Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16 - 30, 2014.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: June 16, 2014	Applicant Identifier: MPP 49 U.S.C 5303 Consolidated Planning Grant
3. DATE RECEIVED BY STATE	State Application Identifier: 94-6001344-C
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation

Organizational Unit: Division of Transportation Planning

Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32, Sacramento, CA 94274-0001

Name and telephone number of person to be contacted on matters involving this application (give area code): C. Garth Hopkins, Chief, Office of Regional & Interagency Planning Transportation Planning, (916) 654-8175

RECEIVED JUN 17 2014 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 1 3 4 7

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

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

8. TYPE OF APPLICATION:

☐ New ☑ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

DOT, Federal Transit Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 — 5 0 5

TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FY 2014 49 U.S.C. Section 5303 FTA Metropolitan Planning Program - $17,029,078
FY 2014 49 U.S.C 5304 FTA Statewide Planning and Research Program - $3,281,279
FY 2014 FHWA PL - $44,920,714
FY 2014 FHWA State Planning and Research Studies - $1,200,000

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

13. PROPOSED PROJECT FY 2015 OWP Program

Start Date: 7/1/14 Ending Date: 6/30/15

14. CONGRESSIONAL DISTRICTS OF: California Statewide

a. Applicant: Statewide

b. Project: Statewide Transportation Planning

15. ESTIMATED FUNDING:

a. Federal	$ 66,431,071 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ 860,378 .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 67,291,449 .00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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

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

a. Type Name of Authorized Representative: C. Garth Hopkins	b. Title: Chief, Office of Regional & Interagency Planning	c. Telephone Number: (916) 654-8175
d. Signature of Authorized Representative		e. Date Signed: 6/16/14

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

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application

- ☑ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

JUN 17 2014

STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

*c. Organizational DUNS: 627797426

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Sponsored Programs Administration

Division Name: Research and Economic Development

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

Prefix: Mr.
First Name: Robert
Middle Name:
*Last Name: Chan
Suffix:

Title: Senior Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-7986
Fax Number: 951-827-4483

*Email: robert.chan@ucr.edu

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

Application for Federal Assistance SF-424

Version 02

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

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

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

*Other (specify):

*10. Name of Federal Agency:
USDA-APHIS-PPQ-S&T

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: Farm Bill - Notice of Cooperative Agreement No. 14-8130-0359-CA

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Brown Marmorated Stink Bug Classical Biological Control

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041

*b. Program/Project: CA-041

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

17. Proposed Project:

*a. Start Date: 7/1/2014

*b. End Date: 6/30/2015

18. Estimated Funding ($):

*a. Federal	$25,000.00
*b. Applicant	$0.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$25,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 6/17/2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Senior Contract and Grant Officer

*Telephone Number: 951-827-7986

Fax Number: 951-827-4483

*Email: robert.chan@ucr.edu

*Signature of Authorized Representative:

Date Signed: 6/17/2014

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

Application for Federal Assistance SF-424 Version 02

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

RECEIVED
JUN 17 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Farmersville

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946050396	004953360

d. Address:

* Street 1: 909 W. Visalia Rd
Street 2:
* City: Farmersville
County: Tulare
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93223

e. Organizational Unit:

Department Name:	Division Name:
City of Farmersville	N/A

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

Prefix: Mr. * First Name: Mario
Middle Name:
* Last Name: Krstic
Suffix:

Title: Interim City Manager

Organizational Affiliation:
City of Farmersville

* Telephone Number:	Fax Number:
(559) 747-0458	(559) 747-6724

* Email: mkrstic@farmersvillepd.com

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant I - Select Applicant Type:

C. City

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

Cameron Creek Colony and the City of Farmersville, Tulare County, California

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

Cameron Creek Colony Drought Water Supply Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07-01-2014
* b. End Date: 07-01-2015

18. Estimated Funding ($):

* a. Federal	$500,000.00
* b. Applicant	
* c. State	$500,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$1,000,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06-17-2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Mario
Middle Name:	
* Last Name:	Krstic
Suffix:	
* Title:	Interim City Manager
*Telephone Number:	(559) 747-0458
Fax Number:	(559) 747-6724
* Email:	mkrstic@farmersvillepd.com
* Signature of Authorized Representative:	
* Date Signed:	6-16-2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 06/17/2014

4. Applicant Identifier:

RECEIVED
JUN 17 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

8. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Unified Port of San Diego

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952241453

* c. Organizational DUNS: 0095926250000

d. Address:

* Street1: 3165 Pacific Highway
Street2:
* City: San Diego
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92101-0000

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: Jerino
Middle Name:
* Last Name: Rosato
Suffix:

Title: Sr. Mgr. Strategy & Business Development

Organizational Affiliation:

* Telephone Number: 619.725.6084
Fax Number: 619-686-6555

* Email: jrosato@portofsandiego.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-05

* Title:

National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

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:**

Install a zero-emitting electric drive, battery & charging system on existing diesel-powered reach stacker and upgrade a second reach stacker's under-powered electric system to increase zero-emissions

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: 052
* b. Program/Project: 051

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2015
* b. End Date: 04/01/2016

18. Estimated Funding ($):

* a. Federal	512,893.00
* b. Applicant	14,400.00
* c. State	0.00
* d. Local	0.00
* e. Other	790,939.00
* f. Program Income	0.00
* g. TOTAL	1,318,232.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: CFO/Treasurer
* Telephone Number: 619.400.4725
Fax Number: 619.686.6403
* Email: rdeangelis@portofsandiego.org
* Signature of Authorized Representative: Cynthia Martos
* Date Signed: 06/17/2014

Application for Federal Assistance SF-424

RECEIVED
JUN 17 2014
STATE CLEARING HOUSE

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

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
931137247	942514985

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
Romberg Tiburon Center	Coll. Science & Engineering

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

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

Title: RTC Research Professor

Organizational Affiliation:
San Francisco State University

* Telephone Number: 415-338-3515
Fax Number:

* Email: kimmerer@sfsu.edu

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

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:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G14AS00001

* Title:

USGS Non-Competitive Assistance FY 2014 - National Grants Branch

13. Competition Identification Number:

G14AS00001

Title:

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

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

Studies on the Role of Zooplankton Density and Feeding Success in the Spawning Migration of Delta Smelt (Hypomesus transpacificus) in the Sacramento-San Joaquin Delta

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-012 * b. Program/Project CA-012

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

17. Proposed Project:

* a. Start Date: 08/01/2014 * b. End Date: 07/31/2015

18. Estimated Funding ($):

* a. Federal	86,276.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	86,276.00

