

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16 - 30, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): C - Changed title of project  * Other (Specify) C - Changed title of project
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\* 3. Date Received: \_\_\_\_\_ 4. Application Identifier: \_\_\_\_\_

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: <b>RECEIVED</b>
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**State Use Only:** \_\_\_\_\_ **JUN 17 2013**

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

**8. APPLICANT INFORMATION:** **STATE CLEARING HOUSE**

\* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339
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**d. Address:**

\* Street1: 1300 Airport Road  
Street 2:  
\* City: Mammoth Lakes  
County: Mono  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93546

**e. Organizational Unit:**

Department Name: Public Works	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: Brian  
Middle Name:  
\* Last Name: Picken  
Suffix:

Title: Assistant Airport Manager

Organizational Affiliation:  
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

\* Telephone Number: 760-934-3813 Fax Number: 760-934-3119

\* Email: bpicken@ci.mammoth-lakes.ca.us

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Construction of Temporary Terminal Facilities; Pavement Maintenance/Management Program; Remark Runway, Taxiway and Apron; Engineering Design - Crack and Joint Seal

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$798,842.00
*b. Applicant	\$88,760.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$887,602.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-12-2013  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

\*Signature of Authorized Representative:



Date Signed: 6/12/13

**Application for Federal Assistance SF-424**

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

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: JUN 17 2013
----------------------------------------------------	------------------------------------------------

**STATE CLEARING HOUSE**

<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	* c. Organizational DUNS: 144603339
-----------------------------------------------------------------------	----------------------------------------

**d. Address:**

\* Street1: 1300 Airport Road  
Street 2:  
\* City: Mammoth Lakes  
County: Mono  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93546

**e. Organizational Unit:**

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

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

Prefix: Mr. First Name: Brian  
Middle Name:  
\* Last Name: Picken  
Suffix:  
Title: Airport Manager

Organizational Affiliation:  
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

* Telephone Number: 760-934-3813	Fax Number: 760-934-3119
* Email: bpicken@ci.mammoth-lakes.ca.us	

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Wildlife Hazard Assessment

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$99,000.00
*b. Applicant	\$11,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$110,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-12-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

\*Signature of Authorized Representative:

\*Date Signed:

6/12/13

**Application for Federal Assistance SF-424**

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

* 3. Date Received:	4. Application Identifier: <b>JUN 17 2013</b>
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5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: <b>STATE CLEARING HOUSE</b>
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<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\* a. Legal Name: **Town of Mammoth Lakes**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>77-0043067</b>	*c. Organizational DUNS: <b>144603339</b>
------------------------------------------------------------------------------	----------------------------------------------

d. Address:

\* Street1: **1300 Airport Road**  
Street 2:  
\* City: **Mammoth Lakes**  
County: **Mono**  
\* State: **California**  
Province:  
Country: **USA** \*Zip/ Postal Code: **93546**

e. Organizational Unit:

Department Name: <b>Public Works</b>	Division Name:
-----------------------------------------	----------------

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

Prefix: **Mr.** First Name: **Brian**  
Middle Name:  
\* Last Name: **Picken**  
Suffix:

Title: **Assistant Airport Manager**

Organizational Affiliation:  
**Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport**

\* Telephone Number: **760-934-3813** Fax Number: **760-934-3119**

\* Email: **bpicken@ci.mammoth-lakes.ca.us**

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Town of Mammoth Lakes, California**

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

**Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Enhanced ALP Update Project.**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$96,551.00
*b. Applicant	\$10,728.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$107,279.00

\*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 1-21-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

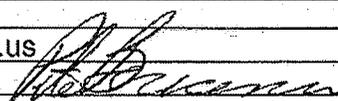
\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

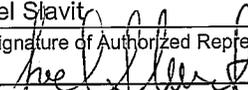
\*Signature of Authorized Representative:



Date Signed:

6/12/13

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 31, 2013	Applicant Identifier 1671
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier CA-90-Z043
<b>5. APPLICANT INFORMATION</b>			
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	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2325976		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> [G]	
<b>8. TYPE OF APPLICATION:</b> <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) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-507 TITLE: FTA Section 5307 Program		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Mateo County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Replacement of 40-foot Hybrid Buses Replacement of 40-foot Diesel Buses Replacement of 30-foot Diesel Buses Replacement of Minivans ADA Operating Subsidy, Preventive Maintenance	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 7/1/12	Ending Date 9/30/15	a. Applicant 12 & 14	b. Project 12 & 14
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 25,905,791 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/15/13	
b. Applicant	\$ <sup>00</sup>	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	\$ 7,777,697 <sup>00</sup>		
d. Local	\$ 6,362,700 <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 40,046,188 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Joel Slavit		b. Title Manager, Grants & Fund Programmir	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative 		e. Date Signed 5-31-13	

OMB Number 4940-0004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<b>RECEIVED</b>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____ <b>JUN 17 2013</b>	
<b>6. APPLICANT INFORMATION:</b>		
<b>STATE CLEARING HOUSE</b>		
* a. Legal Name: California Emergency Management Agency		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680270801	* c. Organizational DUNS: 9474361760000	
<b>d. Address:</b>		
* Street1: 3650 Schriever Avenue	Street2: _____	
* City: Mather	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95655-4203	
<b>e. Organizational Unit:</b>		
Department Name: _____	Division Name: _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.	* First Name: Kris	
Middle Name: _____	* Last Name: Whitty	
Suffix: _____	Title: Branch Chief	
Organizational Affiliation: _____		
* Telephone Number: (916) 845-8251	Fax Number: _____	
* Email: Kris.Whitty@calema.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

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

97.067

CFDA Title:

Homeland Security Grant Program

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

DHS-13-GPD-067-000-01

\* Title:

Fiscal Year (FY) 2013 Homeland Security Grant Program (HSGP)

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California - FY 2013 Homeland Security Grant Program

7

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-003

b. Program/Project CA-B11

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

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

\* b. End Date: 09/30/2015

18. Estimated Funding (\$):

Table with 2 columns: Category (a. Federal, b. Applicant, c. State, d. Local, e. Other, f. Program Income, g. TOTAL) and Amount (192,886,210.00, 0.00, 0.00, 0.00, 0.00, 0.00, 192,886,210.00)

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

- Checked: a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2013.
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E.O. 12372.

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

Yes No (checked)

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

Checked: 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.

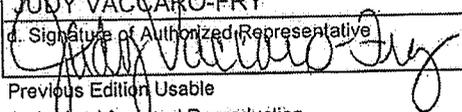
Authorized Representative:

Form fields for Authorized Representative: Prefix (Mr.), First Name (Mark), Middle Name, Last Name (Ghilarducci), Suffix, Title (Secretary), Telephone Number ((916) 845-8506), Fax Number, Email (Mark.Ghilarducci@calema.ca.gov), Signature of Authorized Representative (Completed by Grants.gov upon submission), Date Signed (Completed by Grants.gov upon submission)

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction  <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 17, 2013	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: ANTELOPE VALLEY TRANSIT AUTHORITY Address (give city, county, State, and zip code): 42210 6TH ST WEST LANCASTER CA 93534		Organizational Unit: ANTELOPE VALLEY TRANSIT AUTHORITY Name and telephone number of person to be contacted on matters involving this application (give area code): JUDY VACCARO-FRY 661-729-2234																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-4377119	JUN 17 2013	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Joint Powers Auth</u>																					
<b>8. TYPE OF APPLICATION:</b> <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):		<b>9. NAME OF FEDERAL AGENCY:</b> US DOT & FTA																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-507 TITLE: FEDERAL TRANSIT FORMULA GRANT		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> This application requests capital assistance for Antelope Valley Transit Authority is requesting capital assistance for the purchase of eleven (11) replacement transit buses, the purchase of eleven (11) support vehicles, the purchase of major shop/facility equipment, operating assistance,																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> ANTELOPE VALLEY PORTION OF THE NORTHERN LOS ANGELES																							
<b>13. PROPOSED PROJECT</b> Start Date: 10/1/13 Ending Date: 8/30/15	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 22 & 25 b. Project: 22 & 25																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>10,634,679<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>731,414<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>11,366,093<sup>00</sup></td> </tr> </table>		a. Federal	\$	10,634,679 <sup>00</sup>	b. Applicant	\$	<sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	731,414 <sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	11,366,093 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	10,634,679 <sup>00</sup>																					
b. Applicant	\$	<sup>00</sup>																					
c. State	\$	<sup>00</sup>																					
d. Local	\$	731,414 <sup>00</sup>																					
e. Other	\$	<sup>00</sup>																					
f. Program Income	\$	<sup>00</sup>																					
g. TOTAL	\$	11,366,093 <sup>00</sup>																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Type Name of Authorized Representative JUDY VACCARO-FRY	b. Title GRANTS ADMINISTRATOR	c. Telephone Number (661) 729-2234																					
d. Signature of Authorized Representative 		e. Date Signed June 17, 2013																					

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

[ ]

**\* Other (Specify):**

[ ]

RECEIVED

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

[ ]

JUN 17 2013

**Sa. Federal Entity Identifier:**

[ ]

**Sb. Federal Award Identifier:**

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

[ ]

**7. State Application Identifier:**

[ ]

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

California Emergency Management Agency

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

680278801

**\* c. Organizational DUNS:**

9474361760000

**d. Address:**

**\* Street1:**

3650 Schriever Avenue

**Street2:**

[ ]

**\* City:**

Mather

**County/Parish:**

[ ]

**\* State:**

CA: California

**Province:**

[ ]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95655-4203

**e. Organizational Unit:**

**Department Name:**

[ ]

**Division Name:**

[ ]

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

**Prefix:**

Ms.

**\* First Name:**

Kris

**Middle Name:**

[ ]

**\* Last Name:**

Whitty

**Suffix:**

[ ]

**Title:**

Branch Chief

**Organizational Affiliation:**

[ ]

**\* Telephone Number:**

(916) 845-8251

**Fax Number:**

[ ]

**\* Email:**

kris.whitty@calema.ca.gov

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

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

97.067

CFDA Title:

Homeland Security Grant Program

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

DHS-13-GPD-067-000-01

\* Title:

Fiscal Year (FY) 2013 Homeland Security Grant Program (HSOP)

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California - FY 2013 Homeland Security 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 CA-003

b. Program/Project CA-a11

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

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

\* b. End Date: 09/30/2015

18. Estimated Funding (\$):

Table with 2 columns: Funding Category (a-g) and Amount. Total funding is 192,886,210.00.

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

- Options for review status: a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2013. b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.

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

Yes No (selected)

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

[X] \*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Mark

Middle Name:

\* Last Name: Ghilarducci

Suffix:

\* Title: Secretary

\* Telephone Number: (916) 845-8506 Fax Number:

\* Email: Mark.Ghilarducci@ca.loma.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		* 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"/> Revision	<input type="checkbox"/> Continuation	* Other (Specify)

RECEIVED

* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: O59 - 3-06-0039-	* 5b. Federal Award Identifier: JUN 17 2013
----------------------------------------------------	------------------------------------------------

STATE CLEARING HOUSE

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Modoc
----------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000522	* c. Organizational DUNS: 07-611-8678
-----------------------------------------------------------------------	------------------------------------------

d. Address:	
* Street1: 202 W. 4th Street	
Street 2:	
* City: Alturas	
County: Modoc	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 96101

e. Organizational Unit:	
Department Name: Modoc County Road Department	Division Name: Airports

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: Mitch
Middle Name:	
* Last Name: Crosby	
Suffix:	

Title: Road Commissioner
-----------------------------

Organizational Affiliation:  Modoc County Road Department - Airports
----------------------------------------------------------------------------

* Telephone Number: 530-233-6403	Fax Number:
----------------------------------	-------------

* Email: mitchcrosby@co.modoc.ca.us
-------------------------------------

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Town of Cedarville, Modoc County, California**

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

**Cedarville Municipal Airport, Cedarville, Modoc County, California: Airport Layout Plan Narrative including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$67,500.00
*b. Applicant	\$4,125.00
*c. State	\$3,375.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$75,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-12-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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: Mitch

Middle Name:

\*Last Name: Crosby

Suffix:

\*Title: Road Commissioner, Modoc County Road Department

\*Telephone Number: 530-233-6403

Fax Number: 530-233-3132

\*Email: mitchcrosby@co.modoc.ca.us

\*Signature of Authorized Representative: *Mitch Crosby*

Date Signed: 6/13/13

OMB Number: 4740-0039  
Expiration Date: 09-30-2011

**Application for Federal Assistance SF-424**

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

RECEIVED

JUN 17 2013

* 3. Date Received:	4. Application Identifier:
	STATE CLEARING HOUSE

5a. Federal Entity Identifier: 081 - 3-06-0264-	* 5b. Federal Award Identifier:
----------------------------------------------------	---------------------------------

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Modoc	* c. Organizational DUNS: 07-611-8678
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000522	

* d. Address:	
* Street1: 202 W. 4th Street	
Street 2:	
* City: Alturas	
County: Modoc	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 96101

e. Organizational Unit:	
Department Name: Modoc County Road Department	Division Name: Airports

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: Mitch
Middle Name:	
* Last Name: Crosby	
Suffix:	
Title: Road Commissioner	
Organizational Affiliation: Modoc County Roads Department - Airports	

* Telephone Number: 530-233-6403	Fax Number:
* Email: mitchcrosby@co.modoc.ca.us	

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

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

12. Funding Opportunity Number:  
Title:

13. Competition Identification Number:  
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
**Town of Tulelake, Modoc County, California**

\* 15. Descriptive Title of Applicant's Project:  
**Tulelake Municipal Airport, Cedarville, Modoc County, California: Airport Layout Plan Narrative including Updated ALP Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$103,500.00
*b. Applicant	\$6,325.00
*c. State	\$5,175.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$115,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-12-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Mitch

Middle Name:

\*Last Name: Crosby

Suffix:

\*Title: Road Commissioner, Modoc County Road Department

\*Telephone Number: 530-233-6403

Fax Number: 530-233-3132

\*Email: mitchcrosby@co.modoc.ca.us

\*Signature of Authorized Representative: *Mitch Crosby*

Date Signed: 6/13/13

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____  * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<b>RECEIVED</b>		
<b>JUN 18 2013</b>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1398017	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 0083223580000	
<b>d. Address:</b>		
* Street1: 1831 NINTH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
<b>e. Organizational Unit:</b>		
Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: MR.	* First Name: JASON	
Middle Name: _____	* Last Name: WILLIAMS	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320	
* Email: jason.williams@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

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

\* Other (specify):  
[Empty field]

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

Fish and Wildlife Service

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

15.611

CFDA Title:  
Wildlife Restoration and Basic Hunter Education

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

F13AS00077

\* Title:  
R0 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - MANAGEMENT OF ELK AND ANTELOPE (W-68-R)

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="207,569.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="69,190.00"/>
* 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="276,759.00"/>

