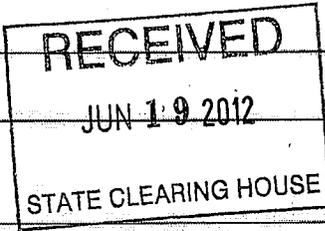
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	



Application for Federal Assistance SF-424

Version 02

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



*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: F11AC00638	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 04-712-0084

d. Address:

*Street1: 1850 Research Park Drive
 Street 2: Suite 300
 *City: Davis
 County:
 *State: CA
 Province:
 Country: USA

*Zip/ Postal Code: 95618-6153

e. Organizational Unit:

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

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

Prefix: Dr. First Name: Emilio
 Middle Name:
 *Last Name: Laca
 Suffix:
 Title: Professor
 Organizational Affiliation:

*Telephone Number: 530-754-4083	Fax Number: 530-752-4361
*Email: ealaca@ucdavis.edu	



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Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Fish & Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

Fish & Wildlife Management Assistance

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

US-ALL

*15. Descriptive Title of Applicant's Project:

Biostatistical Design, Analysis and Interpretation of National Wildlife Refuge System Data.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-001

*b. Program/Project: US-ALL

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

17. Proposed Project:

*a. Start Date: 06/01/2012

*b. End Date: 9/30/2014

18. Estimated Funding (\$):

*a. Federal \$36,460

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$36,460

*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 06/19/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Jane Marie

Middle Name:

*Last Name: Ford

Suffix:

*Title: Contracts and Grants Analyst

*Telephone Number: 530-754-7700

Fax Number: 530-754-8229

*Email: vcresearch@ucdavis.edu

*Signature of Authorized Representative: *Jane Marie Ford*

Date Signed: 06/19/2012





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SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the ICPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

April 14, 2012		Applicant Identifier		Type of Submission	
				Application	
				Pre-application	
				<input type="checkbox"/> Construction	
				<input type="checkbox"/> Construction	
				<input checked="" type="checkbox"/> Non Construction	
				<input type="checkbox"/> Non Construction	
Applicant Information					
City of Redding		CA62958 REDDING			
777 Cypress Avenue		93-362-2800			
PO Box 498071		Local Government			
Redding	California				
98049	Country U.S.A.	Housing Division			
Employer Identification Number (EIN):		Shasta			
94-6000401		711			
Applicant Type:		Specify Other Type if necessary:			
Local Government: City		Specify Other Type			
U.S. Department of Housing and Urban Development					
Program Funding					
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding					
Community Development Block Grant		14.218 Entitlement Grant			
CDBG Project Titles		Description of Areas Affected by CDBG Project(s)			
\$702,925	\$Additional HUD Grant(s) Leveraged		Describe		
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			
\$130,000 Anticipated revolving loan funds		Other (Describe) \$208,099 Prior year CDBG			
Total Funds Leveraged for CDBG-based Project(s) \$1,041,024					
Home Investment Partnerships Program		14.239 HOME			
HOME Project Titles		Description of Areas Affected by HOME Project(s)			
\$389,418	\$Additional HUD Grant(s) Leveraged		Describe		
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			

\$280,000 Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s) \$629,418			
Housing Opportunities for People with AIDS		14,241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14,231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts	Project Districts	<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on – May 4, 2011 (based on 2011-12 estimate).
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Steve		Bade
Housing Manager	(530)245-7129	
sbade@ci.redding.ca.us	www.ci.redding.ca.us	
Signature of Authorized Representative		Date Signed
		April 14, 2012
Greg Clark, Deputy City Manager		



APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/20/2012	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE 06/13/2012	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 3294 Meadowview Road., Bldg. E	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: Dr.
County: Sacramento	First Name: Alessandra
State: CA	Middle Name
Zip Code 95832	Last Name Rung
Country: USA	Suffix:
	Email: arung@cdfa.ca.gov

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 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0325104

Phone Number (give area code) 916-262-1149	Fax Number (give area code) 916-262-1190
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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/CPHST

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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

10-025

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Identification for Scale Insect Pests

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

State of California

13. PROPOSED PROJECT

Start Date: 9/27/2012 Ending Date: 9/26/2013

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant California b. Project California

15. ESTIMATED FUNDING:

a. Federal	\$	56,650 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	56,650 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: 6/20/2012
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms.	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Federal Funds Manager	c. Telephone Number (give area code) 916-403-6525	
d. Signature of Authorized Representative <i>Kathy Alameda</i>	e. Date Signed 6/20/12	



100-100000
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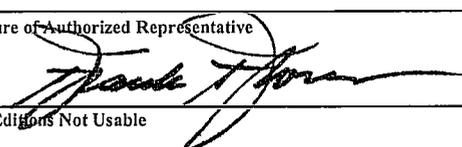
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/19/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Capital Development	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Emma Nogales (213) 922-3066	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5909 Fixed Guideway - PM Rail, CA-05-0273	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 2/1/12	Ending Date 5/31/12	a. Applicant Districts 26,28,31,32,34,35,37 and 38	b. Project Same as Applicant

RECEIVED
JUN 21 2012

STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 21,315,907.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/19/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 5,328,977.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$.00		
g TOTAL	\$ 26,644,884.00		

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

a Typed Name of Authorized Representative Frank Flores	b Title Executive Officer Regional Capital Development	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 	e. Date Signed 6/19/2012	



11

11

1

1100, 1110

1100, 1110



Metro

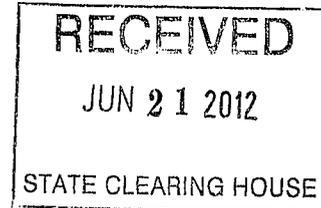
Metropolitan Transportation Authority

One Gateway Plaza
Los Angeles, CA 90012-2952

213.922.2000 Tel
metro.net

June 19, 2012

State Clearinghouse
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044



Attention: Grants Coordinator

REQUEST FOR CIRCULATION OF PROPOSAL

In compliance with Federal Executive Order 12372, the Los Angeles County Metropolitan Transportation Authority (LACMTA) hereby submits to the State Office of Planning and Research a copy of the following Federal Transit Administration (FTA) grant application:

- Grant number CA-05-0273 for Fixed Guideway Assistance to be submitted to the FTA under Title 49 U.S.C. § 5309.

Please circulate the enclosed proposal to the appropriate state and local agencies as required by Executive Order 12372. Additionally, please inform us of any agency reviews and/or comments on the application so we may respond accordingly to comply with any applicable state processes.

Should you have any questions or need additional information, please contact me at (213) 922-3066. Thank you for your assistance.

Sincerely,

EMMA NOGALES
Transportation Planning Manager
Regional Program Management

Enclosures



Vertical text on the right edge of the page.

Main body of the document containing multiple paragraphs of text, which are extremely faint and illegible.

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

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>		RECEIVED JUN 22 2012 STATE CLEARING HOUSE	
B. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="County of Ventura"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000644			* c. Organizational DUNS: <input type="text" value="175795661"/>		
d. Address:					
* Street1: <input type="text" value="165 Durley Ave"/>					
Street2: <input type="text"/>					
* City: <input type="text" value="Camarillo"/>					
County: <input type="text" value="Ventura"/>					
* State: <input type="text" value="CA-24"/>					
Province: <input type="text"/>					
* Country: <input type="text" value="USA: UNITED STATES"/>					
* Zip / Postal Code: <input type="text" value="93010"/>					
e. Organizational Unit:					
Department Name: <input type="text" value="Fire Protection District"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text"/>		* First Name: <input type="text" value="Brendan"/>			
Middle Name: <input type="text"/>					
* Last Name: <input type="text" value="Ripley"/>					
Suffix: <input type="text"/>					
Title: <input type="text" value="Fire Captain"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: <input type="text" value="805-388-4589"/>			Fax Number: <input type="text" value="805-604-1458"/>		
* Email: <input type="text" value="brendan.ripley@ventura.org"/>					

Application for Federal Assistance 9F-424

9. Type of Applicant 1: Select Applicant Type:

B. County Government

Type of Applicant 2: Select Applicant Type:

D. Special District Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Agriculture-Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.664

CFDA Title:

Cooperative Forestry Assistance, WUI 2012

* 12. Funding Opportunity Number:

USDA-FS-UCF-01-2012 ??

* Title:

2012 National Urban and Community Forestry Cost Share Grants

13. Competition Identification Number:

Title:

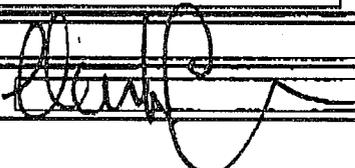
14. Areas Affected by Project (Cities, Counties, States, etc.):

The proposed project is located on private land in the foothills north of Ventura City and northwest of the city of Santa Paula. The project area is approximately 50,000 acres and falls within the boundaries established by Highway 150 to the east, Foothill Road to the south, Highway 33 to the west and Sulphur Mountain / Canada Larga Canyon to the North. The project area when completed will provide protection to the following components of the wildland urban interface: The City of Ventura, City of Santa Paula, Area gas and Oil installation and numerous agricultural assets bordering the project area.