*** 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 06/17/2014.

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

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

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

Yes No

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

**** I AGREE**

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

Authorized Representative:

Prefix: * First Name: Allison

Middle Name:

* Last Name: Sanders

Suffix:

* Title: Director

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

* Email: asanders@sfsu.edu

* Signature of Authorized Representative: Allison Sanders * Date Signed: 6/17/2014

Authorized for Local Reproduction

Standard Form 424

Prescribed by O

Funding Opportunity Number:

Received Date: Time Zone: GMT-8

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

Application for Federal Assistance SF-424 Version 02

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

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

*If Revision, select appropriate letter(s):

*Other (Specify)

RECEIVED
JUN 18 2014
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498088

8. APPLICANT INFORMATION:

*a. Legal Name: STATE OF CALIFORNIA

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

*c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

Statewide

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

WILDLIFE INVENTORIES AND RESEARCH - BIOLOGOCAL RESOURCE ASSESSMENT & LAND MANAGEMENT PLANNING

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	381,631.00
* b. Applicant	0.00
* c. State	127,210.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	508,841.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/16/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] *** I AGREE

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

Authorized Representative:

Prefix:
* 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: 8/31/2016

Application for Federal Assistance SF-424

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

RECEIVED

* 3. Date Received:	4. Applicant Identifier:
06/17/2014	

JUN 17 2014

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

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Unified Port of San Diego

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
952241453	0095928250000

d. Address:

* Street1: 3165 Pacific Highway
Street2:
* City: San Diego
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92101-0000

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: Jerine
Middle Name:
* Last Name: Rosato
Suffix:

Title: Sr. Mgr. Strategy & Business Development

Organizational Affiliation:

* Telephone Number: 619.725.6084
Fax Number: 619-686-6555

* Email: jrosato@portofsandiego.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-05

* Title:

National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

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:**

Install a zero-emitting electric drive, battery & charging system on existing diesel-powered reach stacker and upgrade a second reach stacker's under-powered electric system to increase zero-emissions

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 052 * b. Program/Project 051

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2015 * b. End Date: 04/01/2016

18. Estimated Funding ($):

* a. Federal	512,893.00
* b. Applicant	14,400.00
* c. State	0.00
* d. Local	0.00
* e. Other	790,939.00
* f. Program Income	0.00
* g. TOTAL	1,318,232.00

*** 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 06/17/2014.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

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: Robert

Middle Name:

* Last Name: DeAngelis

Suffix:

* Title: CFO/Treasurer

* Telephone Number: 619.400.4725 Fax Number: 619.686.6403

* Email: rdeangelis@portofsandiego.org

* Signature of Authorized Representative: Cynthia Mertes * Date Signed: 06/17/2014

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

RECEIVED
JUN 18 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498061

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE INVENTORIES AND RESEARCH: UPLAND GAME

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	652,996.00
* b. Applicant	0.00
* c. State	217,665.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	870,661.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/18/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

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

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

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUN 18 2014
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498099

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00056

* Title:

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

13. Competition Identification Number:

Title:

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

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

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

WILDLIFE MANAGEMENT & RESOURCE ASSESSMENT: NORTHERN REGION (Game Species)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: 1,2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	440,619.00
* b. Applicant	0.00
* c. State	146,873.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	587,492.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/16/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

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

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

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

RECEIVED
JUN 18 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498092

8. APPLICANT INFORMATION:

*a. Legal Name: STATE OF CALIFORNIA

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

*c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: 95811-7011

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: Grant Administrator

Organizational Affiliation:

*Telephone Number: 916-445-3694
Fax Number: 916-327-6320

*Email: steve.wong@wildlife.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Congressional Districts: Mono, Inyo-(25), San Bernardino-(41), Riverside-(45), and Imperial-(51)

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

WILDLIFE HABITAT MANAGEMENT AND MAINTENANCE-R6 LANDS NORTH

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: Sec#14

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	74,819.00
* b. Applicant	0.00
* c. State	24,940.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	99,759.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: SSMI

* 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.

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
June 25, 2014

Applicant Identifier

3. DATE RECEIVED BY STATE
NA

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:
Application
☑ Construction
☐ Non-Construction

Pre-application
☐ Construction
☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:
California State Coastal Conservancy

Organizational DUNS:
808322408

Address:
Street:
1330 Broadway, 13th floor

City:
Oakland

County:
Alameda

State:
CA

Zip Code
94612

Country:
USA

Organizational Unit:
Department:

Division:

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

Prefix:
Dr.

First Name:
Joel

Middle Name
Benjamin

Last Name
Gerwein

Suffix:

Email:
jgerwein@scc.ca.gov

Phone Number (give area code)
510-286-4170

Fax Number (give area code)
510-286-0470

RECEIVED
JUN 18 2014
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*:
9 4 - 3 1 6 4 9 6 8

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

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

9. NAME OF FEDERAL AGENCY:
US Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
1 5 - 6 1 4

TITLE (Name of Program):
National Coastal Wetlands Conservation Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Corte Madera Ecological Reserve Expansion Project

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

13. PROPOSED PROJECT
Start Date:
January 1, 2015

Ending Date:
December 31, 2018

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant
Barbara Lee, CA #13

b. Project
Jared Huffman, CA #2

15. ESTIMATED FUNDING:

a. Federal	$ 883,000.00
b. Applicant	$ 200,000.00
c. State	$ 0.00
d. Local	$ 5,000.00
e. Other	$ 247,000.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,335,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON .
DATE: 6/25/2014
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Authorized Representative
Prefix
Mr.

First Name
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
6/17/14

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

Previous Edition Usable
Authorized for Local Reproduction

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED
JUN 18 2014
STATE CLEARING HOUSE

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: New Auberry Water Association

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2318559

* c. Organizational DUNS: 6280751450000

d. Address:

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

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: Rebecca
Middle Name:
* Last Name: Nunnelee
Suffix:

Title: Treasurer Board of Directors; Grant Manager

Organizational Affiliation:

* Telephone Number: 310-415-6053
Fax Number: 310-828-6512

* Email: rebeccan.nawa@gmail.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant (ECWAG) Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Emergency Water Service Measures for NAWA Community: Lowering Well Pumps and Water Hauling

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: 21

* b. Program/Project: 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/15/2014

* b. End Date: 07/15/2016

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	400,000.00

*** 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 06/13/2014.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr.