**\* 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: 03/31/2012

**Application for Federal Assistance SF-424**

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

**RECEIVED**  
JUN 18 2013  
STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:

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

**State Use Only:**

6. Date Received by State:	7. State Application Identifier: G1198021
----------------------------	-------------------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8003223580000

**d. Address:**

* Street1:	1831 9TH STREET
Street2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

**e. Organizational Unit:**

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	-----------------------------------------

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

Prefix: Mr.	* First Name: JASON
Middle Name:	
* Last Name: WILLIAMS	
Suffix:	
Title: GRANT ADMINISTRATOR	
Organizational Affiliation:	

* Telephone Number: 916-327-0062	Fax Number: 916-327-6320
* Email: jason.williams@wildlife.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F13AS00077

\* 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.):**

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE INVENTORIES AND RESEARCH - BIOLOGICAL RESOURCE ASSESSMENT AND LAND MANAGEMENT PLANNING  
(W-72-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant: CA-006

b. Program/Project: CA-ALL

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

[Attachment field] [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

\* a. Start Date: 07/01/2011

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

18. Estimated Funding (\$):

* a. Federal	334,176.00
* b. Applicant	0.00
* c. State	111,392.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	445,568.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[Attachment field] [Add Attachment] [Delete Attachment] [View Attachment]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: STAFF SERVICES MANAGER I

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

\* Email: lisa.bays@wildlife.ca.gov

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

RECEIVED

Type of Applicant 3: Select Applicant Type:

JUN 18 2013

\* Other (specify):

STATE CLEARING HOUSE

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F13AS00081

\* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

BAY DELTA REGION STREAM AND LAKE IMPROVEMENT PROJECT (F-144 P28)

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="172,373.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="57,458.00"/>
* 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="229,831.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

**Application for Federal Assistance SF-424**

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

RECEIVED

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

JUN 18 2013

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
	G1398051

**8. APPLICANT INFORMATION:**

* a. Legal Name:	STATE OF CALIFORNIA
------------------	---------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1697567	8083221580000

**d. Address:**

* Street1:	1831 9TH STREET
Street2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

**e. Organizational Unit:**

Department Name:	Division Name:
FISH AND WILDLIFE	GRANTS MANAGEMENT BRANCH

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

Prefix:	* First Name:
	PETE
Middle Name:	
* Last Name:	MARCELLANA
Suffix:	
Title:	GRANT ADMINISTRATOR
Organizational Affiliation:	
* Telephone Number:	916-445-4658
Fax Number:	
* Email:	PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A. State Government

Type of Applicant 2: Select Applicant Type:

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:

F13AS00091

\* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SOUTH CENTRAL COAST STEELHEAD RESTORATION & ENHANCEMENT PROJECT (F-122 Pz] 55)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant: CA-005

b. Program/Project: CA-ALL

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

[Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	157,011.00
* b. Applicant	0.00
* c. State	55,670.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	222,681.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[Add Attachment] [Delete Attachment] [View Attachment]

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

- I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: SSMI

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

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

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

OMB Number: 404D-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: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: F13AF	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1398053	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223560000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: <input type="text"/>	
* City: SACRAMENTO	County/Parish: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: PETE	
Middle Name: <input type="text"/>	* Last Name: MARCELLANA	
Suffix: <input type="text"/>	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-445-4658	Fax Number: <input type="text"/>	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

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

**Application for Federal Assistance SF-424**

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

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

RECEIVED

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

JUN 18 2013

STATE CLEARING HOUSE

State Use Only:

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

**6. APPLICANT INFORMATION:**

\* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083233580000
-----------------------------------------------------------------------	--------------------------------------------

d. Address:

* Street1:	1631 9TH STREET
Street2:	<input type="text"/>
* City:	SACRAMENTO
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

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

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

Prefix: <input type="text"/>	* First Name: PETE
Middle Name: <input type="text"/>	
* Last Name: MARCELLANA	
Suffix: <input type="text"/>	

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

\* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F13AS00081

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

HUMBOLDT BAY JUVENILE SALMONID INVESTIGATIONS

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant: CA-005

b. Program/Project: CA-ALL

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

[Attachment area with buttons: Add Attachment, Delete Attachment, View Attachment]

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	141,132.00
* b. Applicant	0.00
* c. State	47,044.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	188,176.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/14/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[Attachment area with buttons: Add Attachment, Delete Attachment, View Attachment]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: HAYS

Suffix: [ ]

\* Title: SSMI

\* Telephone Number: (516) 445-3701 Fax Number: [ ]

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

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

OMB Number: 4040-0004  
Expiration Date: 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): <b>RECEIVED</b> * Other (Specify): <b>JUN 18 2013</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

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

5a. Federal Entity Identifier:	5b. Federal Award Identifier: <b>F13AF</b>
--------------------------------	-----------------------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier: <b>61398058</b>
----------------------------	--------------------------------------------------

8. APPLICANT INFORMATION:

\* a. Legal Name: **STATE OF CALIFORNIA**

* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>94-1697567</b>	* c. Organizational DUNS: <b>8083223580000</b>
------------------------------------------------------------------------------	---------------------------------------------------

d. Address:

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

e. Organizational Unit:

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

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

Prefix:	* First Name: <b>PETE</b>
Middle Name:	
* Last Name: <b>MARCELLANA</b>	
Suffix:	
Title: <b>GRANT ADMINISTRATOR</b>	
Organizational Affiliation:	

* Telephone Number: <b>916-445-4558</b>	Fax Number:
* Email: <b>PETE.MARCELLANA@WILDLIFE.CA.GOV</b>	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F13A900081

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CENTRAL COAST STEELHEAD CONSERVATION & ENHANCEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant: CA-005

b. Program/Project: CA-7.LL

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

[Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	277,241.00
* b. Applicant	0.00
* c. State	92,414.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	369,655.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[Add Attachment] [Delete Attachment] [View Attachment]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: SSMI

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

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

\* Signature of Authorized Representative: 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="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="radio"/> New <input type="text" value="E: Other (specify)"/> <input type="radio"/> Continuation * Other (Specify) <input checked="" type="radio"/> Revision <input type="text" value="Transfer of Award"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RECEIVED

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

JUN 18 2013

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

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California, Los Angeles
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006143
* c. Organizational DUNS: 092530369

* d. Address:	
* Street1:	Office of Contract and Grant Administration
Street2:	11000 Kinross Avenue, Suite 211
* City:	Los Angeles
County:	Los Angeles County
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90095-1406

* e. Organizational Unit:	
Department Name:	Division Name:
Office of Contract & Grant Adm	

* f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	* First Name: Evan
Middle Name:	
* Last Name: Garcia	
Suffix:	
Title: Senior Grant Analyst	
Organizational Affiliation: Regents of the University of California, Los Angeles	
* Telephone Number: 310-794-0171	Fax Number: 310-943-1658
* Email: ocg3@research.ucla.edu	

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

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

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

\* Other (specify):

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

Geological Survey

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

15.608

CFDA Title:

U.S. Geological Survey Research and Data Collection

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

G13AS00001

\* Title:

USGS Non-Competitive Assistance FY 2013 - National Grants Branch

**13. Competition Identification Number:**

G13AS00001

Title:

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

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

Development of a Holocene earthquake record for the northern Earthquake Valley - Agunga Fault Zone from a new paleoseismic site at Warner Basin: Collaborative Research with UCLA and SDSU

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-033

\* b. Program/Project CA-033

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

17. Proposed Project:

\* a. Start Date: 08/01/2013

\* b. End Date: 04/30/2014

18. Estimated Funding (\$):

* a. Federal	7,675.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,675.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/18/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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: Evan

Middle Name:

\* Last Name: Garcia

Suffix:

\* Title: Senior Grant Analyst

\* Telephone Number: 310-794-0171 Fax Number: 310-943-1658

\* Email: ecga3@research.ucla.edu

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

Authorized for Local Reproduction

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

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

OMB Number: 4040-0304  
Expiration Date: 02/28/2011

Application for Federal Assistance SF-424

RECEIVED

JUN 18 2013

STATE CLEARING HOUSE

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify):

[Empty field]

\* 3. Date Received:

06/18/2013

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:

G1398065

8. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1416 9TH STREET

Street2:

[Empty field]

\* City:

SACRAMENTO

County/Parish:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

PETE

Middle Name:

[Empty field]

\* Last Name:

MARCELLANA

Suffix:

[Empty field]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

(916) 445-4658

Fax Number:

[Empty field]

\* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

FL3AS00081

\* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT & RESEARCH - BISKIYOU COUNTY RESOURCE ASSESSMENT (F-137 p66)

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="131,452.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="43,817.00"/>
* 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="175,269.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4340-0064  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

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

RECEIVED

JUN 18 2013

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: STATE CLEARING HOUSE
-----------------------------------------------------------------	--------------------------------------------------

5a. Federal Entity Identifier:	5b. Federal Award Identifier: E13AF
--------------------------------	----------------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier: G1398052
----------------------------	-------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
-----------------------------------------------------------------------	--------------------------------------------

d. Address:

* Street1:	1831 9TH STREET
* Street2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------------	--------------------------------------------

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

Prefix:	* First Name: PETE
Middle Name:	
* Last Name: MARCELLANA	
Suffix:	
Title: GRANT ADMINISTRATOR	
Organizational Affiliation:	
* Telephone Number: 916-445-4658	Fax Number:
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

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:

F13AS00091

\* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTH CENTRAL COAST WATERSHED RESTORATION PROJECT (F-144 F26)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-005

b. Program/Project CA-ALL

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

[ ] Add Attachment [ ] Delete Attachment [ ] View Attachment

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	350,007.00
* b. Applicant	0.00
* c. State	116,669.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	466,676.00

\* 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 05/28/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[ ] Add Attachment [ ] Delete Attachment [ ] View Attachment

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title: SSMI

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

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

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

OMB Number: 4040-3004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

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

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

RECEIVED

State Use Only: JUN 18 2013

6. Date Received by State: _____	7. State Application Identifier: G1398063
----------------------------------	-------------------------------------------

STATE CLEARING HOUSE

a. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--------------------------------------------------------------------	-----------------------------------------

d. Address:

* Street1: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

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

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

Prefix: _____	* First Name: PETE
Middle Name: _____	
* Last Name: MARCELLANA	
Suffix: _____	

Title: GRANT ADMINISTRATOR
----------------------------

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

* Telephone Number: (916) 445-4698	Fax Number: _____
------------------------------------	-------------------

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV
------------------------------------------

<b>Application for Federal Assistance SF-424</b>		
* 9. Type of Applicant 1: Select Applicant Type:		
<input type="text" value="A: State Government"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="Fish and Wildlife Service"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="15.605"/>		
CFDA Title:		
<input type="text" value="Sport Fish Restoration Program"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="FL3AS000B1"/>		
* Title:		
<input type="text" value="R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<input type="button" value="View Attachment"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT &amp; RESEARCH - SMITH RIVER SALMONID MONITORING AND SALMONID SCALE ARCHIVE (P-137 p63)"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="196,285.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="65,428.00"/>
* 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="261,713.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4640-0004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 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: G1398065	JUN 18 2013
B. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322350000	
d. Address:		
* Street1: 1416 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: PETE	
Middle Name: _____	* Last Name: MARCELLANA	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

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STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F13AB00081

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT & RESEARCH - SALMON AND STEELHEAD MONITORING IN THE KLAMATH RIVER BASIN (F-137 p68)

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="506,295.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="168,765.00"/>
* 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="675,060.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

A

\* Other (Specify)

\* 3. Date Received:

5/20/13

4. Applicant Identifier:

CA Department of Food and Agriculture

5a. Federal Entity Identifier:

13-8506-0484-CA

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

12-0380-FR

8. APPLICANT INFORMATION:

\* a. Legal Name:

State of California

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

68-0325104

\* c. Organizational DUNS:

807487665

d. Address:

\* Street1:

1220 N Street

Street2:

\* City:

Sacramento

County:

Sacramento

\* State:

CA

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95814

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JUN 18 2013  
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

\* First Name:

Roger

Middle Name:

\* Last Name:

Spencer

Suffix:

Title:

Branch Chief

Organizational Affiliation:

\* Telephone Number:

(916) 900-5024

Fax Number:

(916) 900-5350

\* Email:

roger.spencer@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control and Animal Care

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

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Pierce's Disease Control Program/Glassy-winged Sharpshooter

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant California

\* b. Program/Project **GWSS**

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

**17. Proposed Project:**

\* a. Start Date: **10/1/12**

\* b. End Date: **9/30/13**

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

\* a. Federal 14,075,000

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 14,075,000

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

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

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name: **Crystal**

Middle Name:

\* Last Name: **Myers**

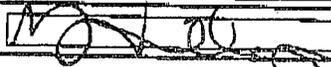
Suffix:

\* Title: **Federal Funds Manager**

\* Telephone Number: **(916) 403-6533**

Fax Number:

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

\* Signature of Authorized Representative: 

\* Date Signed: **6/13/13**

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: _____	4. Applicant Identifier: na
------------------------------	--------------------------------

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

RECEIVED

State Use Only:

JUN 19 2013

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

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Self-Help Home Improvement Project	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2990678	* c. Organizational DUNS: 088852603

d. Address:

* Street 1: 3777 Meadowview Dr., #100
Street 2: _____
* City: Redding
County: _____
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 96002

e. Organizational Unit:

Department Name: Self-Help Home Improvement Project	Division Name: na
-----------------------------------------------------	-------------------

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

Prefix: _____	* First Name: Keith
Middle Name: _____	
* Last Name: Griffith	
Suffix: _____	
Title: Executive Director	
Organizational Affiliation: _____	
* Telephone Number: 530-378-6904	Fax Number: 530-378-6910
* Email: kgriif@shhip.org	

**Application for Federal Assistance SF-424**

Version 02

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

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Rural Housing Service

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

10-433

CFDA Title:

Housing Preservation Grant

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

10-433

\* Title:

Housing Preservation Grant

**13. Competition Identification Number:**

na

Title:

na

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

Shasta and Tehama Counties, California

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

scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama counties, California.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 2nd

\* b. Program/Project 2nd

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

17. Proposed Project:

\* a. Start Date: 1/1/14

\* b. End Date: 1/1/16

18. Estimated Funding (\$):

\* a. Federal \$100,000.00  
\* b. Applicant  
\* c. State \$250,000.00  
\* d. Local  
\* e. Other  
\* f. Program Income  
\* g. TOTAL \$350,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/19/13  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title: Executive Director

\* Telephone Number: 530-378-6904 Fax Number: 530-378-6910

\* Email: kgrif@shhip.org

\* Signature of Authorized Representative: *Keith Griffith* \* Date Signed: 6/19/13

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

**Application for Federal Assistance SF-424**

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

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

RECEIVED

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

JUN 19 2013

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 61398026
----------------------------------	-------------------------------------------