* 15. Descriptive Title of Applicant's Project:

Buena Ventura RX (RX-SOUTH-041-vnc)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-24	* b. Program/Project CA-24
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 08/01/12	* b. End Date: 07/31/2013
18. Estimated Funding (\$):	
* a. Federal	192,077
* b. Applicant	228,098
* c. State	
* d. Local	
* e. Other	22,400
* f. Program Income	
* g. TOTAL	442,573
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06/22/12	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: Mark
Middle Name: <input type="text"/>	
* Last Name: Lorenzen	
Suffix: <input type="text"/>	
* Title: Fire Chief	
* Telephone Number: 805-389-9710	Fax Number: <input type="text"/>
* Email: guy.horton@ventura.org	
* Signature of Authorized Representative: 	* Date Signed: 08/21/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

0621-1507

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:

University of California/ Lawrence Berkeley Nat'l Laboratory

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

942951741

* c. Organizational DUNS:

078576738

d. Address:

* Street1:

1 Cyclotron Road

Street2:

* City:

Berkeley

County:

Alameda County

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94720-8134

e. Organizational Unit:

Department Name:

Building Technology and Urban Systems

Division Name:

Environmental Energy Technologies Division

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

Prefix:

Mr.

* First Name:

Stephen

Middle Name:

* Last Name:

Selkowitz

Suffix:

Title:

Group Leader

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number:

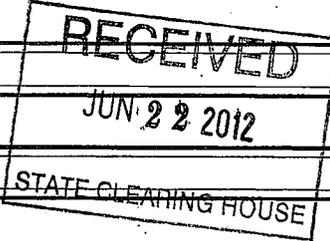
(510) 486-5064

Fax Number:

(510) 486-4089

* Email:

seselkowitz@lbl.gov



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Federally Funded Research and Development Center

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

DOE Building Technologies Program

11. Catalog of Federal Domestic Assistance Number:

81086

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000621

*** Title:**

Energy Savings through Improved Mechanical Systems and Building Envelope Technologies

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)
Pella, IA (Marion County)

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

Highly Insulating Residential Windows Using Smart Automated Shading

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,400,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="50,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,450,000.00"/>

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

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

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

- Yes
- No

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

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

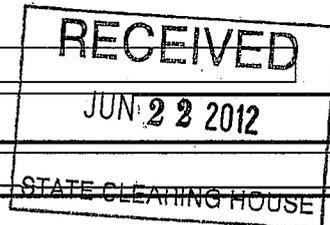
*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>		
<p>* 3. Date Received:</p> Completed by Grants.gov upon submission.		<p>4. Applicant Identifier:</p> <input type="text"/>
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>
<p>State Use Only:</p>		
<p>6. Date Received by State:</p> <input type="text"/>		<p>7. State Application Identifier: G1298056</p>
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: State of California</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> 94-1697567		<p>* c. Organizational DUNS:</p> 808322358
<p>d. Address:</p>		
<p>* Street1: 1831 9th Street</p>		
<p>Street2:</p> <input type="text"/>		
<p>* City: Sacramento</p>		
<p>County:</p> <input type="text"/>		
<p>* State: CA: California</p>		
<p>Province:</p> <input type="text"/>		
<p>* Country: USA: UNITED STATES</p>		
<p>* Zip / Postal Code: 95811</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name:</p> Fish and Game		<p>Division Name:</p> Grants Management Branch
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix:</p> <input type="text"/>		<p>* First Name: Pete</p>
<p>Middle Name:</p> <input type="text"/>		
<p>* Last Name: Marcellana</p>		
<p>Suffix:</p> <input type="text"/>		
<p>Title: Grant Administrator</p>		
<p>Organizational Affiliation:</p> Grants Management Branch		
<p>* Telephone Number: 916-445-4658</p>		<p>Fax Number:</p> <input type="text"/>
<p>* Email: pmarcellana@dfg.ca.gov</p>		



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1919
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Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

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

13. Competition Identification Number:

Title:

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

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

Hatchery Stocked Rainbow and Lahontan Cutthroat Trout

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="CA-025"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="53,881.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="17,960.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="71,841.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/22/2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

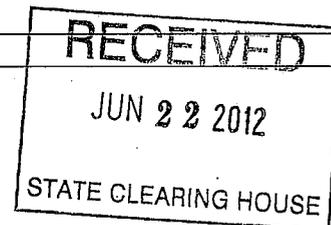
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

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):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: California Cut Flower Commission			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0318123		*c. Organizational DUNS: 78-3292519	
d. Address:			
*Street1: PO Box 90225			
Street 2:			
*City: Santa Barbara			
County: Santa Barbara			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 93190-0225			
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: Kasey	
Middle Name:			
*Last Name: Cronquist			
Suffix:			
Title: CEO/Ambassador			
Organizational Affiliation:			
*Telephone Number: 805-696-5000		Fax Number: 805-456-0636	
*Email: kcronquist@ccfc.org			



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: Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type:

*Other (specify):

*10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

California Cut Flower Co-Op Development: Business Plan & Technical Assistance

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: Statewide

*a. Applicant 23

*b. Program/Project: State wide

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

17. Proposed Project:

*a. Start Date: 06/06/2012

*b. End Date: 04/30/2012

18. Estimated Funding (\$):

*a. Federal 91,800

*b. Applicant 24,000

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL 115,800

19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on 06/22/2012 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 1237220. 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: Kasey

Middle Name:

*Last Name: Cronquist

Suffix:

*Title: CEO/Ambassador

*Telephone Number: 805-696-5000

Fax Number: 805-456-0636

*Email: kcronquist@ccfc.org

*Signature of Authorized Representative: 

Date Signed: 06/04/2012

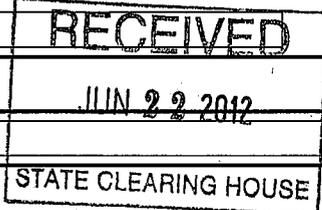
Application for Federal Assistance SF-424

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

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

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 University Long Beach Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 5 6 1 0 6 6 9 4	* c. Organizational DUNS: 006199129
---	---

d. Address:

* Street1:	6300 State University Drive
Street2:	_____
* City:	Long Beach
County:	Los Angeles
* State:	California
Province:	_____
* Country:	USA
* Zip / Postal Code:	908154670

e. Organizational Unit:

Department Name: ORSP	Division Name: Academic Affairs
---------------------------------	---

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

Prefix: Ms.	* First Name: Sandra
Middle Name: A	
* Last Name: Shereman	
Suffix:	
Title: Sr. Director	

Organizational Affiliation:
California State University Long Beach Foundation

*** Telephone Number:** (562) 985-7619 **Fax Number:** (562) 985-8665

*** Email:** sandra.shereman@csulb.edu



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

O. Not for Profit Organization

Type of Applicant 3: Select Applicant Type:

N. Other (Specify)

*** Other (specify):**

HSI: Hispanic Serving institution

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

US Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81087

CFDA Title:

Plug and Play Photovoltaics

*** 12. Funding Opportunity Number:**

DE-FOA-0000653

*** Title:**

13. Competition Identification Number:

Title:

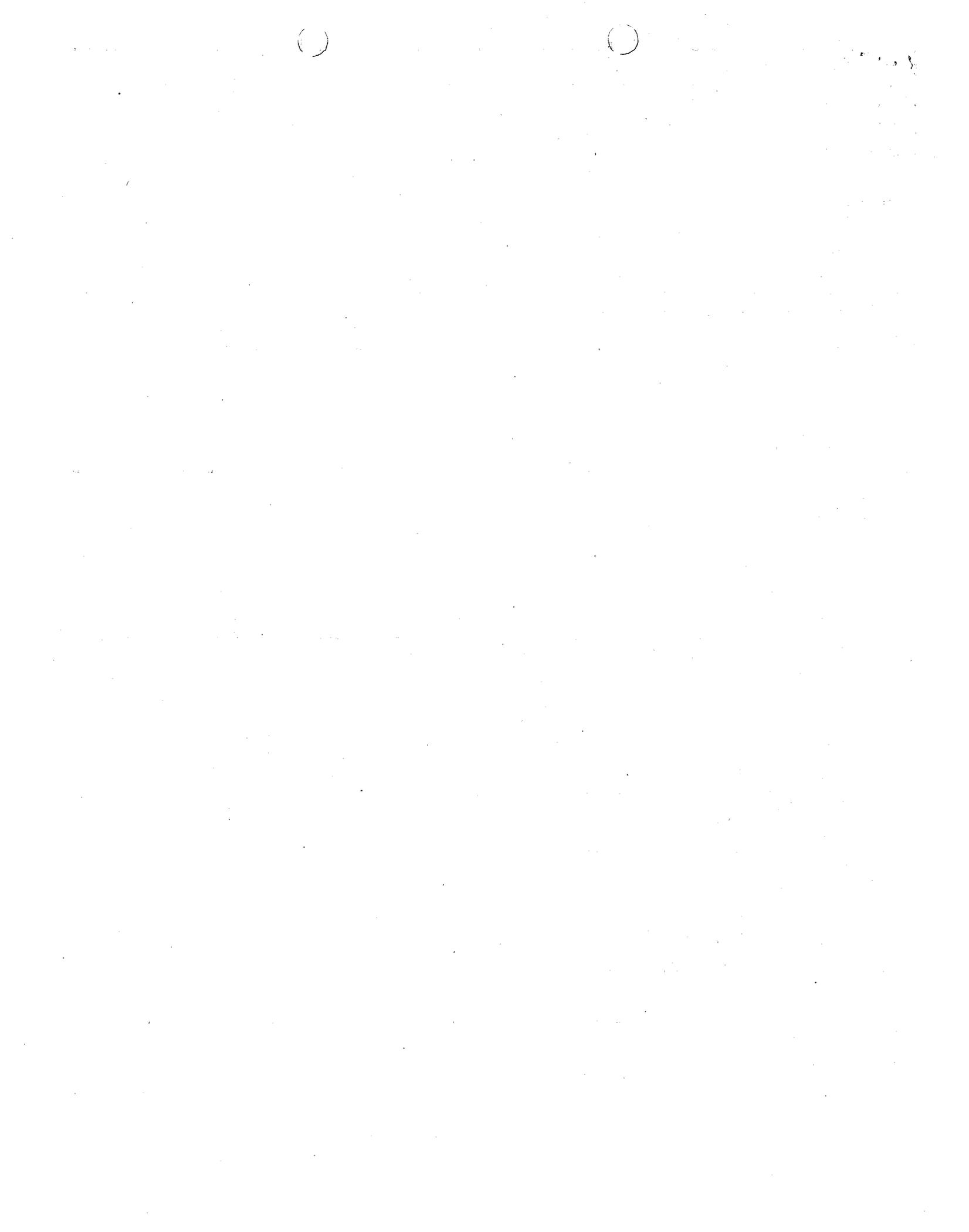
14. Areas Affected by Project (Cities, Counties, States, etc.):