* First Name: Darrel

Middle Name: Lee

* Last Name: Miller

Suffix:

* Title: President, Board of Directors

* Telephone Number: 310-828-6512

Fax Number: 310-828-6512

* Email: d777miller@roadrunner.com

* Signature of Authorized Representative: Darrel L Miller

* Date Signed: 06/13/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

RECEIVED

JUN 19 2014

STATE CLEARINGHOUSE

RECEIVED

JUN 9 2014

STATE CLEARINGHOUSE

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

* 3. Date Received: 06/16/2014	4. Applicant Identifier:
5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069	* c. Organizational DUNS: 1959302760000

d. Address:

* Street1:	1001 I Street
Street2:	PO Box 1436
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-4801

e. Organizational Unit:

Department Name: California Air Resources Board	Division Name: Administrative Services Divisi

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

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

Title: Manager, Budgets, Grants & Revenues Section

Organizational Affiliation:

* Telephone Number:	(916) 445-4845	Fax Number:	(916) 327-2940

* Email: brandy.hunt@arb.ca.gov

GRANTS.GOV

Grant Application Package

Opportunity Title:	National Clean Diesel Funding Assistance Program FY 201
Offering Agency:	Environmental Protection Agency
CFDA Number:	66.039
CFDA Description:	National Clean Diesel Emissions Reduction Program
Opportunity Number:	EPA-OAR-OTAQ-14-05
Competition ID:	
Opportunity Open Date:	05/01/2014
Opportunity Close Date:	06/17/2014
Agency Contact:	Faye Swift Phone: (202) 343-9147 Email: swift.faye@epa.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: California Air Resources Board (CARB)School Bus Retrofit Project

Select Forms to Complete

Mandatory

Application for Federal Assistance (SF-424)

Project Narrative Attachment Form

Budget Information for Non-Construction Programs (SF-424A)

Optional

☐ Other Attachments Form

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-05

* Title:

National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

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 Air Resources Board (CARB) School Bus Retrofit Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: All
* 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: 10/01/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	1,200,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,200,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Ms.
* First Name: Alice
Middle Name:
* Last Name: Stebbins
Suffix:

* Title: Chief, Administrative Services Division

* Telephone Number: (916) 322-8198
Fax Number: (916) 327-2940

* Email: astebbin@arb.ca.gov

* Signature of Authorized Representative: Katie Patton
* Date Signed: 06/16/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

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

State Use Only:

RECEIVED

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

JUN 19 2014

8. APPLICANT INFORMATION:

* a. Legal Name: Valley Small Business Development Corporation

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
942461685	1692061410000 CAGE 4A7W3 5/21/201

d. Address:

* Street1:	7035 North Fruit Avenue
Street2:	
* City:	Fresno
County/Parish:	Fresno
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93711-0761

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:	Debbie
Middle Name:			
* Last Name:	Raven		
Suffix:			

Title: President/Chief Executive Officer

Organizational Affiliation:

* Telephone Number:	55-476-3977	Fax Number:	559-438-9690

* Email: draven@vsbdc.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

10.773

CFDA Title:

Rural Business Opportunity Grants

*** 12. Funding Opportunity Number:**

RDBCP-RBOG-2014

* Title:

Rural Business Opportunity Grant

13. Competition Identification Number:

Title:

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

Fresno, Kings, Kern, Tulare counties

Add Attachment | Delete Attachment | View Attachment

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

Bringing Resources to You - Mobile Resource/Work Office Vehicle

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-16
* b. Program/Project: CA-21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2015
* b. End Date: 12/30/2015

18. Estimated Funding ($):

* a. Federal	100,000.00
* b. Applicant	25,000.00
* c. State	
* d. Local	
* e. Other	225,000.00
* f. Program Income	
* g. TOTAL	350,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/16/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	Ms.
* First Name:	Debbie
Middle Name:	
* Last Name:	Raven
Suffix:	
* Title:	President/Chief Executive Officer
* Telephone Number:	559-476-3977
Fax Number:	559-438-9690
* Email:	draven@vsbdc.com
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission. 6/16/14

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier: BLM Bi-State DPS Year 1

5a. Federal Entity Identifier: BLM CA

* 5b. Federal Award Identifier: L14AS00134

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED
JUN 1 0 2014
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: County of Mono

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956005-661

* c. Organizational DUNS: 086128832

d. Address:

* Street1: PO Box 347
Street2:
* City: Mammoth Lakes
County: Mono
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93546

e. Organizational Unit:

Department Name: Community Development

Division Name:

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

Prefix: Mrs.
* First Name: Wendy
Middle Name:
* Last Name: Sugimura
Suffix:

Title: Associate Analyst

Organizational Affiliation: Mono County

* Telephone Number: 760.924.1814
Fax Number:

* Email: wsugimura@mono.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L14AS00134

* Title:

BLM CA Bi-State Distinct Population of Greater Sage-Grouse Strategic Action Plan DPS

13. Competition Identification Number:

Title:

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

Mono County, CA, and potentially Alpine and Inyo counties in California; and Carson City, Lyon, Douglas, Mineral, and Esmeralda counties in Nevada.

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

Collaboration on the Refinement and Implementation of the Bi-State Distinct Population of Greater Sage-Grouse Strategic Action Plan

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-8
* b. Program/Project: CA-8

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

16. Congressional Districts. | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/08/2014
* b. End Date: 09/30/2018

18. Estimated Funding ($):

* a. Federal	35,000.00
* b. Applicant	2,015,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,050,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2014.

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

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

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

[ ] Yes [X] No | Explanation

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

[X] ** I AGREE

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

Authorized Representative:

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

* Title: Community Development Director

* Telephone Number: 760.924.1800
Fax Number: 760.924.1801

* Email: sburns@mono.ca.gov

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

#1

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier: BLM CA

* 5b. Federal Award Identifier: L14AS00134

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED
JUN 19 2014
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: County of Mono

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956005-661

* c. Organizational DUNS: 086128832

d. Address:

* Street1: PO Box 347
Street2:
* City: Mammoth Lakes
County: Mono
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93546

e. Organizational Unit:

Department Name: Community Development

Division Name:

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

Prefix: Mrs.
* First Name: Wendy
Middle Name:
* Last Name: Sugimura
Suffix:

Title: Associate Analyst

Organizational Affiliation: Mono County

* Telephone Number: 760.924.1814
Fax Number:

* Email: wsugimura@mono.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L14AS00134

* Title:

BLM CA Bi-State Distinct Population of Greater Sage-Grouse Strategic Action Plan DPS

13. Competition Identification Number:

Title:

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

Mono County, CA, and potentially Alpine and Inyo counties in California; and Carson City, Lyon, Douglas, Mineral, and Esmeralda counties in Nevada.