STATE CLEARING HOUSE

**B. APPLICANT INFORMATION:**

\* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
-----------------------------------------------------------------------	--------------------------------------------

d. Address:

\* Street1: 1831 9th STREET

Street2: \_\_\_\_\_

\* City: SACRAMENTO

County/Parish: \_\_\_\_\_

\* State: CA: California

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

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------------	--------------------------------------------

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

Prefix: Mr. \* First Name: JASON

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

\* Last Name: WILLIAMS

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

Title: GRANT ADMINISTRATOR

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

\* Telephone Number: 916-327-0062 Fax Number: 916-327-6320

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

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

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

F13AS00077

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE INVENTORIES AND RESEARCH: BIG HORN SHEEP COORDINATION and POPULATION ASSESSMENTS (W-BS-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="107,293.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="35,764.00"/>
* 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="143,057.00"/>

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

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

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

Authorized Representative:

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

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b>		<b>* 2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>* 3. Date Received:</b>			<b>4. Application Identifier:</b>		
5a. Federal Entity Identifier: MAE - 3-06-0144-			* 5b. Federal Award Identifier: <b>RECEIVED</b>		
<b>State Use Only:</b>			<b>JUN 19 2013</b>		
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: City of Madera					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000365			* c. Organizational DUNS: 142988646		
<b>d. Address:</b>					
* Street1: 4020 Aviation Drive Street 2: * City: Madera County: Madera * State: California Province: Country: USA					
* Zip/ Postal Code: 93637					
<b>e. Organizational Unit:</b>					
Department Name: Public Works			Division Name: Madera Municipal Airport		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr. First Name: Dave Middle Name: * Last Name: Randall Suffix:					
Title: Public Works Operations Director					
Organizational Affiliation: City of Madera, Department of Public Works, Madera Municipal Airport					
* Telephone Number: 559-661-5466			Fax Number: 559-674-7165		
* Email: drandall@cityofmadera.com					

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**City of Madera, Madera County, California**

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

**Madera Municipal Airport, Madera, Madera County, California: Airport Layout Plan Narrative including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-019

\* a. Applicant CA-019

\* b. Program/Project: CA-019

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$76,500.00
*b. Applicant	\$4,675.00
*c. State	\$3,825.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$85,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-13-2013  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- 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: David

Middle Name: R.

\*Last Name: Tooley

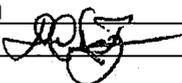
Suffix:

\*Title: City Administrator

\*Telephone Number: 559-661-5400

Fax Number:

\*Email: dtooley@cityofmadera.com

\*Signature of Authorized Representative: 

Date Signed: 6/12/13

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> B  <b>* Other (Specify):</b> B
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b>		
<b>5a. Federal Entity Identifier:</b> MAE - 3-06-0144-		<b>* 5b. Federal Award Identifier:</b>		
<b>RECEIVED</b>				
<b>State Use Only:</b>				
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b> JUN 19 2013		
<b>8. APPLICANT INFORMATION:</b>				
<b>* a. Legal Name:</b> City of Madera				
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000365		<b>* c. Organizational DUNS:</b> 142988646		
<b>STATE CLEARING HOUSE</b>				
<b>d. Address:</b>				
<b>* Street1:</b> 4020 Aviation Drive <b>Street 2:</b> <b>* City:</b> Madera <b>County:</b> Madera <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA <span style="float: right;"><b>* Zip/ Postal Code:</b> 93637</span>				
<b>e. Organizational Unit:</b>				
<b>Department Name:</b> Public Works		<b>Division Name:</b> Madera Municipal Airport		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>				
<b>Prefix:</b> Mr. <b>Middle Name:</b>		<b>First Name:</b> Dave		
<b>* Last Name:</b> Randall <b>Suffix:</b>				
<b>Title:</b> Public Works Operations Director				
<b>Organizational Affiliation:</b> City of Madera, Department of Public Works, Madera Municipal Airport				
<b>* Telephone Number:</b> 559-661-5466		<b>Fax Number:</b> 559-674-7165		
<b>* Email:</b> drandall@cityofmadera.com				

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

20.106.

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Madera, Madera County, California

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

Madera Municipal Airport, Madera, Madera County, California: Pavement Maintenance/Management Program

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-019

\* a. Applicant CA-019

\* b. Program/Project: CA-019

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$63,000.00
*b. Applicant	\$3,850.00
*c. State	\$3,150.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$70,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-13-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- 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: David

Middle Name: R.

\*Last Name: Tooley

Suffix:

\*Title: City Administrator

\*Telephone Number: 559-661-5400

Fax Number:

\*Email: [dtooley@cityofmadera.com](mailto:dtooley@cityofmadera.com)

\*Signature of Authorized Representative:



Date Signed: 6/13/13

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> B  <b>* Other (Specify)</b> B	
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b>			
<b>5a. Federal Entity Identifier:</b> MAE - 3-06-0144-			<b>* 5b. Federal Award Identifier:</b>		
<b>RECEIVED</b> <b>JUN 19 2013</b>					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b> STATE CLEARING HOUSE		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> City of Madera					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000365			<b>* c. Organizational DUNS:</b> 142988646		
<b>d. Address:</b>					
<b>* Street1:</b> 4020 Aviation Drive <b>Street 2:</b> <b>* City:</b> Madera <b>County:</b> Madera <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA <b>* Zip/ Postal Code:</b> 93637					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Public Works			<b>Division Name:</b> Madera Municipal Airport		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr. <b>First Name:</b> Dave <b>Middle Name:</b> <b>* Last Name:</b> Randall <b>Suffix:</b>					
<b>Title:</b> Public Works Operations Director					
<b>Organizational Affiliation:</b> City of Madera, Department of Public Works, Madera Municipal Airport					
<b>* Telephone Number:</b> 559-661-5466			<b>Fax Number:</b> 559-674-7165		
<b>* Email:</b> drandall@cityofmadera.com					

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Madera, Madera County, California

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

Madera Municipal Airport, Madera, Madera County, California: Engineering Design of Tee Hangar Development Phases I and II and Reconstruction of General Aviation Apron Phase II

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-019

\* a. Applicant CA-019

\* b. Program/Project: CA-019

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$175,500.00
*b. Applicant	\$10,725.00
*c. State	\$8,775.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$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 6-13-2013  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- 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: David

Middle Name: R.

\*Last Name: Tooley

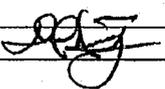
Suffix:

\*Title: City Administrator

\*Telephone Number: 559-661-5400

Fax Number:

\*Email: dtooley@cityofmadera.com

\*Signature of Authorized Representative: 

Date Signed: 6/13/12

OMB Number: 4040-0067  
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(a): _____ * Other (Specify): _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

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

5a. Federal Entity Identifier: _____	6b. Federal Award Identifier: _____
-----------------------------------------	----------------------------------------

RECEIVED

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 91398022
----------------------------------	-------------------------------------------

JUN 20 2013

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
-----------------------------------------------------------------------	--------------------------------------------

**d. Address:**

* Street1:	1831 9th STREET
Street2:	_____
* City:	SACRAMENTO
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

**e. Organizational Unit:**

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------------	--------------------------------------------

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

Prefix: Mr.	* First Name: JASON
Middle Name: _____	
* Last Name: WILLIAMS	
Suffix: _____	

Title: GRANT ADMINISTRATOR
----------------------------

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

* Telephone Number: 916-327-0062	Fax Number: 916-327-6320
----------------------------------	--------------------------

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

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

\* Other (specify):  
[Empty field]

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

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

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

F13A900077

**\* Title:**

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

**13. Competition Identification Number:**

[Empty field]

**Title:**

[Empty field]

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

[Empty field]

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - BLACK BEAR POPULATION ASSESSMENT AND MANAGEMENT (W-73-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="238,478.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="79,493.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="317,971.00"/>

**\* 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:  \* Data Signed:

**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:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: City of Biggs					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000300			*c. Organizational DUNS: 082101346		
<b>d. Address:</b>					
*Street1: 465 C Street					
Street 2: PO Box.307					
*City: Biggs					
County: Butte					
*State: California					
Province:					
Country:					
*Zip/ Postal Code: 95917					
<b>e. Organizational Unit:</b>					
Department Name: Public Works			Division Name: Engineering		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Steven			
Middle Name:					
*Last Name: Speights					
Suffix:					
Title: City Engineer					
Organizational Affiliation: Bennett Engineering Services 1082 Sunrise Ave, Suite 100 Roseville Ca. 95661					
*Telephone Number: 916-783-4100			Fax Number: 916-783-4110		
*Email: <a href="mailto:sspeights@ben-en.com">sspeights@ben-en.com</a>					

**RECEIVED**  
JUN 20 2013  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

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

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

\*Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:  
**10-760**  
CFDA Title:  
**Water and Waste Disposal Grant and Loan Program**

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

**City of Biggs, California**

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

**Wastewater Treatment Plant Upgrades Phase 2**

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

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

**Application for Federal Assistance SF-424**

Version: 2.1

16. Congressional Districts Of:

\*a. Applicant 2

\*b. Program/Project: 2

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

17. Proposed Project:

\*a. Start Date: 6/1/2012

\*b. End Date: 6/30/2015

18. Estimated Funding (\$):

*a. Federal	\$1,900,000.00
*b. Applicant	\$25,000.00
*c. State	\$3,400,000.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$5,325,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on June 20, 2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Mark

Middle Name:

\*Last Name: Sorensen

Suffix:

\*Title: City Administrator

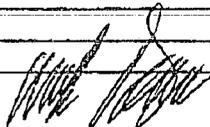
\*Telephone Number: 530-868-0100

Fax Number:

\*Email: biggs1@biggs-ca.gov

\*Signature of Authorized Representative:

Date Signed: 6/19/2013



OMB Number: 4040-0306  
Expiration Date: 03/31/2011

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**RECEIVED**

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**JUN 21 2013**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

G1398062

**STATE CLEARING HOUSE**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

**\* c. Organizational DUNS:**

8003223580000

**d. Address:**

**\* Street1:**

1416 9TH STREET

**Street2:**

\_\_\_\_\_

**\* City:**

SACRAMENTO

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95811-7011

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

\_\_\_\_\_

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

PETE

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

MARCELLANA

**Suffix:**

\_\_\_\_\_

**Title:**

GRANT ADMINISTRATOR

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

(916) 445-4658

**Fax Number:**

\_\_\_\_\_

**\* Email:**

PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F13AS00081

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT & RESEARCH - UPPER SACRAMENTO RIVER SALMON AND STEELHEAD RESOURCE ASSESSMENT (P-13? p5?)

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="299,237.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="99,746.00"/>
* 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="398,983.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

**Application for Federal Assistance SF-424**

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

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

RECEIVED

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

JUN 21 2013

State Use Only:	STATE CLEARING HOUSE
6. Date Received by State: _____	7. State Application Identifier: G1398042

**8. APPLICANT INFORMATION:**

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--------------------------------------------------------------------	-----------------------------------------

* d. Address:	
* Street1:	1416 9TH STREET
* Street2:	_____
* City:	SACRAMENTO
* County/Parish:	_____
* State:	CA: California
* Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

* e. Organizational Unit:	
Department Name:	Division Name:
_____	_____

* f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name: PETE
Middle Name:	_____
* Last Name:	MARCELLANA
Suffix:	_____

Title:	GRANT ADMINISTRATOR
Organizational Affiliation:	_____
* Telephone Number:	(916) 445-4658
Fax Number:	_____
* Email:	PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F13AS00081

\* Title:

R9 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SAN JOAQUIN RIVER ANADROMOUS FISH MONITORING AND ASSESSMENT (F-122 Prj 60)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-006

b. Program/Project CA-ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	1,044,009.00
* b. Applicant	0.00
* c. State	348,003.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,392,012.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/31/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: SBMI

\* Telephone Number: (916) 445-3701

Fax Number:

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

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

\* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected-Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Bay Area Air Quality Management District		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1622746		<b>* c. Organizational DUNS:</b> 078781416
<b>d. Address:</b>		
<b>* Street1:</b> 939 Ellis Street		
<b>Street2:</b> _____		
<b>* City:</b> San Francisco		
<b>County:</b> San Francisco County		
<b>* State:</b> CA		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 94109		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> _____		<b>Division Name:</b> Strategic Incentives Division
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____		<b>* First Name:</b> Damian
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Breen		
<b>Suffix:</b> _____		
<b>Title:</b> Director		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 415-749-5041		<b>Fax Number:</b> _____
<b>* Email:</b> dbreen@baaqmd.gov		

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JUN 21 2013

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency (EPA)

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

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program, FY 2013 Request for Proposals (RFP)

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

EPA-OAR-OTAQ-13-02

\* Title:

National Clean Diesel Funding Assistance Program,  
FY 2013 Request for Proposals (RFP)

**13. Competition Identification Number:**

Title:

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

The 31 refuse trucks that will be repowered are currently operating out of San Jose, California. Once repowered, the refuse trucks will continue to operate 100% of the time out of their base in San Jose and travel throughout the Santa Clara County area. Santa Clara County has been identified by the EPA as a priority County region for the FY13 DERA program.

Santa Clara County encompasses 1,312 square miles at the southern end of the San Francisco Bay Area and an estimated population of 1,837,504 which includes the city of San Jose, the tenth-largest in the U.S. The Metropolitan Statistical Area (San Jose-Sunnyvale-Santa Clara, CA Metro Area) contains the counties of Santa Clara and San Benito. It is the 34th largest metropolitan area by population in the U.S. and includes Stanford University, Santa Clara University, U.C. Berkeley, and San Jose State University.