Southern California, United States, Worldwide

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

Cost-Effective Plug and Play Residential Photovoltaic Systems

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="9,524,919.00"/>
* b. Applicant	<input type="text" value="2,683,895.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="12,208,814.00"/>

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

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

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

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

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

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

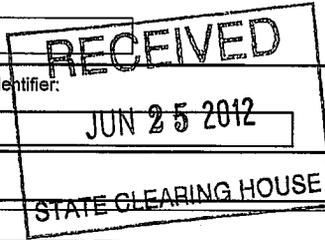
• Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

County of San Luis Obispo

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

95-6000939

* c. Organizational DUNS:

118246060

d. Address:

* Street 1:

County Government Center, Room 207

Street 2:

* City:

San Luis Obispo

County:

San Luis Obispo County

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93408

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Utilities

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

Prefix:

Ms.

* First Name:

Jill

Middle Name:

* Last Name:

Ogren

Suffix:

P.E.

Title:

Project Manager

Organizational Affiliation:

Utilities Division

* Telephone Number:

(805) 781-5263

Fax Number:

(805) 788-2182

* Email:

jogren@co.slo.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant I - Select Applicant Type:

Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

NA

Title:

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

Oceano, CA

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

Flood Control Zone 1/1A Waterway Management Program, Alternative 3a Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424 Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$3,087,438.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$2,797,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$5,884,438.00"/>

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

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

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

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

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

4. Applicant Identifier:

RECEIVED
JUN 25 2012
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

GREAT NORTHERN CORPORATION

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

94-2562423

*** c. Organizational DUNS:**

131624751

d. Address:

*** Street1:**

780 South Davis Avenue

Street2:

*** City:**

Weed

County/Parish:

Siskiyou County

*** State:**

CA

Province:

*** Country:**

*** Zip / Postal Code:**

96094

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:**

Brandy

Middle Name:

*** Last Name:**

Caporaso

Suffix:

Title:

Program Manager

Organizational Affiliation:

*** Telephone Number:**

530-938-4115 ext 35

Fax Number:

530-938-1040

*** Email:**

bcaporaso@gncCorp.org



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Private Non-Profit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Agriculture Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

Section 533

* Title:

Department of Agriculture Rural Housing Service Notice of Funds Availability for the Section 533 Housing Preservation Grants for Fiscal Year 2012

13. Competition Identification Number:

Title:

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

Siskiyou County

Add Attachment

Delete Attachment

View Attachment

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

USDA Housing Preservation Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$56,480.00"/>
* b. Applicant	<input type="text" value="\$21,600.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$78,080.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/19/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming & Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2932		Name and telephone number of the person to be contacted on matters involving this application (give area code) Diego Ramirez (213) 922-2468	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75	JUN 25 2012	7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision A (Increase of Award)	STATE CLEARING HOUSE	A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20-516		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: JARC - 5316 - CA-37-X171	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF		
Start Date 10/1/2012	Ending Date 12/31/2019	a. Applicant Districts 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 42, 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 7,624,869.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>6/11/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 7,624,869.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

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

a Typed Name of Authorized Representative RICHARD CHRISTIE	b Title Transportation Planning Manager Regional Program Management	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 	e. Date Signed 6/20/12	



Application for Federal Assistance SF-424

* 1. Type of Submission:

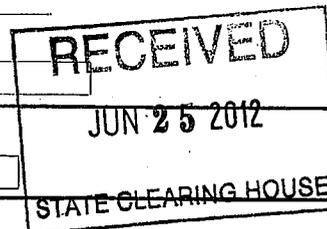
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

[]

4. Applicant Identifier:

0621-1650

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:

University of California/ Lawrence Berkeley Nat'l Laboratory

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

942951741

* c. Organizational DUNS:

078576738

d. Address:

* Street1:

1 Cyclotron Road

Street2:

[]

* City:

Berkeley

County:

Alameda County

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94720-8134

e. Organizational Unit:

Department Name:

Building Technology and Urban Systems

Division Name:

Environmental Energy Technologies Division

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

Prefix:

Dr.

* First Name:

Dragan

Middle Name:

Charle

* Last Name:

Curcija

Suffix:

[]

Title:

Principal Investigator, Staff Research Scientist

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number:

(510) 495-2602

Fax Number:

(510) 486-4089

* Email:

dcurcija@lbl.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Federally Funded Research and Development Center

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

DOE Building Technologies Program

11. Catalog of Federal Domestic Assistance Number:

81086

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000621

* Title:

Energy Savings through Improved Mechanical Systems and Building Envelope Technologies

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)

Corning, NY (Steuben County)

Cranberry Township, PA (Butler County)

St. Paul, MN (Ramsey County)

Pittsburg, KS (Crawford County)

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

High Performance Commercial Window System

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="195,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,195,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

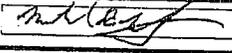
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424

Version 02

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



*3. Date Received: 6-22-12	4. Application Identifier: Southern California Regional Rail Authority
-------------------------------	---

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: Southern California Regional Rail Authority	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663	*c. Organizational DUNS: 8361404750000

d. Address:

*Street1: One Gateway Plaza
 Street 2:
 *City:
 County: Los Angeles
 *State:
 Province:
 Country: USA

*Zip/ Postal Code: 91423

e. Organizational Unit:

Department Name: Grants Administration	Division Name: Finance
---	---------------------------

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

Prefix: Ms. First Name: Yolanda
 Middle Name:
 *Last Name: Daugherty
 Suffix:
 Title: Manager, Capital Budgets and Financial Administration

Organizational Affiliation:
 Southern California Regional Rail Authority

*Telephone Number: 213-452-0233	Fax Number: 213-452-0420
*Email: daugherty@scrra.net	



Faint, illegible text at the top of the page, possibly a header or title.

Main body of faint, illegible text in the upper middle section of the page.

Main body of faint, illegible text in the lower middle section of the page.

Main body of faint, illegible text at the bottom of the page.