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

Collaboration on the Refinement and Implementation of the Bi-State Distinct Population of Greater Sage-Grouse Strategic Action Plan

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-8
* b. Program/Project: CA-8

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

16. Congressional Districts. | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/08/2014
* b. End Date: 09/30/2018

18. Estimated Funding ($):

* a. Federal	250,000.00
* b. Applicant	3,000,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,250,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

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

* Title: Community Development Director

* Telephone Number: 760.924.1800
Fax Number: 760.924.1801

* Email: sburns@mono.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:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
JUN 19 2014
STATE CLEARINGHOUSE

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

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	14-8506-1494-CA

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):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

* Street1:	3294 Meadowview Road, Building E
Street2:	
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95832

e. Organizational Unit:

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

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

Prefix:	Dr.	* First Name:	Stephen
Middle Name:			
* Last Name:	Galmari		
Suffix:	PH.D.		

Title: Program Supervisor IV

Organizational Affiliation:

* Telephone Number:	916-262-1131	Fax Number:	916-262-1190

* Email: stephen.galmari@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Governor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Enhancing Taxonomic and Molecular Diagnositcs Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 3rd

* b. Program/Project World wide

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

17. Proposed Project:

* a. Start Date: 8/1/2014

* b. End Date: 7/31/2014

18. Estimated Funding ($):

* a. Federal $135,034
* b. Applicant
* c. State $78,148
* d. Local
* e. Other
* f. Program Income
* g. TOTAL $213,182

*** 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 6/20/2014

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6653

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed: 6/19/14

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

RECEIVED
JUN 19 2014
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: University Enterprises, Inc. on behalf of CSU Sacramento

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
941337638	029031796

d. Address:

* Street1: 6000 J Street
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95819-6111

e. Organizational Unit:

Department Name:	Division Name:
Research Administration	Academic Affairs

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

Prefix: Mr * First Name: David
Middle Name:
* Last Name: Earwicker
Suffix:

Title: Assistant Vice President

Organizational Affiliation:
California State University, Sacramento

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

* Email: david.earwicker@csus.edu

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

CSU Sacramento auxiliary org

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G14AS00003

* Title:

USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch

13. Competition Identification Number:

G14AS00003

Title:

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

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

Placer Hall - Fifth Floor Cabling

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-006

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

17. Proposed Project:

* a. Start Date: 01/01/2014 * b. End Date: 12/31/2014

18. Estimated Funding ($):

* a. Federal	14,644.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	14,644.00

*** 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 06/19/2014.

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

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

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

m 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)**

8 ** I AGREE

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

Authorized Representative:

Prefix: Mr * First Name: David

Middle Name:

* Last Name: Earwicker

Suffix:

* Title: Assistant Vice President

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

* Email: david.earwicker@csus.edu

* Signature of Authorized Representative: David Earwicker * 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: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
5/12/14	California Department of Food & Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-0484-CA	

RECEIVED
JUN 19 2014
STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	13-0258-FR-2

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Pierce's Disease Control Program

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

* b. Program/Project GWSS

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

17. Proposed Project:

* a. Start Date: 10/1/13

* b. End Date: 9/30/14

18. Estimated Funding ($):

* a. Federal 507,688
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 507,688

*** 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: 6/19/14

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-0497-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
April 3, 2014	14-0141-FR

RECEIVED
JUN 19 2014
STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Red Imported Fire Ant

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014 * b. End Date: 6/30/2015

18. Estimated Funding ($):

* a. Federal 120,030
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 120,030

*** 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, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: O02 - 3-06-0020-

* 5b. Federal Award Identifier:

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

RECEIVED
JUN 20 2014
STATE CLEARINGHOUSE

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

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.):
Beckwourth, Plumas County, California

* 15. Descriptive Title of Applicant's Project:
Beckwourth-Nervino Airport, Beckwourth, Plumas County, California: New Beacon Tower, Acquire Snow Blower

Attach supporting documents as specified in agency instructions.

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

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: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$220,500.00
*b. Applicant	$13,475.00
*c. State	$11,025.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$245,000.00

***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 3-10-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: 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: 6/01/2014

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: 201 - 3-06-0191-

* 5b. Federal Award Identifier:

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

RECEIVED
JUN 20 2014
STATE CLEARING HOUSE

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

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.):
Gansner Field, Quincy, Plumas County, California

* 15. Descriptive Title of Applicant's Project:
Gansner Field, Quincy, Plumas County, California: Engineering Design: Update Airfield Lighting, Reconstruct Runway 6-24 and Cross Taxiways A, B, C, and D; Construction: Equipment Maintenance Building

Attach supporting documents as specified in agency instructions.

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

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: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$529,200.00
*b. Applicant	$32,340.00
*c. State	$26,460.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$588,000.00

***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 5-21-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: 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: 06/01/2014

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: 5/23/2014

Applicant Identifier:

1. TYPE OF SUBMISSION:

Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE:

State Application Identifier:

4. DATE RECEIVED BY FEDERAL AGENCY:

Federal Identifier:

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):

One Gateway Plaza
Los Angeles, California 90012-2952

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

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

Nathan Maddox
(213) 922-7368

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4401975

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

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

State Chartered Transit District

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision ☐ Other (Add Scope)

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

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

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20.516

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:

Job Access and Reverse Commute – 5316 – CA-37-X123-01

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)

County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
10/01/2010	12/31/2019	Districts 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 42, 46	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	2,510,015.00
b Applicant	$	.00
c State	$	.00
d Local	$	-2,105,688.00
e Other	$	.00
f Program Income	$	2,120,000.00
g TOTAL	$	16,068,962.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?