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

Repower 31 diesel refuse trucks with new 2013 CNG engines.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant California 12th

\* b. Program/Project CA-17, CA-18, CA-19

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

**17. Proposed Project:**

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

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

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

\* a. Federal \$648,000  
\* b. Applicant \$0  
\* c. State \$0  
\* d. Local \$0  
\* e. Other \$2,585,390  
\* f. Program Income \$0  
\* g. TOTAL \$3,233,390

**\* 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 6/20/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title: Director

\* Telephone Number: 415-749-5041 Fax Number:

\* Email: dbreen@baaqmd.gov

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

OMB Number: 4040-0200  
Expiration Date: 03/31/2011

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: 03/22/2013	4. Applicant Identifier: STATE CLEARING HOUSE	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1398070	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
<b>d. Address:</b>		
* Street1: 1831 9TH STREET	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: SACRAMENTO	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95811-7011	<input type="text"/>	
<b>e. Organizational Unit:</b>		
Department Name: CDFW	Division Name: Grants Management Branch	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: Khanh	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: Nguyen	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Associate Governmental Program Analyst		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (916) 445-3525	Fax Number: <input type="text"/>	
* Email: khanh.nguyen@wildlife.ca.gov		

RECEIVED  
JUN 21 2013

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F13A800081

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

Heritage and Wild Trout

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-006

b. Program/Project CA

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

[Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	520,597.00
* b. Applicant	0.00
* c. State	206,866.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	827,463.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/20/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[Add Attachment] [Delete Attachment] [View Attachment]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: SSMI

\* Telephone Number: (916) 446-3701 Fax Number: [ ]

\* Email: liaa.bays@wildlife.ca.gov

\* Signature of Authorized Representative: Lisa Bays \* Date Signed: 03/22/2013

OMB Number: 4040-0104  
Expiration Date: 03/31/2011

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):

[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]

RECEIVED

State Use Only:

JUN 21 2013

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1398014

STATE CLEARING HOUSE

6. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9th STREET

Street2:

[Empty box]

\* City:

SACRAMENTO

County/Parish:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

\* First Name:

JASON

Middle Name:

[Empty box]

\* Last Name:

WILLIAMS

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

\* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

\* Email:

jason.williams@wildlife.ca.gov

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F13A900077

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE MANAGEMENT AND RESOURCE ASSESSMENT - CENTRAL REGION (W-86-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-006	b. Program/Project: 16, 23
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 07/01/2013	* b. End Date: 06/30/2014
18. Estimated Funding (\$):	
* a. Federal	572,990.00
* b. Applicant	0.00
* c. State	190,997.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	763,987.00
* 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: 06/20/2013	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name: LISA
Middle Name:	
* Last Name:	BAYS
Suffix:	
* Title:	STAFF SERVICES MANAGER I
* Telephone Number:	916-445-3701
Fax Number:	916-327-6320
* Email:	lisa.bays@wildlife.ca.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

OMB Number: 4040-0004  
Expiration Date: 03/31/2011

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): _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

RECEIVED

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____ JUN 21 2013
-----------------------------------------------------------------	-----------------------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARING HOUSE
-----------------------------------------	-------------------------------------------------------

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 01398024
----------------------------------	-------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
-----------------------------------------------------------------------	--------------------------------------------

d. Address:

* Street1: 1831 9th STREET
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	-----------------------------------------

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

Prefix: Mr.	* First Name: JASON
Middle Name: _____	
* Last Name: WILLIAMS	
Suffix: _____	
Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320
* Email: jason.williams@wildlife.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

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

F13AS00077

**\* 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.):**

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - REFUGE WATER SUPPLY PROGRAM (W-75-R)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

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

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="131,497.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="43,832.00"/>
* 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="175,329.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>		<b>*If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>*3. Date Received:</b>			<b>4. Application Identifier:</b>		
<b>5a. Federal Entity Identifier:</b>			<b>*5b. Federal Award Identifier:</b>		
<b>RECEIVED</b>					
<b>JUN 21 2013</b>					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>STATE CLEARING HOUSE</b>					
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name: South Coast Air Quality Management District</b>					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>			<b>*c. Organizational DUNS:</b>		
953099419			025986159		
<b>d. Address:</b>					
<b>*Street1: 21865 Copley Dr.</b>					
Street 2:					
<b>*City: Diamond Bar</b>					
County:					
<b>*State: California</b>					
Province:					
Country:					
<b>*Zip/ Postal Code: 91765</b>					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b>			<b>Division Name:</b>		
Project Director e-mail: jlow@aqmd.gov			Science & Technology Advancement		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b>		<b>First Name: Mary</b>			
<b>Middle Name:</b>					
<b>*Last Name: Leonard</b>					
<b>Suffix:</b>					
<b>Title: Financial Analyst</b>					
<b>Organizational Affiliation:</b>					
South Coast Air Quality Management District					
<b>*Telephone Number: 909-396-2780</b>					
<b>Fax Number: 909-396-2765</b>					
<b>*Email: mleonard@aqmd.gov</b>					

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

Special District

\*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

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

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

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

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

S103 Research Grant: National Air Toxics Trends Station Monitoring

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

OMS Number: 4040-0001  
Expiration Date: 06/21/2013

Version 02

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

\*a. Applicant **42**

\*b. Program/Project: **24-49**

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

17. Proposed Project:

\*a. Start Date: **July 1, 2013**

\*b. End Date: **June 30, 2014**

18. Estimated Funding (\$):

\*a. Federal **\$310,000.00**

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL **\$310,000.00**

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **6/21/13**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: \*First Name: **Barry**

Middle Name: **R.**

\*Last Name: **Wallerstein**

Suffix: **D. Env.**

\*Title: **Executive Officer**

\*Telephone Number: **909-396-2100**

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

\*Email: **bwallerstein@aqmd.gov**

\*Signature of Authorized Representative: *Barry Wallerstein* Date Signed: **6/25/2013**

*(KW)*

APPROVED AS TO FORM  
 KURT R WIESE, GENERAL COUNSEL  
 By: *[Signature]*  
 Date: **6/19/13**

**Application for Federal Assistance SF-424**

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

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

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

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

**8. APPLICANT INFORMATION:**

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

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 953099419	<b>*c. Organizational DUNS:</b> 025986159
-----------------------------------------------------------------------------	----------------------------------------------

**d. Address:**

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

**RECEIVED**  
**JUN 21 2013**  
**STATE CLEARING HOUSE**

**e. Organizational Unit:**

<b>Department Name:</b> Project Director e-mail: jlow@aqmd.gov	<b>Division Name:</b> Science & Technology Advancement
-------------------------------------------------------------------	-----------------------------------------------------------

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

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

Title: Financial Analyst

Organizational Affiliation:  
South Coast Air Quality Management District

\*Telephone Number: 909-396-2780 Fax Number: 909-396-2765

\*Email: mleonard@aqmd.gov

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

Special District

\*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

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

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

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

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

S103 Research Grant: PM-2.5 Monitoring

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

OME Number: 4040-0004  
Expiration Date: 04/31/2013

Version 02

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:

\*a. Applicant: 42

\*b. Program/Project: 24-49

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

17. Proposed Project:

\*a. Start Date: April 1, 2013

\*b. End Date: March 31, 2014

18. Estimated Funding (\$):

\*a. Federal \$908,216.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$908,216.00

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 6/21/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: \*First Name: Barry

Middle Name: R.

\*Last Name: Wallerstein

Suffix: D. Env.

\*Title: Executive Officer

\*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

\*Email: bwallerstein@agmd.gov

\*Signature of Authorized Representative: *Barry R Wallerstein* Date Signed: 6/20/2013

*by RWLW*

APPROVED AS TO FORM  
KURT R WIESE, GENERAL COUNSEL

By: *[Signature]*  
Date: 6/19/13

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: CA-37-X183			
5a. Federal Entity Identifier: 7178			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
<b>APPLICANT INFORMATION:</b>					
*a. Legal Name: Marin County Transit District					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 93-3835348			*c. Organizational DUNS: 828720842		
*d. Address:					
*Street1: 711 Grand Ave, Suite 110					
Street 2:					
*City: San Rafael					
*County:					
*State: CA					
*Province:					
*Country:					
*Zip/ Postal Code: 94901					
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:					
First Name: Lauren					
Middle Name:					
*Last Name: Gracia					
Suffix:					
Title: Director of Finance and Capital Programs					
Organizational Affiliation:					
*Telephone Number: 415-226-0861			Fax Number:		
*Email: lgracia@marintransit.org					

RECEIVED  
JUN 21 2013  
STATE CLEARING HOUSE

**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:

20.516

CFDA Title:

Job Access- Reverse Commute

12. Funding Opportunity Number: **FTA Section 5316**

\*Title:

Job Access -Reverse Commute

13. Competition Identification Number:

Title:

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

Marin County, San Rafael, CA

15. Descriptive Title of Applicant's Project:

The project will use \$94,245 of Job Access Reverse Commute (JARC) FTA Section 5316 from FY2011 & FY2012 to support the operation of transit service (50% federal). This service connects welfare and other low-income individuals to jobs and employment related services in San Rafael

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-002

\*b. Program/Project: CA-002

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

17. Proposed Project: Funding for Service Operations

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

\*b. End Date: 6/30/2013

18. Estimated Funding (\$):

\*a. Federal \$94,245.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\$94,245.00

\*f. Program Income

\*g. TOTAL

\$188,490.00

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

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

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

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 us 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: David

Middle Name:

\*Last Name: Rzepinski

Suffix:

\*Title: General Manager

\*Telephone Number: 415-226-0855

Fax Number:

\*Email: drzepinski@marintransit.org

\*Signature of Authorized Representative: David Rzepinski

Date Signed: 6/4/13

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):

A and C

\* Other (Specify)

RECEIVED

\* 3. Date Received:

4. Applicant Identifier:

Department of Food and Agriculture

JUN 24 2013

5a. Federal Entity Identifier:

United States Forest Service

\* 5b. Federal Award Identifier:

10-DG-11052021-037

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

State of California

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

68-0325104

\* c. Organizational DUNS:

807487665

d. Address:

\* Street1:

1220 N Street, Room 341

Street2:

\* City:

Sacramento

County:

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

\* First Name:

Dean

Middle Name:

\* Last Name:

Kelch

Suffix:

Title:

Senior Plant Taxonomist

Organizational Affiliation:

\* Telephone Number:

916-403-6650

Fax Number:

916-653-2403

\* Email:

dean.kelch@cdfa.ca.gov

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant California

\* b. Program/Project California

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

17. Proposed Project:

\* a. Start Date: 6/1/10

\* b. End Date: 6/30/16

18. Estimated Funding (\$):

\* a. Federal 1,066,000

\* b. Applicant

\* c. State 1,066,004

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 2,132,004

\* 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: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Federal Funds Manager

\* Telephone Number: 916-403-6533

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed:

6/24/2013

**Application for Federal Assistance SF-424**

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

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Forest Service

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

10-680

CFDA Title:

Cooperative Forestry Assistance

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

\* Title:

**13. Competition Identification Number:**

Title:

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

\*1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

\*2. Type of Application

- New  
 Continuation  
 Revision

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

\*Other (Specify)

**RECEIVED**

\*3. Date Received:

4. Applicant Identifier:

**JUN 24 2013**

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**STATE CLEARING HOUSE**

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Port of Oakland Acting by and through its Board of Port Commissioners

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

94-1746312

\*c. Organizational DUNS:

009235326

**d. Address:**

\*Street 1: 530 Water Street

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

\*City: Oakland

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

\*State: CA

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

\*Country: USA

\*Zip / Postal Code: 94607

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Ms. \*First Name: Christina

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

\*Last Name: Lee

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

Title: Port Grants Coordinator

Organizational Affiliation:

\*Telephone Number: (510) 627-1510

Fax Number: (510) 893-7805

\*Email: clee@portoakland.com

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Federal Aviation Administration

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

20.106

CFDA Title:

Airport Improvement Program

**12. Funding Opportunity Number:**

Title:

**13. Competition Identification Number:**

Title:

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

San Francisco Bay Area

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

Runway Safety Area - Construction, Phase 4, South Field, OAK

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 7

\*b. Program/Project: 4

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

**17. Proposed Project:**

\*a. Start Date: 05/2013

\*b. End Date: 12/2014

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

*a. Federal	<u>4,123,068</u>
*b. Applicant	<u>993,036</u>
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>5,116,104</u>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on June 19, 2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.,
- c. Program is not covered by E. O. 12372

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms. \*First Name: Kristi

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

\*Last Name: McKenney

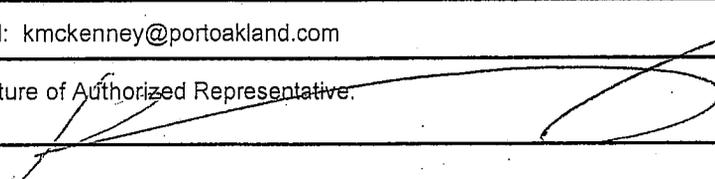
Suffix: \_\_\_\_\_

\*Title: Acting Director of Aviation

\*Telephone Number: (510) 627-1178

Fax Number: (510) 835-0178

\* Email: kmckenney@portoakland.com

\*Signature of Authorized Representative. 

\*Date Signed: June 19, 2013

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): C. Increase Duration Other (Specify) <b>RECEIVED</b>
* 3. Date Received: [ ]	4. Applicant Identifier: California Department of Food & Agriculture <b>JUN 24 2013</b>	
5a. Federal Entity Identifier: [ ]	* 5b. Federal Award Identifier: STATE CLEARING HOUSE 12-8506-1499-CA	
<b>State Use Only:</b>		
6. Date Received by State: [ ]	7. State Application Identifier: [ ]	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665	
d. Address:		
* Street1: 1220 N Street, Room 221	Street2: [ ]	
* City: Sacramento	County: Sacramento	
* State: California	Province: [ ]	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95814	
e. Organizational Unit:		
Department Name: California Department of Food & Agriculture	Division Name: Plant Health & Pest Prevention Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: [ ]	* First Name: Susan	
Middle Name: [ ]	* Last Name: Sawyer	
Suffix: [ ]	Title: Staff Environmental Scientist	
Organizational Affiliation: California Department of Food & Agriculture		
* Telephone Number: (916) 403-6660	Fax Number: (916) 651-2900	
* Email: susan.sawyer@cdfa.ca.gov		

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

The states of California, Oregon, Washington, and Idaho.