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20205

CFDA Title:

*12. Funding Opportunity Number: 117

*Title: High Priority Project Programs, PL 109-59 Sect 1102 #545, USC 117(a)

13. Competition Identification Number:

Title:

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

Glendale City, Los Angeles County, California

*15. Descriptive Title of Applicant's Project:

Grade Crossing Improvements at Chevy Chase to include four quad gates, ped xings

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 29

*a. Applicant Southern California Regional Rail Authority *b. Program/Project: High Priority Project Program

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

17. Proposed Project: Grade Crossing Improvement at Chevy Chase

*a. Start Date: 9/25/12 *b. End Date: 12/31/14

18. Estimated Funding (\$):

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

\$0.00

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

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Donald

Middle Name:

*Last Name: Del Rio

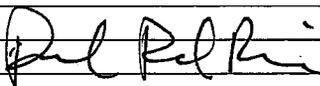
Suffix:

*Title: Interim CEO, Administration and General Legal Counsel

*Telephone Number: 213-452-0331

Fax Number: 213-452-0422

*Email: delriod@scrra.net

*Signature of Authorized Representative: 

Date Signed: 6-22-12

576 B.C.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 24, 2012	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Construction	Pre-application <input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE May 15, 2012	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1317-CA

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

RECEIVED

JUN 25 2012

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care 10-025		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: European Grapevine Moth	
---	--	---	--

13. PROPOSED PROJECT Start Date: January 1, 2011 Ending Date: December 31, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1 b. Project European Grapevine Moth	
--	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ -255,162.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 24, 2012	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ -255,162.00		

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

a. Authorized Representative		
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	

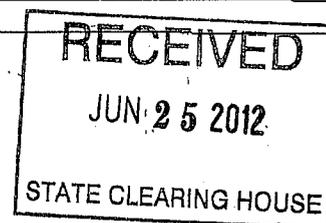
C

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Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier: G1298037		
8. APPLICANT INFORMATION:					
* a. Legal Name: State of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567			*c. Organizational DUNS: 808322358		
d. Address:					
*Street1: 1831 9th St.					
Street 2:					
*City: Sacramento					
County:					
*State: California					
Province:					
Country: United States				*Zip/ Postal Code: 95811	
e. Organizational Unit:					
Department Name: Ca. Dept. of Fish & Game			Division Name: Grants Division		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Patrice			
Middle Name: Dale					
*Last Name: Cox					
Suffix:					
Title: Grant Administrator					
Organizational Affiliation:					
*Telephone Number: 916-716-8363					
Fax Number: 916-327-6320					
*Email: pcox@dfg.ca.gov					



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

San Joaquin River Restoration Program
Salmon Conservation and Research Facility, Operations and Maintenance

13. Competition Identification Number:

Title:

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

Madera & Fresno County

*15. Descriptive Title of Applicant's Project:

San Joaquin River Restoration Program. Salmon Conservation and Research Facility, Operations and Maintenance. (Entered into under authority of the San Joaquin River Settlement Act signed into law as Title X, Subtitle A, of the Omnibus Public Lands Bill (P.L. 111-11).

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 21

*a. Applicant: Ca. State Depart of Fish & Game *b. Program/Project: San Joaquin River Restoration Progra

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

17. Proposed Project:

*a. Start Date: 7/1/2012 *b. End Date: 6/31/2022

18. Estimated Funding (\$):

*a. Federal \$9,542,472
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL \$9,542,472

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Blaine

Middle Name:

*Last Name: Nickens

Suffix:

*Title: Chief, Grants Management Branch

*Telephone Number: 916-445-9300

Fax Number: 916-327-6320

*Email: bnickens@dfg.ca.gov

*Signature of Authorized Representative: *Blaine Nickens* Date Signed: 6/5/2016

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier G1298058
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		Department: Department of Fish and Game	
Organizational DUNS: 808322358		Division: Grants Management Branch	
Address: Street: 1812 Ninth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Patricia
County: Sacramento		Middle Name	
State: CA Zip Code 95811		Last Name Cox	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		Email: pcox@dfg.ca.gov	
7. TYPE OF APPLICANT: (See back of form for Application Types)		Phone Number (give area code) (916) 322-8502	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code) (916) 327-6320	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-665		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture, Forest Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Siskiyou County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Meadow Enhancement Pilot Project	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 07/01/2012	Ending Date: 06/30/2016	a. Applicant 2	b. Project 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 28,839.00	b. Applicant \$	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
c. State \$ 12,266.00	d. Local \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other \$	f. Program Income \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL \$ 41,104.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			

RECEIVED
 JUN 25 2012
 STATE CLEARING HOUSE

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, Grants Management Branch		c. Telephone Number (give area code) (916) 327-9300
d. Signature of Authorized Representative		e. Date Signed 6/22/2012

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/26/2012		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Arcadia			Organizational Unit: Department: Development Services		
Organizational DUNS: 082197278			Division: Transportation Services		
Address: Street: 240 West Huntington Drive			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Arcadia			Prefix: Ms.		First Name: Linda
County: Los Angeles			Middle Name		
State: CA			Last Name Hui		
Zip Code 91007			Suffix:		
Country: U. S. A.			Email: lhui@ci.arcadia.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="7"/>			Phone Number (give area code) 626-574-5435		Fax Number (give area code) 626-447-3309
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="7"/> TITLE (Name of Program): FTA 5307			9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation, FTA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Arcadia, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement Vehicles - Paratransit		
13. PROPOSED PROJECT Start Date: May 3, 2012 Ending Date: December 31, 2012			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26 b. Project 26		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	493,549 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	⁰⁰	DATE:		
c. State	\$	123,387 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.		
g. TOTAL	\$	616,936 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Jason		Middle Name	
Last Name Kruckeberg				Suffix	
b. Title Assistant City Manager/Development Services Director				c. Telephone Number (give area code) 626-574-5414	
d. Signature of Authorized Representative				e. Date Signed 6/26/2012	

RECEIVED
JUN. 26 2012
STATE CLEARING HOUSE



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 100848303
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Ventura County Transportation Commission		Organizational Unit:		Name and telephone number of person to be contacted on matters involving this application (give area code) Mr. Steven DeGeorge 805-642-1591	
Address (give city, county, State, and zip code): 950 County Square Drive Suite 207 Ventura, CA, 93003-5482		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 2 8 1 3 9 8 0		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		STATE CLEARING HOUSE		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>County Transportation Commis</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 2 — 6 1 0 TITLE: COMMUNITY ECONOMIC ADJUSTMENT PLANNING ASSISTANC		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County NB (JLUS)		9. NAME OF FEDERAL AGENCY: OEA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/1/12	Ending Date 2/28/14	a. Applicant 26	b. Project 26		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	225,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>06/26/12</u>		
b. Applicant	\$	25,096 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$	0 ⁰⁰			
e. Other	\$	0 ⁰⁰			
f. Program Income	\$	0 ⁰⁰			
g. TOTAL	\$	250,096 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative		b. Title		c. Telephone Number	
d. Signature of Authorized Representative				e. Date Signed	

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

1941
1942
1943

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

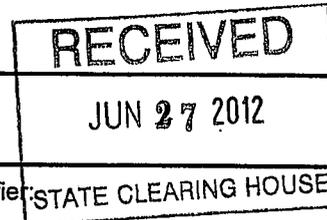
- Preapplication
- Application
- Changed/Corrected Application

*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:

STATE CLEARING HOUSE

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: FISCAL ANALYST

Organizational Affiliation:

*Telephone Number: (559) 802 - 1653

Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.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 DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2012: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2012

13. Competition Identification Number:

Title:

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

HPG-application target areas and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.

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

THE PRESERVATION OF HOUSING FOR LOW INCOME TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS



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: 09/01/2012

*b. End Date: 9/1/2013

18. Estimated Funding (\$):

*a. Federal	_____	100,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	100,000
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	200,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4/30/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: MR. *First Name: PETER

Middle Name: NUGENT

*Last Name: CAREY

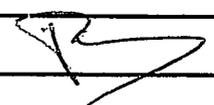
Suffix: _____

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative: 

*Date Signed: 7.30.12



**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 27, 2012	Applicant Identifier Dept. of Food and Agriculture
		3. DATE RECEIVED BY STATE June 11, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-0689-CA