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

DATE 6/18/2014

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
ASHAD HAMIDEH	Transportation Planning Manager Regional Grants Management	(213) 922-4299

d. Signature of Authorized Representative	e. Date Signed
Ashad Hamideh	06/18/2014

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

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

* 3. Date Received:

4. Application Identifier:

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier: KCIC - 3-06-0041-

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000308

*c. Organizational DUNS: 08-528-7522

d. Address:

* Street1: 411 Main Street
Street 2:
* City: Chico
County: Butte
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95927

e. Organizational Unit:

Department Name: City Manager's Office

Division Name: Facilities - Airports

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

Prefix: Ms.
First Name: Debbie
Middle Name:
* Last Name: Collins
Suffix:

Title: Management Analyst

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* Telephone Number: 530-896-7216
Fax Number: 530-895-4825

* Email: debbie.collins@Chicoca.gov

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

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 Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:
Chico Municipal Airport, Chico, Butte County, California: Reconstruct Taxiway H and Holding Apron and Remark Taxiways & Apron Phase 2

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-002

* a. Applicant CA-002 * b. Program/Project: CA-002

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

17. Proposed Project:

* a. Start Date: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$1,433,000.00
*b. Applicant	$159,222.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$1,592,222.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 6-16-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

Suffix:

*Title: Interim City Manager, City of Chico

*Telephone Number: 530-896-7202 Fax Number: 530-895-4825

*Email: mark.orme@Chicoca.gov

*Signature of Authorized Representative: Mark Orme Date Signed: June 18, 2014

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a, PARTICIPATION IN FEDERAL, STATE OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2013-14 ANNUAL BUDGET

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

Application for Federal Assistance SF-424

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

* 3. Date Received:

4. Application Identifier:

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier: KCIC - 3-06-0041-

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000308

*c. Organizational DUNS: 08-528-7522

d. Address:

* Street1: 411 Main Street
Street 2:
* City: Chico
County: Butte
* State: California
Province:
Country: USA
*Zip/ Postal Code: 95927

e. Organizational Unit:

Department Name: City Manager's Office

Division Name: Facilities - Airports

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

Prefix: Ms.
First Name: Debbie
Middle Name:
* Last Name: Collins
Suffix:

Title: Management Analyst

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* Telephone Number: 530-896-7216
Fax Number: 530-895-4825

* Email: debbie.collins@Chicoca.gov

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

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 Chico, Butte County and Adjacent Counties, California

* 15. Descriptive Title of Applicant's Project:

Chico Municipal Airport, Chico, Butte County, California: Reconstruct Aircraft Parking Apron Phase 5 - South Central (600' x 450')

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-002

* a. Applicant CA-002 * b. Program/Project: CA-002

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

17. Proposed Project:

* a. Start Date: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$2,124,000.00
*b. Applicant	$236,000.00
*c. State	$0.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$2,360,000.00

***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 6-12-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Mark

Middle Name:

*Last Name: Orme

Suffix:

*Title: Interim City Manager, City of Chico

*Telephone Number: 530-896-7202 Fax Number: 530-895-4825

*Email: mark.orme@Chicoca.gov

*Signature of Authorized Representative: Mark Orme Date Signed: June 18, 2014

AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a, PARTICIPATION IN FEDERAL, STATE OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2013-14 ANNUAL BUDGET

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

Application for Federal Assistance SF-424

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

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

* 3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier: 3-06-0249-

* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1610868

*c. Organizational DUNS: 09-5883476

d. Address:

* Street1: 1901 Airport Road, Suite 100
Street 2:
* City: South Lake Tahoe
County: El Dorado
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96150

e. Organizational Unit:

Department Name: Department of Public Works

Division Name: Lake Tahoe Airport

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

Prefix: Ms.
First Name: Sherry
Middle Name:
* Last Name: Miller
Suffix:

Title: Airport Manager

Organizational Affiliation:

Lake Tahoe Airport

* Telephone Number: 530-542-6182
Fax Number: 530-544-6366

* Email: smiller@cityofslt.us

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

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.):

South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Reconstruct General Aviation Apron Phase 3 (380' x 290')

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004, NV-002

* 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: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$967,500.00
*b. Applicant	$57,500.00
*c. State	$50,000.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$1,075,000.00

***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 3-21-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182 Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: Sherry Miller Date Signed: 6-19-14

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

Application for Federal Assistance SF-424

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

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

* 3. Date Received:
4. Application Identifier:

5a. Federal Entity Identifier: 3-06-0249-
* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1610868
*c. Organizational DUNS: 09-5883476

d. Address:

* Street1: 1901 Airport Road, Suite 100
Street 2:
* City: South Lake Tahoe
County: El Dorado
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96150

e. Organizational Unit:

Department Name: Department of Public Works
Division Name: Lake Tahoe Airport

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

Prefix: Ms.
First Name: Sherry
Middle Name:
* Last Name: Miller
Suffix:

Title: Airport Director

Organizational Affiliation: Lake Tahoe Airport

* Telephone Number: 530-542-6182
Fax Number: 530-544-6366

* Email: smiller@cityofslt.us

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

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.):

South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Obstruction Study

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004, NV-002

* 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: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$45,000.00
*b. Applicant	$2,750.00
*c. State	$2,250.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$50,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-28-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182 Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: Sherry Miller Date Signed: 6-19-14

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

Application for Federal Assistance SF-424

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

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Application Identifier:
5a. Federal Entity Identifier: 3-06-0249-	* 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
94-1610868	09-5883476

d. Address:

* Street1: 1901 Airport Road, Suite 100
Street 2:
* City: South Lake Tahoe
County: El Dorado
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96150

e. Organizational Unit:

Department Name:	Division Name:
Department of Public Works	Lake Tahoe Airport

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

Prefix: Ms.
First Name: Sherry
Middle Name:
* Last Name: Miller
Suffix:

Title: Airport Manager

Organizational Affiliation:

Lake Tahoe Airport

* Telephone Number: 530-542-6182
Fax Number: 530-544-6366

* Email: smiller@cityofslt.us

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

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.):

South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Reseal Taxiway Pavement Joints and Runway Cracks

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004, NV-002

* 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: 2014 * b. End Date: 2014

18. Estimated Funding ($):

*a. Federal	$521,100.00
*b. Applicant	$31,845.00
*c. State	$26,055.00
*d. Local	$0.00
*e. Other	$0.00
*f. Program Income	$0.00
*g. TOTAL	$579,000.00

***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 3-21-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182 Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: Sherry Miller Date Signed: 6-19-14

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

Application for Federal Assistance SF-424

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

* 3. Date Received:

4. Application Identifier:

RECEIVED
JUN 23 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 3-06-0249-

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1610868

*c. Organizational DUNS: 09-5883476

d. Address:

* Street1: 1901 Airport Road, Suite 100
Street 2:
* City: South Lake Tahoe
County: El Dorado
* State: California
Province:
Country: USA
*Zip/ Postal Code: 96150

e. Organizational Unit:

Department Name: Department of Public Works

Division Name: Lake Tahoe Airport

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

Prefix: Ms.
First Name: Sherry
Middle Name:
* Last Name: Miller
Suffix:

Title: Airport Manager

Organizational Affiliation:

Lake Tahoe Airport

* Telephone Number: 530-542-6182
Fax Number: 530-544-6366

* Email: smiller@cityofslt.us

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

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.):

South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant's Project:

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Pavement Maintenance/ Management Program

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004, NV-002

* 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: 2014 * b. End Date: 2014