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

Regional Strategic Systems for Early Detection of Invasive Species

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-006

\* b. Program/Project CA-all

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

OR-all, WA-all, ID-all

**17. Proposed Project:**

\* a. Start Date: 8/1/2012

\* b. End Date: 10/30/2013

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

\* a. Federal 170,000

\* b. Applicant

\* c. State 0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 170,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 6/24/2013

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number: (916) 653-0206

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

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424

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

RECEIVED  
JUN 24 2013

* 3. Date Received: [Redacted]	4. Applicant Identifier: STATE CLEARING HOUSE
-----------------------------------	--------------------------------------------------

5a. Federal Entity Identifier: [Redacted]	* 5b. Federal Award Identifier: [Redacted]
----------------------------------------------	-----------------------------------------------

State Use Only:

6. Date Received by State: [Redacted]	7. State Application Identifier: [Redacted]
---------------------------------------	---------------------------------------------

8. APPLICANT INFORMATION:

\* a. Legal Name: Sacramento Metropolitan Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0382186	* c. Organizational DUNS: 026453899
-----------------------------------------------------------------------	----------------------------------------

d. Address:

\* Street1: 777-12 St., 3rd floor  
Street2: [Redacted]  
\* City: Sacramento  
County: Sacramento  
\* State: CA  
Province: [Redacted]  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 905814

e. Organizational Unit:

Department Name: [Redacted]	Division Name: Mobile Source Division
--------------------------------	------------------------------------------

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

Prefix: [Redacted] \* First Name: Mark  
Middle Name: [Redacted]  
\* Last Name: Loutzenhiser  
Suffix: [Redacted]  
Title: Program Supervisor  
Organizational Affiliation: Air Quality Management District  
\* Telephone Number: 916-874-4872 Fax Number: 916-874-4899  
\* Email: mloutzenhiser@airquality.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

\* 12. Funding Opportunity Number:

EPA-OAR-OTAQ-13-02

\* Title:

National Clean Diesel Funding Assistance Program, FY 2013

13. Competition Identification Number:

Title:

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

Sacramento Ozone Non-Attainment Area, including Sacramento County, western slopes of El Dorado County, western slopes of Placer County, Yolo County, Eastern Solano County

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

On-Road and Non-Road Fleet Modernization Program

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 \$1,200,000

\* b. Applicant \$2,357,718

\* c. State

\* d. Local

\* e. Other \$1,784,000

\* f. Program Income \$0.00

\* g. TOTAL \$5,341,718

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:

\* First Name:

Middle Name:

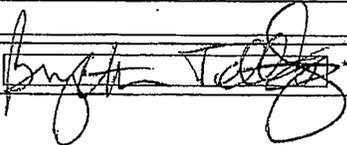
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4040-0004  
Expiration Date: 03/31/2013

<b>Application for Federal Assistance SF-424</b>		
* 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: _____	<b>RECEIVED</b> <b>JUN 25 2013</b>
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: G1398015	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: B083223580000	
<b>d. Address:</b>		
* Street1: 1031 9th STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
<b>e. Organizational Unit:</b>		
Department Name: DEPARTMENT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	* First Name: JASON	Middle Name: _____
* Last Name: WILLIAMS	Suffix: _____	
Title: GRANT ADMINISTRATOR		
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320	
* Email: jason.williams@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

\* 12. Funding Opportunity Number:

F13AS00077

\* 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.):

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE SURVEYS AND INVENTORIES OF WILDLIFE MANAGEMENT - INLAND DESERT REGION (W-88-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  b. Program/Project

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

**17. Proposed Project:**

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

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

* a. Federal	<input type="text" value="259,840.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="86,613.00"/>
* 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="346,453.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4040-0004  
Expiration Date: 03/31/2011

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"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

RECEIVED

JUN 25 2013

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

STATE CLEARING HOUSE

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: 01398019
-------------------------------------------------	-------------------------------------------

6. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
-----------------------------------------------------------------------	--------------------------------------------

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------------	--------------------------------------------

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

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

Title: GRANT ADMINISTRATOR
----------------------------

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

* Telephone Number: 916-327-0062	Fax Number: 916-327-6326
----------------------------------	--------------------------

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

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F13AS00077

\* Title:

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.):**

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WILDLIFE INVESTIGATIONS LABORATORY (W-70-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

* a. Federal	<input type="text" value="355,503.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="118,501.00"/>
* 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="474,004.00"/>

**\* 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 21B, Section 1001)**

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(a): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	<b>RECEIVED</b>
6a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	<b>JUN 25 2013</b>
<b>STATE CLEARING HOUSE</b>		
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: <b>01398016</b>	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: <b>STATE OF CALIFORNIA</b>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>94-1697567</b>	* c. Organizational DUNS: <b>8083223580000</b>	
<b>d. Address:</b>		
* Street1: <b>1831 9th STREET</b>	Street2: _____	
* City: <b>SACRAMENTO</b>	County/Parish: _____	
* State: _____	CA: California	
Province: _____	Country: <b>USA: UNITED STATES</b>	
* Zip / Postal Code: <b>95811-7011</b>		
<b>e. Organizational Unit:</b>		
Department Name: <b>FISH AND WILDLIFE</b>	Division Name: <b>GRANTS MANAGEMENT BRANCH</b>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <b>Mr.</b>	* First Name: <b>JASON</b>	
Middle Name: _____	* Last Name: <b>WILLIAMS</b>	
Suffix: _____	Title: <b>GRANT ADMINISTRATOR</b>	
Organizational Affiliation: _____		
* Telephone Number: <b>916-327-0062</b>	Fax Number: <b>916-327-6320</b>	
* Email: <b>jason.williams@wildlife.ca.gov</b>		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F13A800077

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - UPLAND GAME PROGRAM (W-67-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="579,990.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="193,330.00"/>
* 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="773,320.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

OMB Number: 4040-0004  
Expiration Date: 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): <div style="border: 1px solid black; padding: 2px; display: inline-block;">RECEIVED</div>
		* Other (Specify): <div style="border: 1px solid black; padding: 2px; display: inline-block;">JUN 25 2013</div>

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: STATE CLEARING HOUSE
-----------------------------------------------------------------	--------------------------------------------------

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

State Use Only:

6. Date Received by State:	7. State Application Identifier: 91398060
----------------------------	-------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--------------------------------------------------------------------	-----------------------------------------

d. Address:

* Street1:	1416 9TH STREET
Street2:	<input type="text"/>
* City:	SACRAMENTO
County/Parish:	<input type="text"/>
* State:	CA: California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

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

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

Prefix:	* First Name: PETE
Middle Name:	<input type="text"/>
* Last Name:	MARCELLANA
Suffix:	<input type="text"/>

Title: GRANT ADMINISTRATOR
----------------------------

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

* Telephone Number: (916) 446-4658	Fax Number:
<input type="text"/>	<input type="text"/>

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV
------------------------------------------

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F13A800081

▼ Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT & RESEARCH - NORTH CENTRAL DISTRICT SALMON AND STEELHEAD MANAGEMENT (F-137 p56)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-006

b. Program/Project CA-ALL

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

[ ] Add Attachment [ ] Delete Attachment [ ] View Attachment

17. Proposed Project:

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

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

18. Estimated Funding (\$):

* a. Federal	266,738.00
* b. Applicant	0.00
* c. State	88,913.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	355,651.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[ ] Add Attachment [ ] Delete Attachment [ ] View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: SSMI

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

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

\* Signature of Authorized Representative: 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):  * Other (Specify)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: O57 - 3-06-0030-	* 5b. Federal Award Identifier:
----------------------------------------------------	---------------------------------

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Mono	* c. Organizational DUNS: 08-612-8832
---------------------------------	------------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6005661	JUN 25 2013
* d. Address: * Street1: 74 North School Street Street 2: * City: Bridgeport County: Mono * State: California Province: Country: USA	
* Zip/ Postal Code: 93517	

e. Organizational Unit:	
Department Name: Department of Public Works	Division Name: Engineering

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: Garrett
Middle Name:	
* Last Name: Higerd	
Suffix:	

Title: Senior Engineer, Department of Public Works
-------------------------------------------------------

Organizational Affiliation:  Mono County, Department of Public Works - Engineering
------------------------------------------------------------------------------------------

* Telephone Number: 760-932-5457	Fax Number: 760-932-5441
----------------------------------	--------------------------

* Email: ghigerd@mono.ca.gov
------------------------------

RECEIVED

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Town of Bridgeport, Mono County, California**

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

**Bryant Field, Bridgeport, Mono County, California: Airport Layout Plan Narrative Including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$54,900.00
*b. Applicant	\$3,355.00
*c. State	\$2,745.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$61,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-14-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Garrett

Middle Name:

\*Last Name: Higerd

Suffix:

\*Title: Senior Engineer, Department of Public Works

\*Telephone Number: 760-932-5457

Fax Number: 760-932-5441

\*Email: ghigerd@mono.ca.gov

\*Signature of Authorized Representative:



Date Signed:

6/25/13

**Application for Federal Assistance SF-424**

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

* 3. Date Received:	4. Application Identifier:	<b>RECEIVED</b>
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5a. Federal Entity Identifier: O24 - 3-06-0119-	* 5b. Federal Award Identifier: JUN 25 2013
----------------------------------------------------	------------------------------------------------

State Use Only:	<b>STATE CLEARING HOUSE</b>
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Mono	* c. Organizational DUNS: 08-612-8832
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6005661	

d. Address:	
* Street1: 74 North School Street	
Street 2:	
* City: Bridgeport	
County: Mono	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 93517

e. Organizational Unit:	
Department Name: Department of Public Works	Division Name: Engineering

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: Garrett
Middle Name:	
* Last Name: Higerd	
Suffix:	

Title: Senior Engineer, Department of Public Works
-------------------------------------------------------

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

Mono County, Department of Public Works - Engineering

* Telephone Number: 760-932-5457	Fax Number: 760-932-5441
----------------------------------	--------------------------

* Email: ghigerd@mono.ca.gov
------------------------------

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Town of Lee Vining, Mono County, California**

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

**Lee Vining Airport, Lee Vining, Mono County, California: Airport Layout Plan Narrative Including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$54,900.00
*b. Applicant	\$3,355.00
*c. State	\$2,745.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$61,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-14-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Garrett

Middle Name:

\*Last Name: Higerd

Suffix:

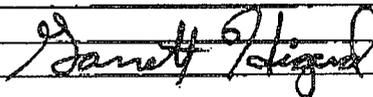
\*Title: Senior Engineer, Department of Public Works

\*Telephone Number: 760-932-5457

Fax Number: 760-932-5441

\*Email: ghigerd@mono.ca.gov

\*Signature of Authorized Representative:



Date Signed:

6/25/13

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input checked="" 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: _____
-----------------------------------------	------------------------------------------

**RECEIVED**

**State Use Only:**

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

JUN 25 2013

**8. APPLICANT INFORMATION:**

**STATE CLEARING HOUSE**

* a. Legal Name: Coachella Valley Water District
--------------------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): _____	* c. Organizational DUNS: 95-6000827
---------------------------------------------------------------	--------------------------------------

**d. Address:**

* Street1: 75-515 Hovley Lane East
Street2: _____
* City: Palm Desert
County: Riverside
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92260

**e. Organizational Unit:**

Department Name: Engineering	Division Name: Sanitation
------------------------------	---------------------------

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

Prefix: Mr.	* First Name: Armando
Middle Name: _____	
* Last Name: Rodriguez	
Suffix: _____	

Title: Senior Engineer
------------------------

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

* Telephone Number: 760-398-2661	Fax Number: 760-391-9637
----------------------------------	--------------------------

* Email: arodriguez@cvwd.org
------------------------------

**Application for Federal Assistance SF-424**

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

Special District Government (D)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development - California

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

10.760

CFDA Title:

Water and Waste Disposal System for Rural Communities

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

\* Title:

**13. Competition Identification Number:**

Title:

San Cristobal and Los Vinedos Project

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

The San Cristobal and Los Vinedos Project is located south of Avenue 68th and east of Hammond Road, south of the Community of Mecca, in a portion of section 21, township 7 south, range 9 east, San Bernardino Base and Meridian.

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

Proposed water, drainage, and sanitary sewer collection facilities to serve the existing and proposed San Cristobal and Los Vinedos Project, and adjacent communities along Hammond Road and Avenue 68th.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 36th

\* b. Program/Project 36th

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

**17. Proposed Project:**

\* a. Start Date: February 2014

\* b. End Date: July 2014

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

\* a. Federal \$5,514,843

\* b. Applicant \$ 320,650

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$5,835,493

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

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

June 06, 2013

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

Mr.

\* First Name:

J. M.

Middle Name:

\* Last Name:

Barrett

Suffix:

\* Title:

General Manager

\* Telephone Number:

760-398-2661

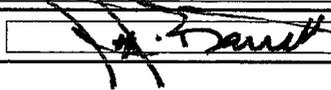
Fax Number:

760-568-1772

\* Email:

JBarrett@cvwd.org

\* Signature of Authorized Representative:



\* Date Signed:

6-19-13

**Application for Federal Assistance SF-424**

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

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

JUN 26 2013

STATE CLEARING HOUSE

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Coachella Valley Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): _____	* c. Organizational DUNS: 95-6000827
------------------------------------------------------------------	-----------------------------------------

**d. Address:**

* Street1:	75-515 Hovley Lane East
Street2:	_____
* City:	Palm Desert
County:	Riverside
* State:	California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92260

**e. Organizational Unit:**

Department Name: Engineering	Division Name: Sanitation
---------------------------------	------------------------------

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

Prefix: Mr.	* First Name: Armando
Middle Name: _____	
* Last Name: Rodriguez	
Suffix: _____	

Title: Senior Engineer

Organizational Affiliation: Staff

* Telephone Number: 760-398-2661	Fax Number: 760-391-9637
----------------------------------	--------------------------

\* Email: arodriguez@cvwd.org

**Application for Federal Assistance SF-424**

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

Special District Government (D)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Rural Development - California

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

10.760

CFDA Title:

Water and Waste Disposal System for Rural Communities

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

\* Title:

**13. Competition Identification Number:**

Title:

San Cristobal and Los Vinedos Project

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

The San Cristobal and Los Vinedos Project is located south of Avenue 68th and east of Hammond Road, south of the Community of Mecca, in a portion of section 21, township 7 south, range 9 east, San Bernardino Base and Meridian.

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

Proposed water, drainage, and sanitary sewer collection facilities to serve the existing and proposed San Cristobal and Los Vinedos Project, and adjacent communities along Hammond Road and Avenue 68th.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: \_\_\_\_\_

\* a. Applicant 36th

\* b. Program/Project 36th

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

17. Proposed Project:

\* a. Start Date: February 2014

\* b. End Date: July 2014

18. Estimated Funding (\$):

\* a. Federal \$5,514,843

\* b. Applicant \$ 320,650

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$5,835,493

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

a. This application was made available to the State under the Executive Order 12372 Process for review on June 06, 2013 .

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

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

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

Yes

No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:

Mr.

\* First Name:

J. M.

Middle Name:

\* Last Name:

Barrett

Suffix:

\* Title:

General Manager

\* Telephone Number:

760-398-2661

Fax Number:

760-568-1772

\* Email:

JBarrett@cwwd.org

\* Signature of Authorized Representative:



\* Date Signed:

4.19.13

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) _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

RECEIVED

* 3. Date Received: 08/28/2013	4. Applicant Identifier: _____	JUN 26 2013
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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: Sacramento-San Joaquin Delta Conservancy	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-096-7313	* c. Organizational DUNS: 964989193

**d. Address:**

* Street1: 1450 Halyard Drive
Street2: Suite 6
* City: West Sacramento
County: Yolo
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95691-5038

**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: Amanda
Middle Name: _____	
* Last Name: Bohl	
Suffix: _____	
Title: _____	
Organizational Affiliation: _____	
* Telephone Number: (916) 376-4022	Fax Number: _____
* Email: amanda.bohl@deltaconservancy.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:**

Economic Development Administration

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

**CFDA Title:**

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

EDAPLANNING2012

**\* Title:**

Planning Program and Local Technical Assistance Program

**13. Competition Identification Number:**

PL-TA

**Title:**

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

State of California, counties of Sacramento, San Joaquin, Yolo, Solano, and Contra Costa

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

The Delta Branding Project—through a Delta-wide collaboration process—will develop a Delta brand, branding collateral, and a 2-5 year marketing plan to promote the Delta as a destination.