5. APPLICANT INFORMATION

Legal Name: State of California	<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 2px solid black; padding: 5px; font-size: 18px; font-weight: bold;">JUN 27 2012</div> <div style="border: 2px solid black; padding: 5px; font-size: 18px; font-weight: bold;">STATE CLEARING HOUSE</div>	Organizational Unit: Department: Food and Agriculture
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason
City: Sacramento		Middle Name K
County: Sacramento		Last Name Chan
State: California	Zip Code 95814	Suffix:
Country: United States		Email: jason.chan@cdfa.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">68-0325104</div>	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
--	---	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)
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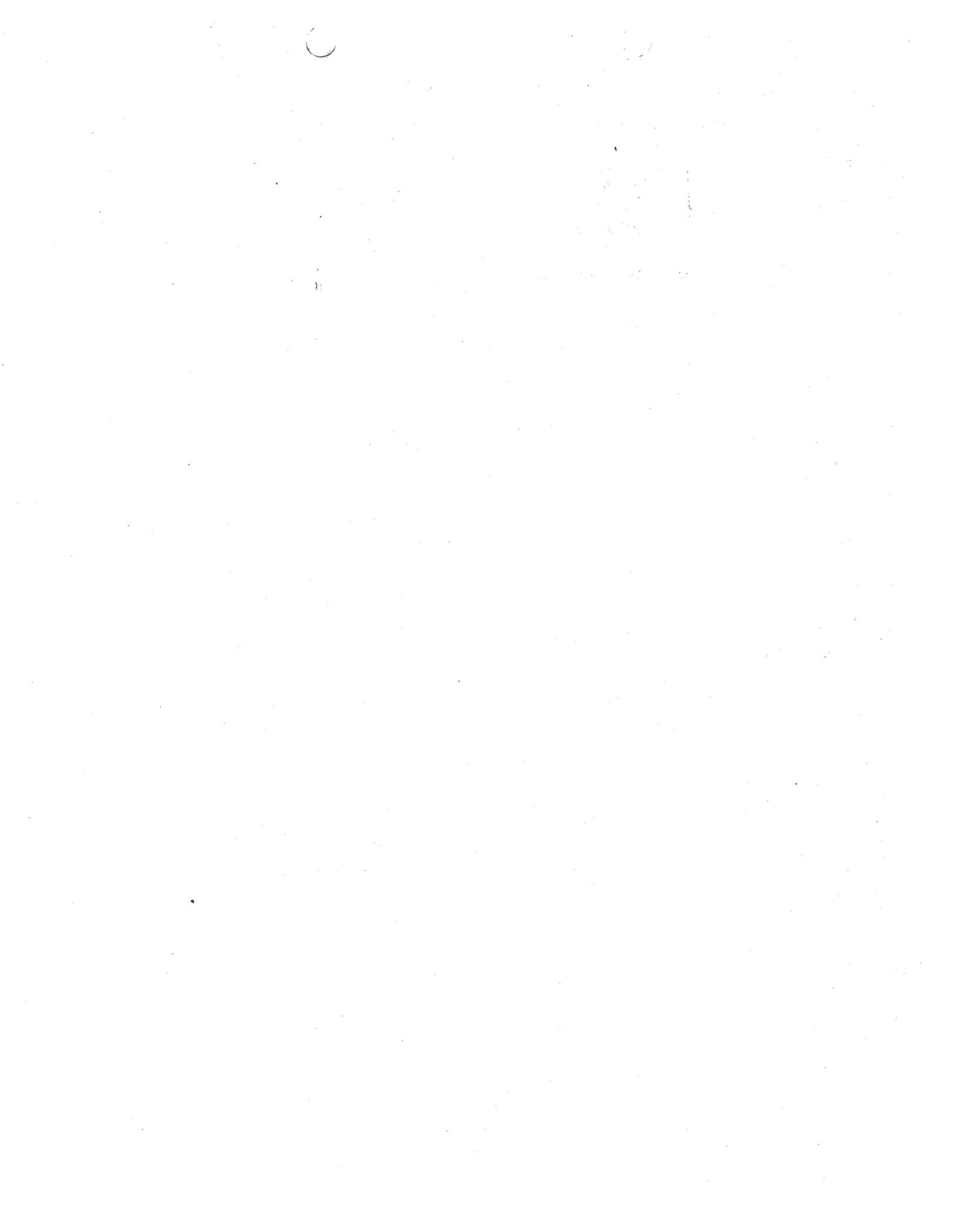
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 200px;">10-025</div> TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian Defoliating Moth Survey
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California	

13. PROPOSED PROJECT Start Date: January 1, 2012	Ending Date: December 31, 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 46	b. Project Asian Defoliating Moth Survey
---	-----------------------------------	---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,985 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE: June 27, 2012
b. Applicant \$ 00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 00	
g. TOTAL \$ 1,985 ⁰⁰	

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

a. Authorized Representative		
Prefix	First Name Kathy	Middle Name
Last Name Alameda	Suffix	
b. Title Manager, Federal Funds Management Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	



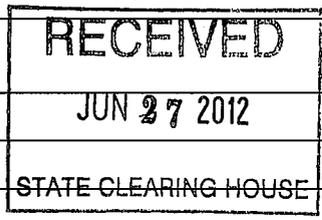
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 27, 2012	Applicant Identifier Dept. of Food and Agriculture
		3. DATE RECEIVED BY STATE June 11, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1050-CA

5. APPLICANT INFORMATION

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



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

<input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="4"/>	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
--	--	--

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>	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: <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Statewide Survey for Citrus Pests
--	---

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

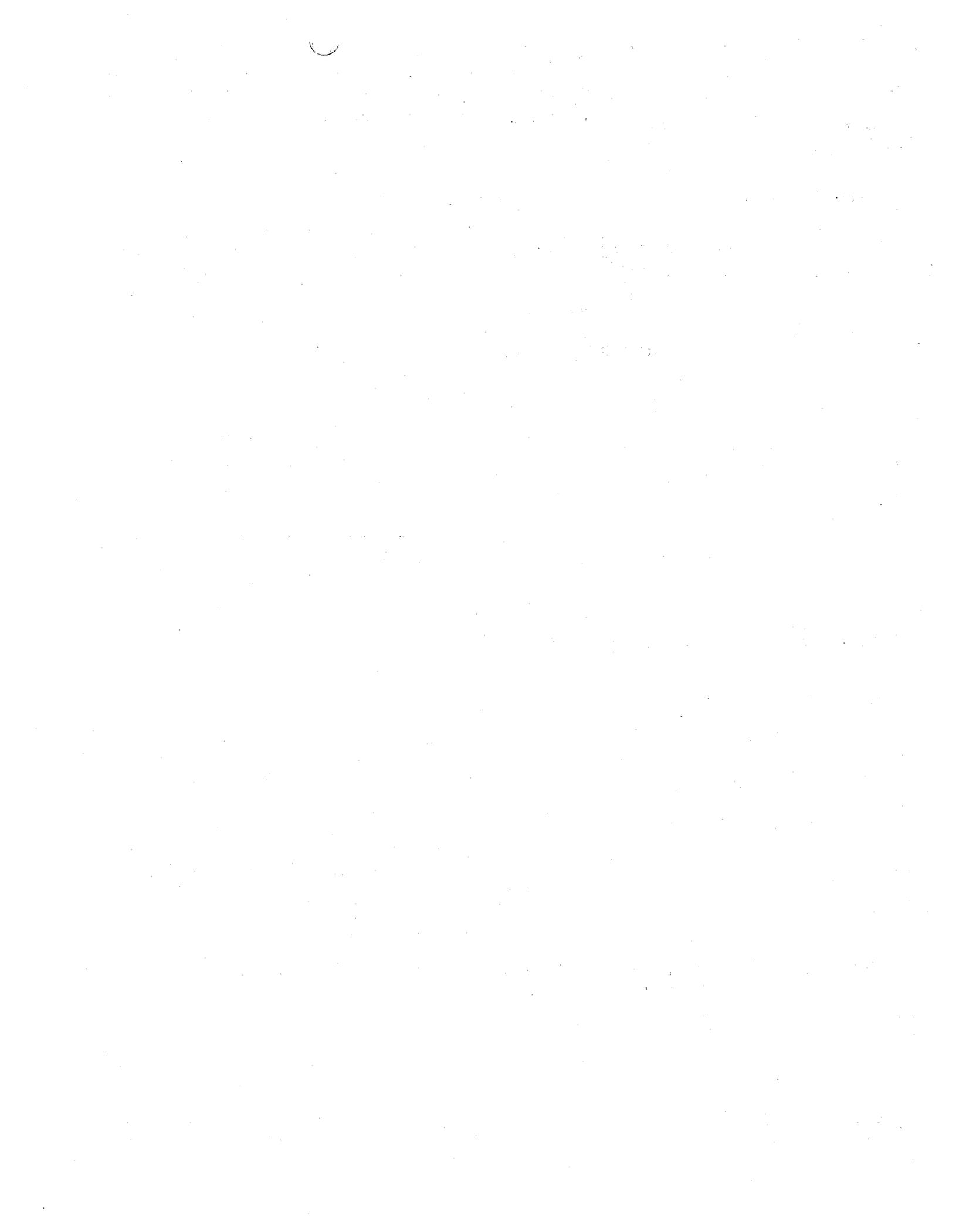
13. PROPOSED PROJECT Start Date: January 1, 2012 Ending Date: December 31, 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 42 b. Project Citrus Pests
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 81,802 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 27, 2012
b. Applicant \$ 00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 00	
g. TOTAL \$ 81,802 ⁰⁰	

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

a. Authorized Representative

Prefix Kathy	First Name Kathy	Middle Name
Last Name Alameda		Suffix
b. Title Manager, Federal Funds Management Office		c. Telephone Number (give area code) (916) 403-6525
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			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; vertical-align: top;"> * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="width:30%; vertical-align: top;"> * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="width:40%; vertical-align: top;"> * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>			
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>			
State Use Only:		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 27 2012 STATE CLEARING HOUSE </div>			
6. Date Received by State: 06/25/2012	7. State Application Identifier: G1298043				
8. APPLICANT INFORMATION:					
* a. Legal Name: State of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358				
d. Address:					
* Street1: 1831 Ninth Street Street2: * City: Sacramento County: Sacramento * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 95811					
e. Organizational Unit:					
Department Name: CA Department of Fish and Game		Division Name: Grants Management Branch			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: Brian				
Middle Name:					
* Last Name: Salazar					
Suffix:					
Title: Grant Administrator					
Organizational Affiliation:					
* Telephone Number: 916-323-6201 Fax Number: 916-327-6320					
* Email: bsalazar@dfg.ca.gov					