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 3-21-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Sherry

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182 Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: Sherry Miller Date Signed: 6-19-14

View Burden Statement

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUN 23 2014
STATE CLEARINGHOUSE

3. Date Received:	4. Applicant Identifier:
06/18/2014	

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF WATSONVILLE

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000451	0109394520000

d. Address:

* Street1: 250 MAIN STREET
Street2:
* City: WATSONVILLE
County/Parish:
* State: CALIFORNIA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95076-5047

e. Organizational Unit:

Department Name:	Division Name:
Community Development	

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

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

Title: Administrative Analyst

Organizational Affiliation:

* Telephone Number: 831-768-3080	Fax Number: 831-763-4114

* Email: jackie.ventura@cityofwatsonville.org

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-17
* b. Program/Project: CA-17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	749,142.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	569,201.99
* f. Program Income	80,000.00
* g. TOTAL	1,398.00

*** 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 06/19/2014

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Carlos
Middle Name:	J.
* Last Name:	Palacios
Suffix:	
* Title:	City Manager
* Telephone Number:	831-768-3080
Fax Number:	831-763-4114
* Email:	carlos.palacios@cityofwatsonville.org
* Signature of Authorized Representative:	
* Date Signed:	06/19/2014

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

Application for Federal Assistance SF-424 Version 02

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

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

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

RECEIVED
JUN 24 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Community Housing Improvement Program, Incorporated

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2223398

*c. Organizational DUNS: 010998797

d. Address:

*Street 1: 1001 Willow Street
Street 2:
*City: Chico
County: Butte
*State: CA
Province:
*Country: U.S.A.
*Zip / Postal Code 95928

e. Organizational Unit:

Department Name: N/A

Division Name:

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

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

Title: Director of Homeownership

Organizational Affiliation:

*Telephone Number: (530) 891-6931, ext. 227

Fax Number: (530) 891-8547

*Email: jquezada@chiphousing.org

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

Application for Federal Assistance SF-424

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Butte, Colusa, Glenn, Shasta, Sutter, Tehama, and Yuba Counties.

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

This application is for $2,277,000, USDA Section 523 TA Grant, to complete 82 equivalent construction units.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002 *b. Program/Project: CA-002

17. Proposed Project:

*a. Start Date: 8/22/2015 *b. End Date: 8/21/2017

18. Estimated Funding ($):

*a. Federal	2,277,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,277,000

***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 6/23/2014

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: *First Name: David

Middle Name:

*Last Name: Ferrier

Suffix:

*Title: Executive Director

*Telephone Number: (530) 891-6931, ext. 240 Fax Number: (530) 891-8547

* Email: dferrier@chiphousing.org

*Signature of Authorized Representative: *Date Signed: 6/23/2014

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received: 06/20/2014

4. Applicant Identifier:

JUN 24 2014

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498106

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: SACRAEMNTO
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: STAFF SERVICES MANAGER I

Organizational Affiliation:

* Telephone Number: 916-445-3701

Fax Number: 916-327-6320

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

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

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

San Diego, Orange and Imperial Counties

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

SOUTH COAST LARGE MAMMAL POPULATION MONITORING AND CONSERVATION - REGION 5

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-052

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	141,686.00
* b. Applicant	0.00
* c. State	47,229.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	188,915.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: 916-445-9300
Fax Number: 916-327-6320

* Email: BLAINE.NICKENS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/20/2014

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

Application for Federal Assistance SF-424

Version 02

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

RECEIVED
JUN 24 2014
STATE CLEARINGHOUSE

* 3. Date Received:	4. Applicant Identifier:
06/23/2014	

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

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	G1498066

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1697567	6083223580000

d. Address:

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

e. Organizational Unit:

Department Name:	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: JASON
Middle Name:
* Last Name: WILLIAMS
Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE INVENTORIES AND RESEARCH: REFUGE WATER SUPPLY PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	105,483.00
* b. Applicant	0.00
* c. State	35,161.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	140,644.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER II

* Telephone Number: 916-445-9300
Fax Number: 916-327-6320

* Email: BLAINE.NICKENS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 08/23/2014

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUN 24 2014
STATE CLEARING HOUSE

* 3. Date Received: 06/20/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498056

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WILDLIFE INVESTIGATIONS LABORATORY

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	360,608.00
* b. Applicant	0.00
* c. State	120,203.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	480,811.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/20/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER II

* Telephone Number: 916-445-9300
Fax Number: 916-327-6320

* Email: BLAINE.NICKENS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/20/2014

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

RECEIVED
JUN 24 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-XXXX-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	14-0134-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

False Codling Moth

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014 * b. End Date: 6/30/2015

18. Estimated Funding ($):

* a. Federal 100,000
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 100,000

*** 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 June 24, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

RECEIVED
JUN 24 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-XXXX-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	14-0198-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Palm Commodity-based Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014 * b. End Date: 6/30/2015

18. Estimated Funding ($):

* a. Federal 280,000
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 280,000

*** 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 June 24, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

RECEIVED
JUN 24 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-XXXX-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier: 14-0135-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	(916) 654-1211	Fax Number:	(916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Tomato Commodity Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014 * b. End Date: 6/30/2015

18. Estimated Funding ($):

* a. Federal 125,000
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 125,000

*** 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 June 24, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

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

RECEIVED
JUN 24 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-XXXX-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	14-0135-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

* Email: jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Tomato Commodity Survey

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014 * b. End Date: 6/30/2015

18. Estimated Funding ($):

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

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on June 24, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

* c. Organizational DUNS: 0259861590000

d. Address:

* Street1: 21865 Copley Drive
Street2:
* City: Diamond Bar
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91765-4178

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

Title: Financial Analyst

Organizational Affiliation:

* Telephone Number: 909-396-2780

Fax Number:

* Email: mleonard@aqmd.gov

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:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

* 12. Funding Opportunity Number:

EPA-OAR-OTAQ-14-05

* Title:

National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

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:

On-Road Heavy-Duty Vehicle and School Bus Replacement Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2015
* b. End Date: 12/31/2016

18. Estimated Funding ($):

* a. Federal	1,165,000.00
* b. Applicant	3,053,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	1,270,000.00
* f. Program Income	0.00
* g. TOTAL	5,488,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2014.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[X] ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Barry

Middle Name:

* Last Name: Wallerstein

Suffix: D. Env.