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="80,000.00"/>
* b. Applicant	<input type="text" value="50,000.00"/>
* c. State	<input type="text" value="150,000.00"/>
* d. Local	<input type="text" value="40,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="320,000.00"/>

**\* 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

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>		<b>*If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> CA-90-Z068			
5a. Federal Entity Identifier: 7178		*5b. Federal Award Identifier: JUN 26 2013 STATE CLEARING HOUSE			
State Use Only: <b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>			
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Marin County Transit District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-3935348			*c. Organizational DUNS: 828720842		
* d. Address:					
*Street1: 711 Grand Ave, Suite 110					
Street 2:					
*City: San Rafael					
County:					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 94901					
* e. Organizational Unit:					
Department Name:			Division Name:		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		First Name: Lauren			
Middle Name:					
*Last Name: Gradia					
Suffix:					
Title: Director of Finance and Capital Programs					
Organizational Affiliation:					
*Telephone Number: 415-226-0861			Fax Number:		
*Email: lgradia@marintransit.org					

RECEIVED

**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:

**20.507**

CFDA Title:

**Federal Transit Formula Grants**

\*12. Funding Opportunity Number: **FTA Section 5307**

\*Title: **Urbanized Area Formula Program (5307)**

13. Competition Identification Number:

Title:

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

**Marin County, CA**

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

**\$5,544,334 in FTA Section 5307 funding. \$4,057,70 for 7 Hybrid Electric replacement 40ft transit buses; \$144,622 in JARC funding for transit service operations to job sites; and \$1,342,005 in funding to support ADA paratransit services.**

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

**Application for Federal Assistance SF-424**

Version 02

15. Congressional Districts Of:

\*a. Applicant **CA-002** \*b. Program/Project: **CA-002**

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

17. Proposed Project: **Funding & hybrid buses, paratransit operations, and JARC service**

\*a. Start Date: **02/22/2013** \*b. End Date: **7/30/2015**

18. Estimated Funding (\$):

*a. Federal	\$5,544,334.00
*b. Applicant	
*c. State	\$1,014,427.00
*d. Local	\$480,123.00
*e. Other	
*f. Program Income	
<b>TOTAL</b>	<b>\$7,038,884.00</b>

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 **06/26/2013**

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

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

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: \*First Name: **David**

Middle Name:

\*Last Name: **Rzepinski**

Suffix:

\*Title: **General Manager**

\*Telephone Number: **415-226-0855** Fax Number:

\*Email: **drzepinski@marintransit.org**

\*Signature of Authorized Representative: *David Rzepinski* Date Signed: **6/26/13**

Application for Federal Assistance SF-424		
<b>1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> • Other (Specify) <input type="text"/> CAGE #6DXLS
<b>*3. Date Received:</b> <input type="text"/> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> <input type="text"/>	
<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>* 5b. Federal Award Identifier:</b> <input type="text"/> JUN 26 2013	
<b>State Use Only:</b> <input type="text"/> STATE CLEARING HOUSE		
<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>	
<b>B. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> <input type="text"/> Yuba-Cat Resource Conservation & Development Area Council		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/> 68-0323502	<b>* c. Organizational DUNS:</b> <input type="text"/> 009264685	
<b>d. Address:</b>		
<b>* Street 1:</b> <input type="text"/> 202 FOURTH STREET	<b>Street 2:</b> <input type="text"/>	
<b>* City:</b> <input type="text"/> YUBA	<b>County/Parish:</b> <input type="text"/> Siskiyou	
<b>* State:</b> <input type="text"/> CA	<b>Province:</b> <input type="text"/>	
<b>* Country:</b> <input type="text"/> USA: UNITED STATES	<b>Zip / Postal Code:</b> <input type="text"/> 96097	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> <input type="text"/> n/a	<b>Division Name:</b> <input type="text"/> n/a	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> <input type="text"/> Mrs.	<b>* First Name:</b> <input type="text"/> Joan	
<b>Middle Name:</b> <input type="text"/>	<b>* Last Name:</b> <input type="text"/> Smith-Freeman	
<b>Suffix:</b> <input type="text"/>	<b>Title:</b> <input type="text"/> Vice President, Board of Directors	
<b>Organizational Affiliation:</b> <input type="text"/>		
<b>* Telephone Number:</b> <input type="text"/> (530) 966-5626	<b>Fax Number:</b> <input type="text"/>	
<b>* Email:</b> <input type="text"/> joan@rcda.net		

**Application for Federal Assistance SF-424**

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

Non-Profit

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

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

**\* Other (specify):**

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

USDA Rural Development

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

10.773

**CFDA Title:**

Rural Business Opportunity Grant

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

**\* Title:**

Rural Business Opportunity Grant

**13. Competition Identification Number:**

**Title:**

Rural Business Opportunity Grant

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

Siskiyou County, CA

Add Attachments

Delete Attachments

View Attachments

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

Common Good: A Collaborative Partnership between Business, Economic Development and Education to Develop Long-Range Strategies for Career Technical Development in Siskiyou County, California

**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.

[ ] [Add Attachments] [Delete Attachments] [View Attachments]

**17. Proposed Project:**

\* a. Start Date: 11-18-2013 \* b. End Date: 03-31-2015

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

* a. Federal	\$ 67,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$ 67,000.00

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

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

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

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

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

Yes  No

If "Yes, provide explanation and attach.

[ ] [Add Attachments] [Delete Attachments] [View Attachments]

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

I AGREE

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

**Authorized Representative:**

Prefix: Mrs. \* First Name: Joan

Middle Name: [ ]

\* Last Name: Smith-Freeman

Suffix: [ ]

\* Title: Vice President

\* Telephone Number: (530) 966-5826 \* Fax Number: [ ]

\* Email: jfreem@cob.net

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

*Joan Smith-Freeman*

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> June 25, 2013	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b> NA	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: 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): Prefix: Dr. First Name: <b>RECEIVED</b> Middle Name: Benjamin Last Name: Gerwein Suffix:	
City: Oakland		JUN 26 2013	
County: Alameda		STATE CLEARING HOUSE	
State: CA	Zip Code: 94612	Email: jgerwein@scc.ca.gov	
Country: USA		Phone Number (give area code): 510-286-4170	Fax Number (give area code): 510-286-0470
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-3164968		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) State Government Other (specify)	
<b>8. TYPE OF APPLICATION:</b> <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)		<b>9. NAME OF FEDERAL AGENCY:</b> US Fish and Wildlife Service	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): National Coastal Wetlands Conservation Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Martin Slough Restoration Project	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Humboldt, California			
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2013 Ending Date: December 31, 2017		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Barbara Lee, CA #13 b. Project: Jared Huffman, CA #2	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 1,000,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/25/2013	
b. Applicant	\$ 157,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 288,555 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 2,000 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 7,000 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 1,454,555 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
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 6/26/13	

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

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> June 25, 2013	Applicant Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> NA	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
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): Prefix: Dr. First Name: <b>RECEIVED</b> Joel	
City: Oakland		Middle Name Benjamin	
County: Alameda		Last Name Gerwein	
State: CA		Suffix:	
Zip Code: 94612		Email: jgerwein@scc.ca.gov	
Country: USA		Phone Number (give area code): 510-286-4170	
		Fax Number (give area code): 510-286-0470	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-0164968			
<b>8. TYPE OF APPLICATION:</b> <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)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) State Government Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): National Coastal Wetlands Conservation Program		<b>9. NAME OF FEDERAL AGENCY:</b> US Fish and Wildlife Service	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): County of Humboldt, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> White Slough Restoration Project	
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2013 Ending Date: December 31, 2017		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Barbara Lee, CA #13 b. Project Jared Huffman, CA #2	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 1,000,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/25/2013	
b. Applicant	\$ 472,000 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 1,320 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 14,439 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 1,487,759 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Samuel	Middle Name	
Last Name Schuchal		Suffix	
b. Title Executive Officer		c. Telephone Number (give area code) 510-286-1015	
d. Signature of Authorized Representative		e. Date Signed 6/26/13	

OMB Number: 4040-0004  
Expiration Date: 09/31/2012

<b>Application for Federal Assistance SF-424</b>		
* 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: _____	
<b>RECEIVED</b> <b>JUN 27 2013</b> <b>STATE CLEARING HOUSE</b>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1398005	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational OUNS: 8083223580000	
d. Address:		
* Street1: 1831 NINTH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: FISH AND WYLDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: JASON	
Middle Name: _____	* Last Name: WILLIAMS	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320	
* Email: jason.williams@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

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

F13A900077

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 5 (W-77-D)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: CA-006	b. Program/Project: CA-052
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: 07/01/2013	* b. End Date: 06/30/2014
<b>18. Estimated Funding (\$):</b>	
* a. Federal	236,326.00
* b. Applicant	0.00
* c. State	59,082.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	2,621.00
* g. TOTAL	298,029.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2013.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Mrs.	* First Name: LISA
Middle Name:	
* Last Name: BAYS	
Suffix:	
* Title: STAFF SERVICES MANAGER I	
* Telephone Number: 916-445-3701	Fax Number: 916-327-6320
* Email: lisa.bays@wildlife.ca.gov	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 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:		
			JUN 27 2013		
5a. Federal Entity Identifier: 201 - 3-06-0191-			* 5b. Federal Award Identifier: STATE CLEARING HOUSE		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of Plumas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528			* c. Organizational DUNS: 01-099-7419		
d. Address:					
* Street1: 198 Andy's Way					
* Street 2:					
* City: Quincy					
County: Plumas					
* State: California					
Province:					
Country: USA			* Zip/ Postal Code: 95971		
e. Organizational Unit:					
Department Name: Department of Facility Services			Division Name: Airports		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Dony			
Middle Name:					
* Last Name: Sawchuk					
Suffix:					
Title: Facility Services					
Organizational Affiliation:  Plumas County, Department of Facility Services, Airports Division					
* Telephone Number: 530-283-6070			Fax Number: 530-283-6103		
* Email: DonySawchuk@countyofplumas.com					

RECEIVED

**Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type: **B. County Government**Type of Applicant 2: Select Applicant Type: **Select One**Type of Applicant 3: Select Applicant Type: **- Select One -**

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Gansner Field, Quincy, Plumas County, California**

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

**Gansner Field, Quincy, Plumas County, California: Acquisition of Sweeper Attachment to Snow Plow****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$35,213.00
*b. Applicant	\$2,152.00
*c. State	\$1,760.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$39,125.00

**\*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 6-7-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

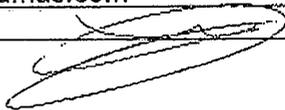
\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:

Date Signed: 06/18/2013



**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
			JUN 27 2013		
5a. Federal Entity Identifier: 002 - 3-06-0020-			* 5b. Federal Award Identifier:		
			STATE CLEARING HOUSE		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of Plumas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528			* c. Organizational DUNS: 01-099-7419		
<b>d. Address:</b>					
* Street1: 198 Andy's Way					
Street 2:					
* City: Quincy					
County: Plumas					
* State: California					
Province:					
Country: USA					
* Zip/ Postal Code: 95971					
<b>e. Organizational Unit:</b>					
Department Name: Department of Facility Services			Division Name: Airports		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Dony			
Middle Name:					
* Last Name: Sawchuk					
Suffix:					
Title: Director, Facilities and Airports					
<b>Organizational Affiliation:</b>					
Plumas County, Department of Facility Services, Airports Division					
* Telephone Number: 530-283-6070					
Fax Number: 530-283-6103					
* Email: DonySawchuk@countvofplumas.com					

**RECEIVED**

**Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type: **B. County Government**Type of Applicant 2: Select Applicant Type: **- Select One -**Type of Applicant 3: Select Applicant Type: **- Select One -**

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Beckwourth, Plumas County, California**

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

**Beckwourth-Nervino Airport, Beckwourth, Plumas County, California: Installation of New Beacon Tower; Engineering Design of: Tee Hangar Site Development - Three 5-unit Buildings; Replace 4-unit Tee Hangar Building including Paved Aprons; and Reseal Joints****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$134,100.00
*b. Applicant	\$8,195.00
*c. State	\$6,705.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$149,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-7-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:

Date Signed: 06/17/2013



**Application for Federal Assistance SF-424**

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):			
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<p><b>RECEIVED</b></p> <p><b>JUN 27 2013</b></p> <p><b>STATE CLEARING HOUSE</b></p>			
<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: 1650				
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:				
<b>State Use Only:</b>							
6. Date Received by State:			7. State Application Identifier:				
<b>8. APPLICANT INFORMATION:</b>							
* a. Legal Name: City of Commerce, CA							
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006477			*c. Organizational DUNS: 76943018				
<b>d. Address:</b>							
*Street1: 5555 Jillson St.							
Street 2:							
*City: Commerce							
County: Los Angeles							
*State: CA							
Province:							
Country:							
*Zip/ Postal Code: 90040							
<b>e. Organizational Unit:</b>							
Department Name: Department of Transportation			Division Name:				
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>							
Prefix: Mr.		First Name: Martin					
Middle Name:							
*Last Name: Gombert							
Suffix:							
Title: Project Manager							
Organizational Affiliation: City of Commerce, Transportation Department							
*Telephone Number: 323-887-4419			Fax Number: 323-724-2776				
*Email: marting@ci.commerce.ca.us							

**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. Number: 20.507

\*12. Funding Opportunity Number: FTA 5307

\*Title:

13. Competition Identification Number:

Title:

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

City of Commerce, CA

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

Rehabilitation of two Neoplan transit buses  
Purchase and installation of automatic passenger counters  
Purchase of service vehicle  
Shop equipment upgrades**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: CA-34

\*a. Applicant CA-34

\*b. Program/Project: CA-34

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

17. Proposed Project: Transit Capital, Phase 3

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

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

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

*a. Federal	\$575,000.00
*b. Applicant	\$175,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$750,000.00

**\*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: Mr. \*First Name: Claude

Middle Name:

\*Last Name: McFerguson

Suffix:

\*Title: Director of Transportation

\*Telephone Number: 323-487-8230

Fax Number: 323-724-2776

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

\*Signature of Authorized Representative: *Claude McFerguson* Date Signed: June 26, 2013

**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify) <b>RECEIVED</b>
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	<b>JUN 27 2013</b>
* 3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier: 002 - 3-06-0020-		* 5b. Federal Award Identifier: <b>STATE CLEARING HOUSE</b>	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: County of Plumas			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528		* c. Organizational DUNS: 01-099-7419	
<b>d. Address:</b>			
* Street1: 198 Andy's Way Street 2:			
* City: Quincy County: Plumas * State: California Province:			
Country: USA		* Zip/ Postal Code: 95971	
<b>e. Organizational Unit:</b>			
Department Name: Department of Facility Services		Division Name: Airports	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix: Mr. Middle Name:		First Name: Dony	
* Last Name: Sawchuk Suffix:			
Title: Director, Facilities and Airports			
Organizational Affiliation:  Plumas County, Department of Facility Services, Airports Division			
* Telephone Number: 530-283-6070		Fax Number: 530-283-6103	
* Email: DonySawchuk@countyofplumas.com			