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <input type="text" value="A: State Government"/>	
Type of Applicant 2: Select Applicant Type: <input type="text"/>	
Type of Applicant 3: Select Applicant Type: <input type="text"/>	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: <input type="text" value="Fish and Wildlife Service"/>	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="15.634"/>	
CFDA Title: <input type="text" value="State Wildlife Grants"/>	
* 12. Funding Opportunity Number: <input type="text" value="F12AS00079"/>	
* Title: <input type="text" value="R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies"/>	
13. Competition Identification Number: <input type="text"/>	
Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Five ecoregions of Northern California, portions of 22 counties."/>	
* 16. Descriptive Title of Applicant's Project: <input type="text" value="Ecoregional Biodiversity Monitoring for Change over Large Spatial Scales."/>	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-005"/>	* b. Program/Project <input type="text" value="CA-001"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,113,220.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="599,426.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="1,712,646.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/27/2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">JUN 28 2012</div>
6a. Federal Entity Identifier: <input type="text"/>	* 6b. Federal Award Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">STATE CLEARING HOUSE</div>
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="G1298046"/>	
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="State of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	* c. Organizational DUNS: <input type="text" value="808322358"/>	
d. Address:		
* Street1: <input type="text" value="1831 9th Street"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Sacramento"/>	County: <input type="text" value="Sacramento"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95811"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="CA Department of Fish and Game"/>	Division Name: <input type="text" value="Grants Management Branch"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Brian"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Salazar"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Grant Administrator"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="916-323-6201"/>	Fax Number: <input type="text" value="916-327-6320"/>	
* Email: <input type="text" value="bealazar@dfg.ca.gov"/>		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F12AS00079

* Title:

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

13. Competition Identification Number:

Title:

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

Humboldt, Del Norte, Siskiyou counties

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

Remnant Population Of The Humboldt Marten

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="104,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="56,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

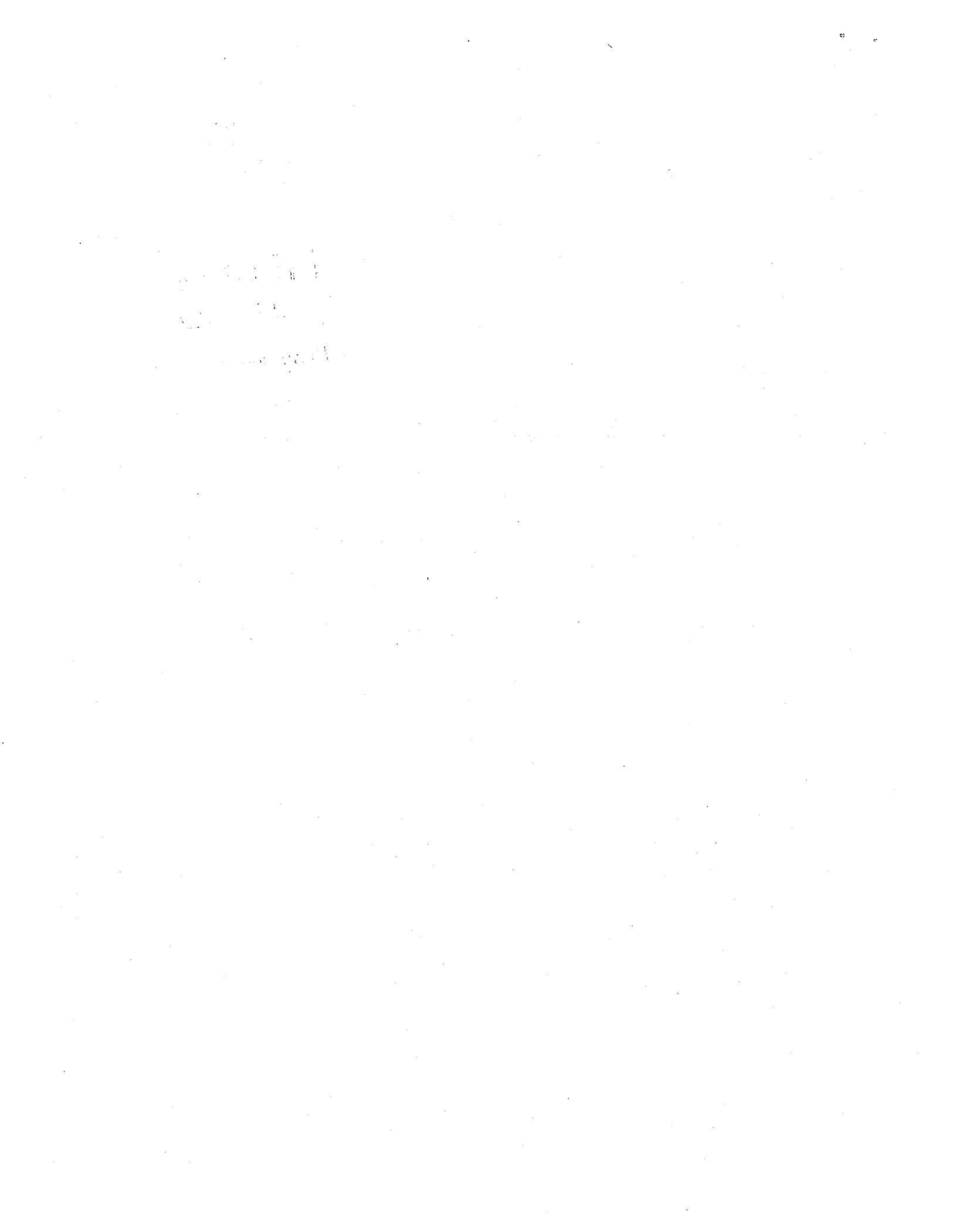
* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		Version 02			
<table border="1"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: 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: G1298044				
8. APPLICANT INFORMATION:					
* a. Legal Name: State of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358				
d. Address:					
* Street1:	1831 9th Street				
Street2:	_____				
* City:	Sacramento				
County:	Sacramento				
* State:	CA: California				
Province:	_____				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95811				
e. Organizational Unit:					
Department Name: CA Department of Fish and Game	Division Name: Grants Management Branch				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: Brian	_____			
Middle Name: _____	_____				
* Last Name: Salazar	_____				
Suffix: _____	_____				
Title: Grant Administrator	_____				
Organizational Affiliation: _____					
* Telephone Number: 916-323-6201	Fax Number: 916-327-6320				
* Email: bsalazar@dfg.ca.gov	_____				

RECEIVED
JUN 28 2012
STATE CLEARING HOUSE



Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

* 12. Funding Opportunity Number:

F12AS00079

* Title:

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

13. Competition Identification Number:

Title:

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

Sacramento, Sutter, Tehama, Glenn, Butte, Colusa.

* 15. Descriptive Title of Applicant's Project:

Sacramento Valley Red Fox Survey

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	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="CA-002"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2015"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="422,610.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="227,559.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="650,169.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/28/2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</p> <input checked="" type="checkbox"/> ** I AGREE		
<p>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

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

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

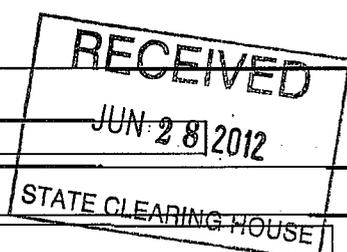
*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

6a. Federal Entity Identifier:

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



State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

*** c. Organizational DUNS:**

808322358

d. Address:

*** Street1:**

1831 9th STREET

Street2:

*** City:**

SACRAMENTO

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811

e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

*** First Name:**

JASON

Middle Name:

*** Last Name:**

WILLIAMS

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

*** Telephone Number:**

916-327-0062

Fax Number:

916-327-6320

*** Email:**

jwilliams@dfg.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F12A900019

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

* 15. Descriptive Title of Applicant's Project:

WILDLIFE HABITAT INVENTORIES AND RESEARCH - BIGHORN SHEEP 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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="114,288.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="38,096.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="152,384.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

06/12/2012

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

[Empty box]

RECEIVED
JUN 28 2012

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

01296031

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1831 9th Street

Street2:

[Empty box]

* City:

Sacramento

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

Department of Fish and Game

Division Name:

Grants Management Branch

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

Prefix:

Mr.

* First Name:

Steve

Middle Name:

[Empty box]

* Last Name:

wong

Suffix:

[Empty box]

Title:

Grant Administrator

Organizational Affiliation:

Grants Management Branch

* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

* Email:

scwong@dfg.ca.gov



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

*** Title:**

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

13. Competition Identification Number:

Title:

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

Statewide

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

Region 1 - Stream & Lake Improvement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="a11"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="1,567,619.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="522,540.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="2,090,159.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/28/2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Manager, Grants Management Branch"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="06/12/2012"/>

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision C. Increase Duration *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 11-DG-11052021-128	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: TreePeople		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7314838	*c. Organizational DUNS: 097463004	
d. Address:		
*Street 1:	12601 Mulholland Drive	
Street 2:	_____	
*City:	Beverly Hills	
County:	_____	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	90210	
e. Organizational Unit:		
Department Name: Forestry Department	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	*First Name: Dede	
Middle Name:	_____	
*Last Name: Devlin	_____	
Suffix:	_____	
Title:	Grants Manager	
Organizational Affiliation:		

*Telephone Number: (818) 623-4888	Fax Number: (818) 753-4635	
*Email: ddevlin@treepeople.org		

RECEIVED
JUN 28 2012
STATE CLEARING HOUSE

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 Forest Service Pacific Southwest Region

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban & Community Forestry

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

County and City of Los Angeles, focused on the Northeast San Fernando Valley, including parts of L.A. City Council Districts 6 and 7 and County Supervisorial District 3, and South Los Angeles, including portions of L.A. City Council Districts 8, 9 and 10 and portions of County Supervisorial District 2 . Communities we will work in include Inglewood, Leimert Park, Compton, Central-Alameda, Huntington Park, Pacoima, and Sun Valley.