* Title: Executive Officer

Fax Number:

* Telephone Number: 909-396-2100

* Email: bwallerstein@aqmd.gov

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

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

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

RECEIVED
JUN 25 2014
STATE CLEARINGHOUSE

* a. Legal Name: California State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3164968

* c. Organizational DUNS: 8083224080000

d. Address:

* Street1: 1330 Broadway, 13th Floor
Street2:
* City: Oakland
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94612-2530

e. Organizational Unit:

Department Name: San Francisco Bay Program

Division Name:

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

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

Title: Project Manager

Organizational Affiliation:

* Telephone Number: (510) 286-4167
Fax Number: 510-286-0470

* Email: bwilson@scc.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of the Interior Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.614

CFDA Title:

Coastal Wetlands Planning, Protection and Restoration Program

*** 12. Funding Opportunity Number:**

F13AS00079

* Title:

National Coastal Wetlands Conservation Grant Program

13. Competition Identification Number:

Title:

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

Figure 1 - Project Area.pdf

Add Attachment | Delete Attachment | View Attachment

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

Alameda and Contra Costa Counties Wildlife-friendly Pond Wetlands Restoration 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-15
* b. Program/Project: CA-15

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

CA-11.pdf [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

* a. Start Date: 02/01/2015
* b. End Date: 07/31/2018

18. Estimated Funding ($):

* a. Federal	589,361.00
* b. Applicant	175,000.00
* c. State	191,181.00
* d. Local	10,037.00
* e. Other	100,080.00
* f. Program Income	0.00
* g. TOTAL	1,065,659.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/25/2014.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach [Add Attachment] [Delete Attachment] [View Attachment]

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Samuel

Middle Name:

* Last Name: Schuchat

Suffix:

* Title: Executive Officer

* Telephone Number: 510-286-1015 Fax Number: 510-286-0470

* Email: sschuchat@scc.ca.gov

* Date Signed: 06/25/2014

* Signature of Authorized Representative:

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

Application for Federal Assistance SF-424 Version 02

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 06/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498053

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-327-0062
Fax Number: 916-445-3701

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

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

Application for Federal Assistance SF-424

Version 02

8. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 5

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-6 * b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014 * b. End Date: 06/20/2015

18. Estimated Funding ($):

* a. Federal	225,566.00
* b. Applicant	0.00
* c. State	75,189.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	2,625.00
* g. TOTAL	303,380.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: SSMI

* Telephone Number: (916) 445-3701 Fax Number: (916) 327-6320

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

* Signature of Authorized Representative: Blaine Nickens * Date Signed: 06/24/2014

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

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

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

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
	13-8506-1494-CA

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):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

* Street1:	3294 Meadowview Road, Building E
Street2:	
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95832

e. Organizational Unit:

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

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

Prefix:	Dr.	* First Name:	Stephen
Middle Name:			
* Last Name:	Galmarl		
Suffix:			

Title: Program Supervisor IV

Organizational Affiliation:

* Telephone Number:	916-262-1131	Fax Number:	916-262-1190

* Email: stephen.galmarl@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-003 * b. Program/Project Worldwide

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

17. Proposed Project:

* a. Start Date: 8/1/2013 * b. End Date: 3/31/2015

18. Estimated Funding ($):

* a. Federal $138,105
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL $138,105

*** 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 6/26/2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6653 Fax Number:

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

* Signature of Authorized Representative: Crystal J. Myers * Date Signed: 6/24/14

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

* 3. Date Received: 06/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498001

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: NICOLE

Middle Name:

* Last Name: REESE

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-9302

Fax Number: 916-327-6320

* Email: NICOLE.REESE@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Statewide

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

AQUATIC RESOURCE EDUCATION

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	2,442,820.00
* b. Applicant	0.00
* c. State	814,272.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,257,092.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: SSMII

* Telephone Number: 916-445-9300
Fax Number: 916-327-6320

* Email: BLAINE.NICKENS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/24/2014

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

Application for Federal Assistance SF-424

Version 02

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

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

* 3. Date Received:	4. Applicant Identifier:
06/24/2014	

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

State Use Only:

6. Date Received by State:	7. State Application Identifier:
	G1498100

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

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

e. Organizational Unit:

Department Name:	Division Name:
95811-7011	GRANTS MANAGEMENT BRANCH

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

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

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number:	Fax Number:
916-445-3694	916-327-6320

* Email: steve.wong@wildlife.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Statewide

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

COORDINATION OF CA SPORT FISH RESTORATION PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-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: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	249,150.00
* b. Applicant	0.00
* c. State	83,050.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	332,200.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/16/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** I AGREE

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

Authorized Representative:

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

* Title: SSMI

* Telephone Number: (916) 445-3701
Fax Number: 916-327-6320

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

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/24/2014

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

Application for Federal Assistance SF-424

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

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

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
04-6003888	

State Use Only:

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

8. APPLICANT INFORMATION:

• a. Legal Name: MARIPOSA PUBLIC UTILITY DISTRICT

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6003888	005900030

d. Address:

• Street 1: PO BOX 494
Street 2:
* City: MARIPOSA
County/Parish: MARIPOSA
* State: CALIFORNIA
Province:
* Country: USA: UNITED STATES
• Zip / Postal Code: 95338

e. Organizational Unit:

Department Name:	Division Name:
MARIPOSA PUBLIC UTILTIY DISTRICT	NA

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

Prefix:
* First Name: MARK
Middle Name:
• Last Name: ROWNEY
Suffix:

Title: GENRAL MANAGER

Organizational Affiliation:
EMPLOYEE MANAGER CLERK TO THE BOARD OF DIRECTORS

* Telephone Number: (209) 966-2515
Fax Number: (209) 966-6615

* Email: mpud@sti.net

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

California Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Mariposa California

Add Attachments | Delete Attachments | View Attachments

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

Acquisition of an existing water well, install pumping equipment and appurtenant infrastructure including 20'X20' security fence and 8'X8' control building. Replace failing pump, wire and piping for an existing drought mitigation well.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-004
* b. Program/Project: CA-004

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

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

18. Estimated Funding ($):

* a. Federal	$181,470.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	$181,470.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06-05-2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	
* First Name:	Mark
Middle Name:	
* Last Name:	Rowney
Suffix:	
* Title:	General Manager
*Telephone Number:	(209) 966-2515
Fax Number:	(209) 966-2515
* Email:	mpud@sti.net
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

June 12, 2014

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUN 26 2014
STATE CLEARING HOUSE

* 3. Date Received: 08/25/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498086

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

CALIFORNIA HUNTER EDUCATION PROGRAM

*Section 10 Advanced HE also included

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	1,963,220.00
* b. Applicant	0.00
* c. State	654,407.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,617,627.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER II