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Beckwourth, Plumas County, California**

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

**Beckwourth-Nervino Airport, Beckwourth, Plumas County, California: Airport Layout Plan Narrative Including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$63,000.00
*b. Applicant	\$3,850.00
*c. State	\$3,150.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$70,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 1-18-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:

Date Signed: 06/17/2013



**Application for Federal Assistance SF-424**

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

**RECEIVED**

* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

JUN 27 2013

5a. Federal Entity Identifier: 201 - 3-06-0191-	* 5b. Federal Award Identifier:
----------------------------------------------------	---------------------------------

STATE CLEARING HOUSE

<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Plumas	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528	* c. Organizational DUNS: 01-099-7419

<b>d. Address:</b>	
* Street 1: 198 Andy's Way	
Street 2:	
* City: Quincy	
County: Plumas	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 95971

<b>e. Organizational Unit:</b>	
Department Name: Department of Facility Services	Division Name: Airports

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Mr.	First Name: Dony
Middle Name:	
* Last Name: Sawchuk	
Suffix:	
Title: Director, Facilities and Airports	

<b>Organizational Affiliation:</b>  Plumas County, Department of Facility Services, Airports Division
-------------------------------------------------------------------------------------------------------------

* Telephone Number: 530-283-6070	Fax Number: 530-283-6103
----------------------------------	--------------------------

* Email: DonySawchuk@countyofplumas.com
-----------------------------------------

OMB Number: 4040-0084  
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type: **B. County Government**Type of Applicant 2: Select Applicant Type: **- Select One -**Type of Applicant 3: Select Applicant Type: **- Select One -**

\* Other (specify):

\* 10. Name of Federal Agency:

**Federal Aviation Administration**

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Quincy, Plumas County, California**

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

**Gansner Field, Quincy, Plumas County, California: Environmental Assessment: Land Acquisition - Dealership - 4 Acres with Building; Perimeter Fencing****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$50,400.00
*b. Applicant	\$3,080.00
*c. State	\$2,520.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$56,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-7-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

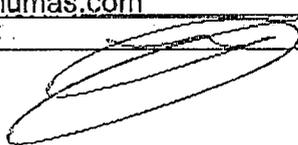
\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:

Date Signed: 06/17/2013



**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: 201 - 3-06-0191-			* 5b. Federal Award Identifier:		
			<p><b>RECEIVED</b></p> <p><b>JUN 27 2013</b></p> <p><b>STATE CLEARING HOUSE</b></p>		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of Plumas					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528			* c. Organizational DUNS: 01-099-7419		
<b>d. Address:</b>					
* Street1: 198 Andy's Way					
Street 2:					
* City: Quincy					
County: Plumas					
* State: California					
Province:					
Country: USA			* Zip/ Postal Code: 95971		
<b>e. Organizational Unit:</b>					
Department Name: Department of Facility Services			Division Name: Airports		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Dony			
Middle Name:					
* Last Name: Sawchuk					
Suffix:					
Title: Director, Facilities and Airports					
Organizational Affiliation:  Plumas County, Department of Facility Services, Airports Division					
* Telephone Number: 530-283-6070			Fax Number: 530-283-6103		
* Email: DonySawchuk@countyofplumas.com					

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

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Quincy, Plumas County, California**

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

**Gansner Field, Quincy, Plumas County, California: Airport Layout Plan Narrative Including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$72,000.00
*b. Applicant	\$4,400.00
*c. State	\$3,600.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$80,000.00

**\*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 1-18-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:



Date Signed: 06/17/2013

**Application for Federal Assistance SF-424**

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

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

5a. Federal Entity Identifier: 201 - 3-06-0191-	* 5b. Federal Award Identifier: JUN 27 2013
----------------------------------------------------	------------------------------------------------

**State Use Only:** STATE CLEARING HOUSE

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Plumas	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528	* c. Organizational DUNS: 01-099-7419

**d. Address:**

\* Street1: 198 Andy's Way  
Street 2:  
\* City: Quincy  
County: Plumas  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 95971

**e. Organizational Unit:**

Department Name: Department of Facility Services	Division Name: Airports
-----------------------------------------------------	----------------------------

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

Prefix: Mr. First Name: Dony  
Middle Name:  
\* Last Name: Sawchuk  
Suffix:  
Title: Director, Facilities and Airports

**Organizational Affiliation:**

Plumas County, Department of Facility Services, Airports Division

* Telephone Number: 530-283-6070	Fax Number: 530-283-6103
* Email: DonySawchuk@countyofplumas.com	

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **B. County Government**

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Quincy, Plumas County, California**

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

**Gansner Field, Quincy, Plumas County, California: Airport Layout Plan Narrative Including ALP Updated Plans**

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

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$72,000.00
*b. Applicant	\$4,400.00
*c. State	\$3,600.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$80,000.00

\*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 1-18-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:

Date Signed: 06/17/2013



**Application for Federal Assistance SF-424**

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

**RECEIVED**

* 3. Date Received:	4. Application Identifier:
	JUN 27 2013

5a. Federal Entity Identifier: 005 - 3-06-0040-	* 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: County of Plumas

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000528	* c. Organizational DUNS: 01-099-7419
-----------------------------------------------------------------------	------------------------------------------

**d. Address:**

\* Street1: 198 Andy's Way  
Street 2:  
\* City: Quincy  
County: Plumas  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 95971

e. Organizational Unit:

Department Name: Department of Facility Services	Division Name: Airports
-----------------------------------------------------	----------------------------

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

Prefix: Mr. First Name: Dony  
Middle Name:  
\* Last Name: Sawchuk  
Suffix:

Title: Director, Facilities and Airports

Organizational Affiliation:  
Plumas County, Department of Facility Services, Airports Division

* Telephone Number: 530-283-6070	Fax Number: 530-283-6103
----------------------------------	--------------------------

\* Email: DonySawchuk@countyofplumas.com

**Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type: **B. County Government**Type of Applicant 2: Select Applicant Type: **- Select One -**Type of Applicant 3: Select Applicant Type: **- Select One -**

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Chester, Plumas County, California**

\* 15. Descriptive Title of Applicant's Project:

**Rogers Field, Chester, Plumas County, California: Airport Layout Plan Narrative Including ALP Updated Plans****Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

**18. Estimated Funding (\$):**

*a. Federal	\$63,000.00
*b. Applicant	\$3,850.00
*c. State	\$3,150.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$70,000.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-7-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

\*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: Mr. \*First Name: Dony

Middle Name:

\*Last Name: Sawchuk

Suffix:

\*Title: Director, Facilities and Airports

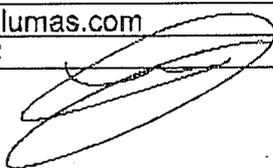
\*Telephone Number: 530-283-6070

Fax Number: 530-283-6103

\*Email: DonySawchuk@countyofplumas.com

\*Signature of Authorized Representative:

Date Signed: 06/17/2013



OMB Number: 4040-0084  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	

RECEIVED

JUN 27 2013

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:	7. State Application Identifier: G1398012
----------------------------	-------------------------------------------

**B. APPLICANT INFORMATION:**

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3697567	* c. Organizational DUNS: 8083223580000
--------------------------------------------------------------------	-----------------------------------------

**d. Address:**

* Street1:	1831 NINTH STREET
Street2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

**e. Organizational Unit:**

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	-----------------------------------------

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr.	* First Name: JASON
Middle Name:	
* Last Name: WILLIAMS	
Suffix:	

Title: GRANT ADMINISTRATOR
----------------------------

Organizational Affiliation:

* Telephone Number: 916-327-0062	Fax Number: 916-327-6320
----------------------------------	--------------------------

* Email: jason.williams@wildlife.ca.gov
-----------------------------------------

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

**\* 12. Funding Opportunity Number:**

F13AB00077

\* Title:

RB (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WILDLIFE MANAGEMENT - NORTH CENTRAL REGION (W-B9-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-006

b. Program/Project 2,4

Attach an additional list of Program/Project Congressional Districts if needed.

[Empty text box]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	555,370.00
* b. Applicant	0.00
* c. State	185,123.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	740,493.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2013

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes  No

If "Yes", provide explanation and attach

[Empty text box]

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

\* Email: lisa.bays@wildlife.ca.gov

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<p><b>RECEIVED</b></p> <p><b>JUN 27 2013</b></p> <p><b>STATE CLEARING HOUSE</b></p>		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: 01398011	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th STREET	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: SACRAMENTO	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95811-7011	<input type="text"/>	
e. Organizational Unit:		
Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: JASON	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: WILLIAMS	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: GRANT ADMINISTRATOR		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-327-0062	Fax Number: 916-327-6320	
* Email: jason.williams@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

\* 9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

\* 12. Funding Opportunity Number:

F13AS00077

\* Title:

RA (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Area Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

WILDLIFE MANAGEMENT AND RESOURCE ASSESSMENT - NORTHERN REGION (W-B7-R)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: CA-006	b. Program/Project: 1,2,4
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: 07/01/2013	* b. End Date: 06/30/2014
<b>18. Estimated Funding (\$):</b>	
* a. Federal	525,909.00
* b. Applicant	0.00
* c. State	175,303.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	701,212.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2013. <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Mrs.	* First Name: LISA
Middle Name:	
* Last Name: BAYS	
Suffix:	
* Title: STAFF SERVICES MANAGER I	
* Telephone Number: 916-445-3701	Fax Number: 916-327-6320
* Email: lisa.bays@wildlife.ca.gov	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

<b>* 1.a. Type of Submission:</b> <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		<b>* 1.b. Frequency:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		<b>* 1.d. Version:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <b>* 2. Date Received:</b> Completed by Grants.gov upon submission.	
<b>1.c. Consolidated Application/Plan/Funding Request?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Explanation</b> <input type="text"/>		<b>3. Applicant Identifier:</b> <input type="text"/>		<b>STATE USE ONLY:</b> <b>5. Date Received by State:</b> <input type="text"/>	
		<b>4a. Federal Entity Identifier:</b> <input type="text"/>		<b>6. State Application Identifier:</b> <input type="text"/>	
		<b>4b. Federal Award Identifier:</b> <input type="text"/>			

**7. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Paso Robles Chamber of Commerce Inc.	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-1509178	<b>* c. Organizational DUNS:</b> 083020537
<b>d. Address:</b>	
<b>* Street1:</b> 1225 Park St.	<b>Street2:</b> STATE CLEARING HOUSE
<b>* City:</b> Paso Robles	<b>County:</b> San Luis Obispo
<b>* State:</b> CA: California	<b>Province:</b> <input type="text"/>
<b>* Country:</b> USA: UNITED STATES	<b>* Zip / Postal Code:</b> 93446
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> <input type="text"/>	<b>Division Name:</b> North County BRC
<b>f. Name and contact information of person to be contacted on matters involving this submission:</b>	
<b>Prefix:</b> Ms.	<b>* First Name:</b> Pamela
	<b>Middle Name:</b> <input type="text"/>
<b>* Last Name:</b> Avila	<b>Suffix:</b> <input type="text"/>
<b>Title:</b> Director	
<b>Organizational Affiliation:</b> <input type="text"/>	
<b>* Telephone Number:</b> 805-238-3872	<b>Fax Number:</b> 805-238-0527
<b>* Email:</b> pavila@pasorobleschamber.com	

**RECEIVED**

JUN 27 2013

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 8a. TYPE OF APPLICANT:**

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

**\* Other (specify):**

**b. Additional Description:**

**\* 9. Name of Federal Agency:**

Business and Cooperative Programs

**10. Catalog of Federal Domestic Assistance Number:**

10.773

**CFDA Title:**

Rural Business Opportunity Grants

**11. Areas Affected by Funding:**

San Luis Obispo County rural, Paso Robles city, Atascadero city, and the rural communities of Templeton, Creston, California Valley, Santa Margarita, Shandon, San Miguel, Cambria and Morro Bay

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

CA-022

**b. Program/Project:**

CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**13. FUNDING PERIOD:**

**a. Start Date:**

11/01/2013

**b. End Date:**

10/31/2014

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

42,850.00

**b. Match (\$):**

135,027.00

**\* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/24/2013

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

\* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

17. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I Agree

\*\* This 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:

Organizational Affiliation:

\* Telephone Number:

\* Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected 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. Application Identifier:
		JUN 27 2013
Sa. Federal Entity Identifier:		*5b. Federal Award Identifier:
		STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: California State University, Fresno Foundation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003272		*c. Organizational DUNS: 1508370030000 - CAGE # 1KYN0
<b>d. Address:</b>		
*Street1: 4910 N Chestnut Avenue, MS OF123		
Street 2:		
*City: Fresno		
County:		
*State: CA		
Province:		
Country:		
*Zip/ Postal Code: 93726-1852		
<b>e. Organizational Unit:</b>		
Department Name: Academic Affairs		Division Name: Office of Community and Economic Development
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr		First Name: Mike
Middle Name:		
*Last Name: Dozier		
Suffix:		
Title: Executive Director, Office of Community and Economic Development		
Organizational Affiliation: California State University, Fresno		
*Telephone Number: (559) 294-6021		Fax Number: (559) 294-6024
*Email: mdozier@csufresno.edu		

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

H. Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

S. Hispanic-serving Institution

\*Other (specify):

\*10. Name of Federal Agency:

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

\*12. Funding Opportunity Number: N/A

\*Title: Rural Business Opportunity Grants (Investing in Manufacturing Communities Partnership)

13. Competition Identification Number: N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Joaquin Valley - Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare Counties

\*15. Descriptive Title of Applicant's Project:

Agricultural Value Added: A Manufacturing Growth Strategy in Rural San Joaquin Valley

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-022

\*b. Program/Project: CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

*See Project Congressional Districts Listing*

17. Proposed Project:

\*a. Start Date: 10/01/13

\*b. End Date: 09/30/14

18. Estimated Funding (\$):

\*a. Federal \$100,000.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$100,000.00

\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on *06/27/13*
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: Dr \*First Name: Thomas

Middle Name:

\*Last Name: McClanahan

Suffix:

\*Title: Associate Vice President

\*Telephone Number: (559) 278-0840

Fax Number: (559) 278-0992

\*Email: tomccc@csufresno.edu

\*Signature of Authorized Representative: *Thomas McClanahan*

Date Signed: *6/27/13*

**Application for Federal Assistance SF-4**

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): B  * Other (Specify) B
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**RECEIVED**

*3. Date Received:	4. Application Identifier: JUN 28 2013
--------------------	----------------------------------------

5a. Federal Entity Identifier: MMH - 3-06-0146-	*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: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339
-----------------------------------------------------------------------	---------------------------------------

**d. Address:**

\* Street1: 1300 Airport Road  
Street 2:  
\* City: Mammoth Lakes  
County: Mono  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93546

e. Organizational Unit:

Department Name: Public Works	Division Name:
----------------------------------	----------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. First Name: Brian  
Middle Name:  
\* Last Name: Picken  
Suffix:

Title: Assistant Airport Manager

Organizational Affiliation:  
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

\* Telephone Number: 760-934-3813 Fax Number: 760-934-3119

\* Email: bpicken@ci.mammoth-lakes.ca.us

**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Town of Mammoth Lakes, California

\* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Construction of Temporary Terminal Facilities; Pavement Maintenance/Management Program; Engineering Design - Crack and Joint Seal

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-42**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

**18. Estimated Funding (\$):**

*a. Federal	\$634,142.00
*b. Applicant	\$70,460.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$704,602.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6-12-2013  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

\*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

\*Signature of Authorized Representative:



Date Signed: 6/24/13

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 1.a. Type of Submission:**

- Application
- Plan
- Funding Request
- Other

\* Other (specify)

**\* 1.b. Frequency:**

- Annual
- Quarterly
- Other

\* Other (specify)

**\* 1.d. Version:**

- Initial
- Resubmission
- Revision
- Update

**\* 2. Date Received:**

Completed by Grants.gov upon submission.