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

Urban Forestry Regional Initiative

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 29, 2012	Applicant Identifier	
			3. DATE RECEIVED BY STATE NA	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California State Coastal Conservancy			Organizational Unit: Department:		
Organizational DUNS: 808322408			Division:		
Address: Street: 1330 Broadway, 13th floor			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland			Prefix: Dr.	First Name: Joel	
County: Alameda			Middle Name: Benjamin		
State: CA			Last Name: Gerwein		
Zip Code: 94612			Suffix:		
Country: USA			Email: jgerwein@scc.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968			Phone Number (give area code) 510-286-4170	Fax Number (give area code) 510-286-0470	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) State Government Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): National Coastal Wetlands Conservation Program			9. NAME OF FEDERAL AGENCY: US Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Humboldt, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ryan Creek Wetlands Conservation Project		
13. PROPOSED PROJECT Start Date: January 1, 2012 2013 Ending Date: December 31, 2016 2016			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Barbara Lee, CA #9 b. Project Mike Thompson, CA #1		
16. ESTIMATED FUNDING:			18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,000,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/25/2012		
b. Applicant	\$	145,605 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	120,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	11,795 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	177,155 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	0 ⁰⁰			
g. TOTAL	\$	1,454,555 ⁰⁰			
19. 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 Samuel		Middle Name		
Last Name Schuchat		Suffix			
b. Title Executive Officer		c. Telephone Number (give area code) 510-286-1015			
d. Signature of Authorized Representative		e. Date Signed 6/20/12			

Previous Edition Usable
Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED JUN 28 2012 </div>
4. Applicant Identifier: <input type="text"/>		<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text" value="06/25/2012"/>	7. State Application Identifier: <input type="text" value="G1298042"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="State of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	* c. Organizational DUNS: <input type="text" value="808322358"/>	
d. Address:		
* Street1:	<input type="text" value="1831 9th Street"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Sacramento"/>	
County:	<input type="text" value="Sacramento"/>	
* State:	<input type="text" value="CA: California"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="95811"/>	
e. Organizational Unit:		
Department Name:	<input type="text" value="CA Department of Fish and Game"/>	
Division Name:	<input type="text" value="Grants Management Branch"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Brian"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Salazar"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Grant Administrator"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	<input type="text" value="916-323-6201"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="bsalazar@dfg.ca.gov"/>	

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

* Other (specify):

[Empty text box]

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F12AS00079

* Title:

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

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

Sacramento, San Joaquin, Yolo, Nuba, Sutter, Placer.

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

Assessing Mortality Following Passive Relocation of Burrowing Owls

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="186,581.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="100,466.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="287,047.00"/>

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

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

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

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)**

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

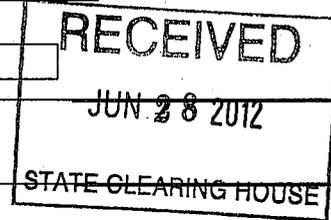
- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

[Empty field]



* 3. Date Received:

06/28/2012

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1298030

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street:

1831 9th Street

Street2:

[Empty field]

* City:

Sacramento

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

Department of Fish and Game

Division Name:

Grants Management Branch

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

Prefix:

Mr.

* First Name:

Pete

Middle Name:

[Empty field]

* Last Name:

Marcellana

Suffix:

[Empty field]

Title:

Grants Administrator

Organizational Affiliation:

Grants Management Branch

* Telephone Number:

916-445-4658

Fax Number:

916-327-6320

* Email:

pmarcellana@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

R6 (CA/NV) Sport Fish Restoration Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Statewide

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

Central Region Stream & Lake Improvement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

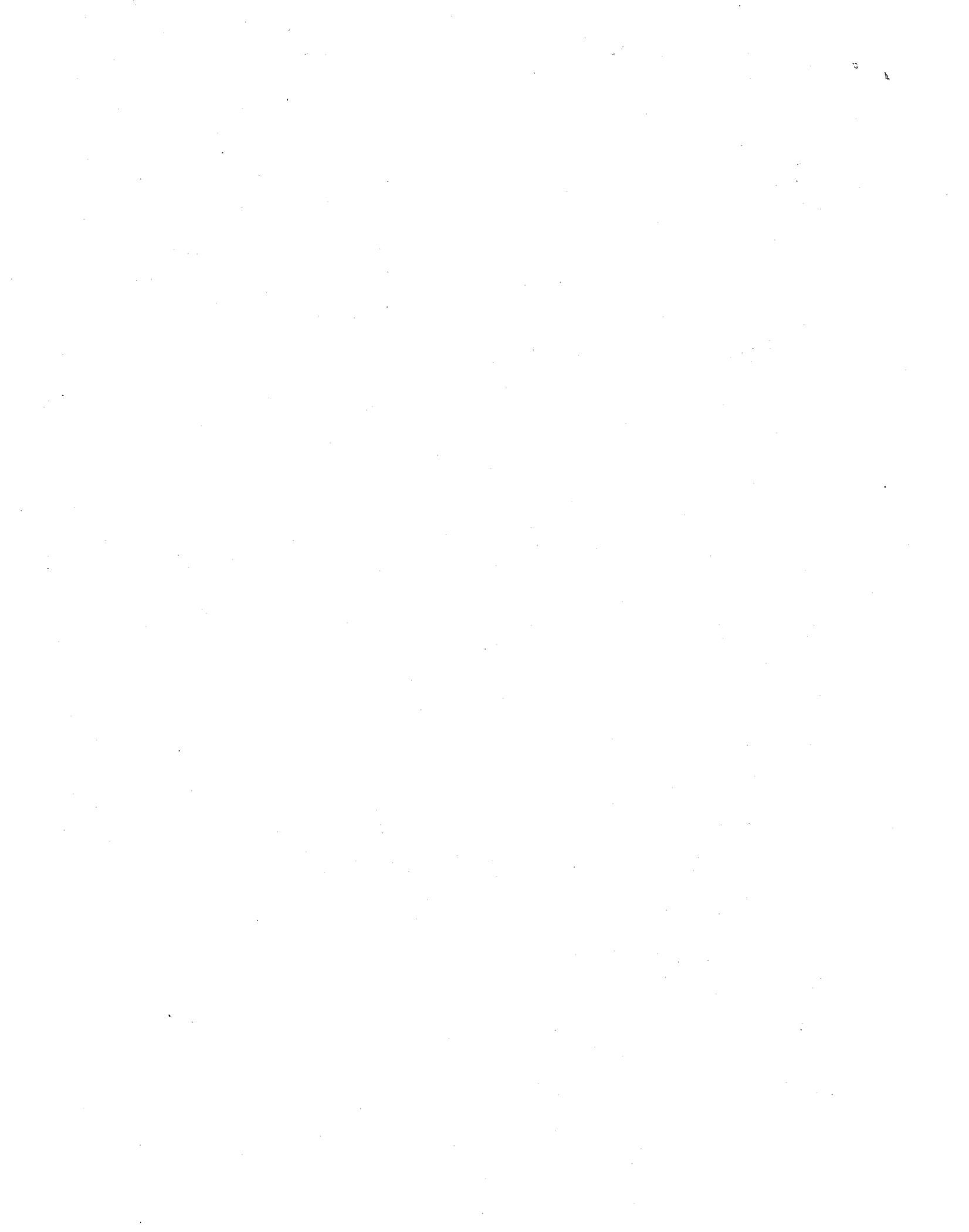
OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="CA-a11"/>
Attach an additional list of Program/Project Congressional Districts If needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="359,474.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="133,158.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="532,632.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/28/2012"/>	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Manager, Grants Management Branch"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="06/28/2012"/>

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUN 29 2012</p> <p>STATE CLEARING HOUSE</p> </div>
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1298059	
B. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358	
d. Address:		
* Street1: 1831 9th STREET	Street2: _____	
* City: SACRAMENTO	County: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811	
e. Organizational Unit:		
Department Name: CA. DEPT. OF FISH AND GAME	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Steve	
Middle Name: _____	* Last Name: Wong	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320	
* Email: scwong@dfg.ca.gov		

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

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Fish and Wildlife Service	
11. Catalog of Federal Domestic Assistance Number:	
15.605	
CFDA Title:	
Sport Fish Restoration Program	
* 12. Funding Opportunity Number:	
F12AS00047	
* Title:	
R8 (CA/NV) Sport Fish Restoration Program for State Fish and Game Agencies	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Humboldt County	
* 15. Descriptive Title of Applicant's Project:	
Juvenile Anadromous Salmonid (Smolt) Abundance in Redwood Creek	
Attach supporting documents as specified in agency instructions.	
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
<input type="button" value="View Attachments"/>	



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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-003	* b. Program/Project
		CA-002
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:
		06/30/2013
18. Estimated Funding (\$):		
* a. Federal	106,500.00	
* b. Applicant	0.00	
* c. State	35,500.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	142,000.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	06/29/2012
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
Authorized Representative:		
Prefix:	Mrs.	* First Name:
		Lisa
Middle Name:		
* Last Name:	Bays	
Suffix:		
* Title:	SSMI	
* Telephone Number:	(916) 445-3701	Fax Number:
		(916) 327-6320
* Email:	lbaya@dfg.ca.gov	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED JUN 29 2012 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
B. APPLICANT INFORMATION:		
* a. Legal Name: California State Coastal Conservancy		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164698	* c. Organizational DUNS: 8083224080000	
d. Address:		
* Street1: 1330 Broadway		
Street2: Suite 1300		
* City: Oakland		
County/Parish: Alameda		
* State: CA: California		
Province:		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94612-2530		
e. Organizational Unit:		
Department Name: San Francisco Bay Program	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Marilyn	
Middle Name:		
* Last Name: Latta		
Suffix:		
Title: Project Manager		
Organizational Affiliation: California State Coastal Conservancy		
* Telephone Number: 510-286-4157	Fax Number: 510-286-0470	
* Email: mlatta@ccc.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:**

F12AS00044

*** Title:**

National Coastal Wetland Conservation Grant Program

13. Competition Identification Number:

Title:

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

Add Attachment

Remove Attachment

Cancel

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

San Francisco Bay Coastal Wetlands Revegetation and High Tide Refuge Islands Project

Attach supporting documents as specified in agency instructions.

Add Attachment

Remove Attachment

Cancel

Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="500,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="30,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,530,000.00"/>

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

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1004)
 ** I AGREE
 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

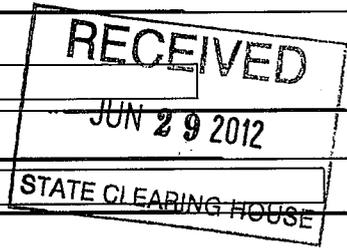
[Empty box]

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

[Empty box]



State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1298061

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

B08322358

d. Address:

* Street1:

1831 9th STREET

Street2:

[Empty box]

* City:

SACRAMENTO

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

CA. DEPT. OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

Pete

Middle Name:

[Empty box]

* Last Name:

Marcellana

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

* Telephone Number:

(916) 445-4658

Fax Number:

(916) 327-6320

* Email:

pmarcellana@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F12AS00047

* Title:

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

13. Competition Identification Number:

Title:

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

Fresno County

* 15. Descriptive Title of Applicant's Project:

RECREATIONAL FISHING ENHANCEMENT OPPORTUNITIES ALONG THE LOWER SAN JOAQUIN RIVER COORIDOR

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="156,124.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="52,041.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="208,165.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

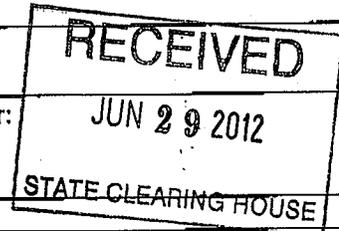
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California State Coastal Conservancy	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968	*c. Organizational DUNS: 808322408
d. Address:	
*Street1: 1330 Broadway, 13th Floor	
Street 2:	
*City: Oakland	
County:	
*State: CA	
Province:	
Country:	
*Zip/ Postal Code: 94613	

e. Organizational Unit:	
Department Name: San Francisco Bay Program	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	First Name: Deborah
Middle Name:	
*Last Name: Hirst	
Suffix:	
Title: Project Manager	
Organizational Affiliation:	

*Telephone Number: (510) 286-7029	Fax Number: (510) 286-0470
*Email: dhirst@scc.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

United States Department of the Interior, 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: F12AS00044

*Title: National Coastal Wetlands Conservation Grant Program

13. Competition Identification Number:

Title:

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

Santa Clara County, California

*15. Descriptive Title of Applicant's Project:

San Francisquito Creek Tidal Marshland Restoration Project (see attached Project Statement)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: CA-014

*a. Applicant CA-014

*b. Program/Project: CA-014

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

17. Proposed Project:

*a. Start Date: 4/15/2013

*b. End Date: 10/15/2014

18. Estimated Funding (\$):

*a. Federal	\$1,000,000.00
*b. Applicant	
*c. State	\$2,744,500.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$3,744,500.00

***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 6/29/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Samuel

Middle Name:

*Last Name: Schuchat

Suffix:

*Title: Executive Officer

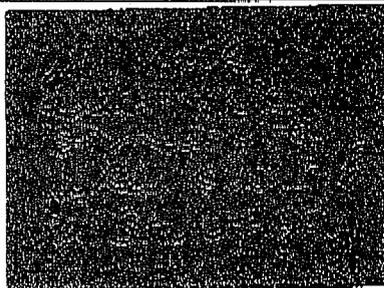
*Telephone Number: (510) 286-1015

Fax Number: (510) 286-0470

*Email: sschuchat@scc.ca.gov

*Signature of Authorized Representative:

Date Signed: 6/29/2012



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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1298007

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1831 9th STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

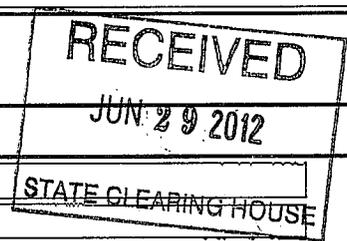
Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811



e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

JASON

Middle Name:

* Last Name:

WILLIAMS

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

COORDINATION OF FEDERAL ASSISTANCE IN WILDLIFE RESTORATION PROGRAM.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant:

* b. Program/Project:

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="355,552.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="118,517.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="474,069.00"/>

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

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

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

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)**

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify): _____</td> </tr> </table>			* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: 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: 01298063				
8. APPLICANT INFORMATION:					
* a. Legal Name: State of California		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUN 29 2012</p> <p>STATE CLEARING HOUSE</p> </div>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 900322358				
* d. Address:					
* Street1: 1831 9th Street	_____				
Street2: _____	_____				
* City: Sacramento	_____				
County: _____	_____				
* State: CA: California	_____				
Province: _____	_____				
* Country: USA: UNITED STATES	_____				
* Zip / Postal Code: 95811	_____				
e. Organizational Unit:					
Department Name: Fish and Game	Division Name: Grants Management Branch				
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.	* First Name: Steve	_____			
Middle Name: _____	_____				
* Last Name: Wong	_____				
Suffix: _____	_____				
Title: Grant Administrator	_____				
Organizational Affiliation: _____					
* Telephone Number: (916) 445-3694	Fax Number: _____				
* Email: scwong@dfg.ca.gov	_____				

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

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

13. Competition Identification Number:

Title:

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

Modoc County

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

DISTRIBUTION AND ABUNDANCE OF GOOSE LAKE REDBAND TROUT

Attach supporting documents as specified in agency instructions.

Add Attachments	Delete Attachments	View Attachments
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Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-003"/>	* b. Program/Project <input type="text" value="CA-004"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="79,406.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="26,469.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="105,875.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/29/2012"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
Authorized Representative:		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="lbays@dfg.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

**APPLICATION FOR
FEDERAL ASSISTANCE**

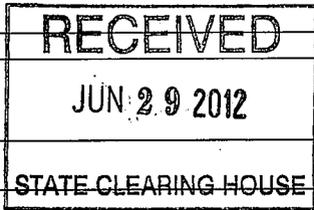
2. DATE SUBMITTED 06-25-2012	Applicant Identifier 3-06-0087-FYI FFY2012
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION

Legal Name: City of Fresno	Organizational Unit: Department of Airports Department: Airports
Organizational DUNS: 17-678-5079	Division: Projects and Engineering
Address: Street: 4995 East Clinton Way	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: Mr. First Name: Kevin
City: Fresno	Middle Name:
County: Fresno	Last Name: Meikle
State: CA Zip Code: 93727	Suffix:
Country: USA	Email: Kevin.Meikle@fresno.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	-	6	0	0	0	3	3	8
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Phone number (give area code): **559-621-4536** FAX number (give area code): **559-498-5549**

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify):

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

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	-	1	0	6
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TITLE: **Airport Improvement Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Fresno Yosemite International Airport (FAT) FAR Part 150 Noise Compatibility Program - Residential Sound Insulation Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Counties of Fresno, Madera, Tulare, Kings, Merced and Mariposa

13. PROPOSED PROJECT

Start Date 9/2012	Ending Date 9/2015
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14. CONGRESSIONAL DISTRICTS OF

a. Applicant 21st	b. Project 21st
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15. ESTIMATED FUNDING

a. Federal	\$	1,000,000	.00
b. Applicant	\$	111,111	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	1,111,111	.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: **TBD**

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 Russell	Middle Name C.
Last Name Widmar		Suffix AAE
b. Title Director of Aviation		c. Telephone number (give area code) 559-621-4600
d. Signature of Authorized Representative 		e. Date Signed June 25, 2012