**STATE USE ONLY:**

**3. Applicant Identifier:**

**5. Date Received by State:**

**4a. Federal Entity Identifier:**

**6. State Application Identifier:**

**4b. Federal Award Identifier:**

**1.c. Consolidated Application/Plan/Funding Request?**

- Yes
- No

Explanation

**7. APPLICANT INFORMATION:**

**RECEIVED**

**\* a. Legal Name:**

Yurok Tribe

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

680178020

**\* c. Organizational DUNS:**

622970366

JUN 28 2013

STATE CLEARING HOUSE

**d. Address:**

**\* Street1:**

Post Office Box 1027  
190 Klamath Boulevard

**Street2:**

**\* City:**

Klamath

**County:**

Del Norte

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95548-1027

**e. Organizational Unit:**

**Department Name:**

Planning & Community Developme

**Division Name:**

Transportation

**f. Name and contact information of person to be contacted on matters involving this submission:**

**Prefix:**

Mr.

**\* First Name:**

Joe

**Middle Name:**

**\* Last Name:**

James

**Suffix:**

**Title:**

Transportation Manager

**Organizational Affiliation:**

Yurok Tribe

**\* Telephone Number:**

530-625-4130, Ext. 1627

**Fax Number:**

**\* Email:**

jjames@yuroktribe.nsn.us

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

Version 01.1

**\* 8a. TYPE OF APPLICANT:**

I: Indian/Native American Tribal Government (Federally Recognized)

**\* Other (specify):**

**b. Additional Description:**

**\* 9. Name of Federal Agency:**

DOT/Federal Transit Administration

**10. Catalog of Federal Domestic Assistance Number:**

20.509

**CFDA Title:**

Formula Grants for Other Than Urbanized Areas

**11. Areas Affected by Funding:**

Klamath, Klamath Glen, Requa, Del Norte County; Weitchpec, Martin's Ferry, Ke-nek, Cappel, Notchko, Mettah, Pecwan, Wautec, Humboldt County; California

**12. CONGRESSIONAL DISTRICTS OF:**

**\* a. Applicant:**

CA-002

**b. Program/Project:**

CA-002

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment Delete Attachment View Attachment

**13. FUNDING PERIOD:**

**a. Start Date:**

10/01/2013

**b. End Date:**

09/30/2014

**14. ESTIMATED FUNDING:**

**\* a. Federal (\$):**

126,000.00

**b. Match (\$):**

14,000.00

**\* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/28/2013

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY** Version 01.1

\* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes  No

17. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I Agree

\*\* This 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:

Organizational Affiliation:

\* Telephone Number:

\* Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Attach supporting documents as specified in agency instructions.

CAGE CODE: 31YR1

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____		
<b>RECEIVED</b>		
<b>JUN 28 2013</b>		
<b>STATE CLEARING HOUSE</b>		
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		
<b>4. Applicant Identifier:</b> _____		
<b>5a. Federal Entity Identifier:</b> _____		
<b>* 5b. Federal Award Identifier:</b> _____		
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____ <b>7. State Application Identifier:</b> _____		
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Siskiyou County Economic Development Council		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0062634		
<b>* c. Organizational DUNS:</b> 187670336		
<b>d. Address:</b>		
<b>* Street1:</b> 1512 South Oregon Street		
<b>* Street2:</b> _____		
<b>* City:</b> Yreka		
<b>County/Parish:</b> Siskiyou		
<b>* State:</b> California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 96097		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> _____ <b>Division Name:</b> _____		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____ <b>* First Name:</b> Tonya		
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Dowse		
<b>Suffix:</b> _____		
<b>Title:</b> Executive Director		
<b>Organizational Affiliation:</b> Siskiyou County Economic Development Council		
<b>* Telephone Number:</b> 530-842-1638 <b>Fax Number:</b> 530-842-2685		
<b>* Email:</b> tonya@siskiyoucounty.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Not for profit organization

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:

10.773

CFDA Title:

Rural Business Opportunity Grant

\* 12. Funding Opportunity Number:

\* Title:

Rural Business Opportunity Grant

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

See attachment

Add Attachment

Delete Attachment

View Attachment

\* 15. Descriptive Title of Applicant's Project:

Klamath/Siskiyou Regional Producer Collective

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.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="99,997.25"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="30,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="154,997.25"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  Date Signed:

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

06/28/2013

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

JUN 28 2013

State Use Only:

STATE CLEARING HOUSE

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:

8003224080000

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:

\* 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:**

F13AS00079

**\* Title:**

Fiscal Year 2014 National Coastal Wetlands Conservation Grant Program

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

NCWC AreasAffected\_SFBay CoastalRevegIsland

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

**\* 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](#)

[Delete Attachment](#)

[View Attachment](#)

**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="1,000,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="21,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,021,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

A. Increase Award / C. Increase Duration

\* Other: (Specify)

RECEIVED

JUN 28 2013

STATE CLEARING HOUSE

\* 3. Date Received:

4. Applicant Identifier:

8CA10103

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

10-DG-11052021-200

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8CA10103

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0306069

\* c. Organizational DUNS:

792358095

**d. Address:**

\* Street1:

P.O. BOX 944246

Street2:

\* City:

SACRAMENTO

County:

SACRAMENTO

\* State:

CALIFORNIA

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94244-2460

**e. Organizational Unit:**

Department Name:

CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION

Division Name:

RESOURCE MANAGEMENT

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

Ms.

\* First Name:

Stella

Middle Name:

\* Last Name:

Chan

Suffix:

Title:

Federal Grants Manager

Organizational Affiliation:

\* Telephone Number:

916 653-7811

Fax Number:

916 653-8957

\* Email:

Stella.Chan@fire.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:**

U.S. FOREST SERVICE

**11. Catalog of Federal Domestic Assistance Number:**

10.678

CFDA Title:

FOREST STEWARDSHIP PROGRAM

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

CALIFORNIA STATEWIDE

**\* 15. Descriptive Title of Applicant's Project:**

FOREST STEWARDSHIP PROGRAMS THREE COMPONENTS: FOREST STEWARDSHIP;  
FOREST RESOURCE MANAGEMENT AND REFORESTATION, NURSERIES GENETIC  
RESOURCES.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 6

\* b. Program/Project CA-All

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 6/1/2010

\* b. End Date: 6/30/2016

18. Estimated Funding (\$):

- \* a. Federal 1,052,000
- \* b. Applicant
- \* c. State 1,020,000
- \* d. Local
- \* e. Other 32,000
- \* f. Program Income
- \* g. TOTAL 2,104,000

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/21/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. \* First Name: William  
 Middle Name: E  
 \* Last Name: Snyder  
 Suffix:

\* Title: Deputy Director, Resource Management

\* Telephone Number: 916 653-4298 Fax Number: 916 653-8957

\* Email: Bill.Snyder@fire.ca.gov

\* Signature of Authorized Representative: *William E. Snyder* \* Date Signed: 6/27/13

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

A. Increase Award, C. Increase Duration

\* Other (Specify)

[Redacted]

\* 3. Date Received:

[Redacted]

4. Applicant Identifier:

8CA10104

**RECEIVED**

**JUN 28 2013**

5a. Federal Entity Identifier:

[Redacted]

\* 5b. Federal Award Identifier:

10-DG-11052021-040

**STATE CLEARING HOUSE**

**State Use Only:**

6. Date Received by State:

[Redacted]

7. State Application Identifier:

8CA10104

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0306069

\* c. Organizational DUNS:

792358095

d. Address:

\* Street1:

P.O. BOX 944246

Street2:

[Redacted]

\* City:

SACRAMENTO

County:

SACRAMENTO

\* State:

CALIFORNIA

Province:

[Redacted]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94244-2460

**e. Organizational Unit:**

Department Name:

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

Division Name:

RESOURCE MANAGEMENT

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

MS

\* First Name:

STELLA

Middle Name:

[Redacted]

\* Last Name:

CHAN

Suffix:

[Redacted]

Title:

FEDERAL GRANTS MANAGER

Organizational Affiliation:

[Redacted]

\* Telephone Number:

916-653-7811

Fax Number:

653-2556

\* Email:

Stella.Chan@fire.ca.gov

**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**

A. STATE GOVERNMENT

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

USDA FOREST SERVICE

**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.):**

California (Statewide)

**\* 15. Descriptive Title of Applicant's Project:**

Urban and Community Forestry (U&CF)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-6

\* b. Program/Project CA-ALL

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 6/1/2010

\* b. End Date: 12/31/2014

18. Estimated Funding (\$):

- \* a. Federal 3,275,000.00
- \* b. Applicant
- \* c. State 7,458,073.00
- \* d. Local
- \* e. Other
- \* f. Program Income
- \* g. TOTAL 10,733,073.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/28/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: MR. \* First Name: WILLIAM  
 Middle Name: E.  
 \* Last Name: SNYDER  
 Suffix:

\* Title: DEPUTY DIRECTOR FOR RESOURCE MANAGEMENT

\* Telephone Number: 916-653-4298 Fax Number:

\* Email: Bill.Snyder@fire.ca.gov

\* Signature of Authorized Representative: *William E. Snyder* \* Date Signed: 6/27/13

OMB Number: 4040-0010  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

**A. Increase Award/ C. Increase Duration**

**\* Other (Specify)**

**RECEIVED**

**\* 3. Date Received:**

**4. Applicant Identifier:**

[Empty Box]

8CA13102

**JUN 28 2013**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

[Empty Box]

12-DG-11052021-218

**STATE CLEARING HOUSE**

**State Use Only:**

**6. Date Received by State:**

[Empty Box]

**7. State Application Identifier:**

8CA12105

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

California Department of Forestry & Fire Protection (CalFire)

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

68-0306069

**\* c. Organizational DUNS:**

792358095

**d. Address:**

**\* Street1:**

1416 Ninth Street

**Street2:**

P.O. Box 944246

**\* City:**

Sacramento

**County:**

Sacramento

**\* State:**

California

**Province:**

[Empty Box]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94244-2460

**e. Organizational Unit:**

**Department Name:**

California Department of Forestry & Fire Protection

**Division Name:**

Resource Management

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Ms.

**\* First Name:**

Stella

**Middle Name:**

[Empty Box]

**\* Last Name:**

Chan

**Suffix:**

[Empty Box]

**Title:**

Federal Grants Manager

**Organizational Affiliation:**

[Empty Box]

**\* Telephone Number:**

916 653-7811

**Fax Number:**

916 653-8957

**\* Email:**

stella.chan@fire.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:**

United States Department of Agriculture, U.S. Forest Service

**11. Catalog of Federal Domestic Assistance Number:**

10.680

CFDA Title:

Forest Health Protection

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

California Statewide

**\* 15. Descriptive Title of Applicant's Project:**

Cooperative Lands Forest Health Protection-2012 To monitor and survey the health of forests and the status of major forest insects and pathogens related information and training to state agencies, local governments, forest industry and private landowners in California; to train new forestry staff and professionals in forest insect and diseases and forest health issues; to meet the strategy goals and priorities as identified in the 2010 California Forest Action Plan.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant 6

\* b. Program/Project CA-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 7/1/2012

\* b. End Date: 12/31/2014

18. Estimated Funding (\$):

- \* a. Federal \$300,000.00
- \* b. Applicant
- \* c. State \$300,000.00
- \* d. Local
- \* e. Other
- \* f. Program Income
- \* g. TOTAL \$600,000.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/14/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation

- Yes
- No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. \* First Name: William  
 Middle Name: E.  
 \* Last Name: Snyder  
 Suffix:

\* Title: Deputy Director of Resource Management

\* Telephone Number: 916 653-4298 Fax Number:

\* Email: bill.snyder@fire.ca.gov

\* Signature of Authorized Representative: *William E. Snyder* \* Date Signed: 6/27/13

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * 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: G1398069	
B. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1416 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA; California	Province: _____	
* Country: USA; UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: PETE	
Middle Name: _____	* Last Name: MARCELLANA	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: _____	
* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV		

RECEIVED

JUN 28 2013

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

PA3A900081

\* Title:

R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

SAN JOAQUIN RIVER BASIN WATER TEMPERATURE MONITORING AND ASSESSMENT

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="87,124.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="29,041.00"/>
* 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="116,165.00"/>

**\* 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 in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

[Empty field]

\* Other (Specify):

[Empty field]

**RECEIVED**

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

**JUN 28 2013**

5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

F13AP00081

**STATE CLEARING HOUSE**

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

01390056

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

STATE OF CALIFORNIA

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-1697567

\* c. Organizational DUNS:

000322350000

d. Address:

\* Street1:

1031 9TH STREET

Street2:

[Empty field]

\* City:

SACRAMENTO

County/Parish:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

**e. Organizational Unit:**

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

[Empty field]

\* First Name:

PETE

Middle Name:

[Empty field]

\* Last Name:

MARCELLANA

Suffix:

[Empty field]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-445-4658

Fax Number:

[Empty field]

\* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F13AS00081

\* Title:

R0 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 16. Descriptive Title of Applicant's Project:**

FERC/SWRCB ECONOMIC STUDY EVALUATION ASSISTANCE (P-156)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="CA-005"/>	b. Program/Project: <input type="text" value="CA-ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="07/01/2013"/>	* b. End Date: <input type="text" value="06/30/2014"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="15,142.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="5,047.00"/>
* 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="20,189.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="06/28/2013"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text" value="LIBA"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="BAYS"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="SSMI"/>	
* Telephone Number: <input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="LISA.BAYS@WILDLIFE.CA.GOV"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>