* Telephone Number: 916-445-9300
Fax Number: 916-327-6320

* Email: BLAINE.NICKENS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/25/2014

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
JUN 26 2014
STATE CLEARING HOUSE

* 3. Date Received: 06/25/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498103

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: STAFF SERVICES MANAGER II

Organizational Affiliation:

* Telephone Number: 916-445-3701

Fax Number: 916-327-6320

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

Shasta, Lassen, Modoc, Siskiyou, Tehama, Humboldt, Del Norte, Mendocino, and Trinity

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

WILDLIFE MANAGEMENT AND WILDLIFE CONSERVATION N REG PROG 20

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-6
* b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	149,780.00
* b. Applicant	0.00
* c. State	49,927.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	199,707.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: (916) 445-9300
Fax Number: (916) 327-6320

* Email: BLAINE.NICKENS@wildlife.ca.gov

* Signature of Authorized Representative: Blaine Nickens
* Date Signed: 06/26/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUN 25 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
TCY - 3-06-0059	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Tracy

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000442	9316714030000

d. Address:

* Street1: 520 Tracy Boulevard
Street2:
* City: Tracy
County/Parish: San Joaquin
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 953764917

e. Organizational Unit:

Department Name:	Division Name:
Public Works	Airports

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

Prefix: Mr. * First Name: Ed
Middle Name:
* Last Name: Lovell
Suffix:

Title: Management Analyst II, Public Works

Organizational Affiliation:
City of Tracy, Public Works Department, Airports

* Telephone Number: 209-831-6204 Fax Number: 209-831-6216

* Email: ed.lovell@ci.tracy.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:

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.):

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

Tracy Municipal Airport, Tracy, San Joaquin County, CA: Partial Reimbursement for Engineering Design - Reconstruct R/Ws, T/Ws, and Aprons; Replace AWOS AV; Reconstruct R/W 12-30 and T/Ws B, D, & E

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-011
* b. Program/Project: CA-011

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

17. Proposed Project:

* a. Start Date: 08/01/2014
* b. End Date: 12/31/2014

18. Estimated Funding ($):

* a. Federal	5,114,707.00
* b. Applicant	518,300.00
* c. State	50,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	5,683,007.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2014.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: David

Middle Name:

* Last Name: Ferguson

Suffix:

* Title: Director of Public Works

* Telephone Number: 209-831-6300 Fax Number: 209-831-6218

* Email: david.ferguson@ci.tracy.ca.us

* Signature of Authorized Representative: David Ferguson * Date Signed: 6/25/14

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Applicant Identifier:

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

RECEIVED
JUN 26 2014
STATE CLEARINGHOUSE

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):	* c. Organizational DUNS:
68-030-3606	1720708070000

d. Address:

* Street1: 1725 23rd Street, Suite 100
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95816-7100

e. Organizational Unit:

Department Name:	Division Name:
Dept. Parks and Recreation	Office of Historic Preservatio

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

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

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

* Telephone Number: (916) 445-7024 Fax Number: (916) 445-7053

* Email: John.Thomas@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund Grants-in-Aid

*** 12. Funding Opportunity Number:**

P14AS00105

* Title:

Historic Preservation Fund Grants for Properties Associated with Groups Underrepresented in the National Register of Historic Places

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:**

Preserve 20th Century Latino History in 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: CA-All
* b. Program/Project: SEE #1

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	30,075.52
* b. Applicant	
* c. State	20,052.52
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	50,128.04

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

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

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Carol
Middle Name:
* Last Name: Roland-Nawi
Suffix: Ph.D

* Title: State Historic Preservation Officer

* Telephone Number: (916) 445-7050
Fax Number:

* Email: Carol.Roland-Nawi@parks.ca.gov

* Signature of Authorized Representative: Carol Roland-Nawi
* Date Signed: 6-26-14

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

RECEIVED
JUN 27 2014
STATE CLEARING HOUSE

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000512	8289278760000

d. Address:

* Street1:	2220 Tulare Street, 6th Floor
Street2:	
* City:	Fresno
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93721-2132

e. Organizational Unit:

Department Name:	Division Name:
Public Works and Planning	Community Development

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

Prefix:	Mrs	* First Name:	Gigi
Middle Name:			
* Last Name:	Gibbs		
Suffix:			

Title: Division Manager

Organizational Affiliation:

* Telephone Number:	(559)600-4292	Fax Number:	(559)600-4573

* Email: ggibbs@co.fresno.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2014

* Title:

Section 533 Housing Preservation Grant

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:**

Owner-Occupant Housing Rehabilitation Project in rural unincorporated Fresno County

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-21 * b. Program/Project CA-21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014 * b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* 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?**

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Alan

Middle Name:

* Last Name: Weaver

Suffix:

* Title: Director, Public Works and Planning

* Telephone Number: (559)600-4500 Fax Number: (559)600-4548

* Email: aweaver@co.fresno.ca.us

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

* REUSED *

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

RECEIVED
JUN 30 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: National Indian Justice Center

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0004000	1510953200000

d. Address:

* Street1: 5250 Aero Drive
Street2:
* City: Santa Rosa
County/Parish: Sonoma
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95403-8069

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: Raquelle
Middle Name:
* Last Name: Myers
Suffix: J.D.

Title: Staff Attorney

Organizational Affiliation:
National Indian Justice Center

* Telephone Number: 707-579-5507 Fax Number: 707-579-9019

* Email: nijc@aol.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.762

CFDA Title:

*** 12. Funding Opportunity Number:**

SWM-FY14

* Title:

Solid Waste Management Grant Program

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:**

Sustainable Solid Waste Management Solutions Online

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 002
* b. Program/Project: CA 002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	47,400.00
* b. Applicant	15,660.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	63,060.00

*** 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 06/27/2014.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Joseph

Middle Name:

* Last Name: Myers

Suffix:

* Title: Executive Director

* Telephone Number: 707-579-5507 Fax Number: 707-579-9019

* Email: josephmyers@nijc.org

* Signature of Authorized Representative: Joseph Myers * Date Signed: 06/27/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 06/30/2014

4. Applicant Identifier:

RECEIVED
JUN 30 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Center for Cooperation Development

* b. Employer/Taxpayer Identification Number (EIN/TIN): 39-2065673

* c. Organizational DUNS: 809999440000

d. Address:

* Street1: 979 F Street, Suite A-1
Street2:
* City: Davis
County/Parish: Yolo
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95616-2258

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: Elizabeth
Middle Name: Kim
* Last Name: Coontz
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 5302971032
Fax Number: 5302971033

* Email: ekccontz@cccd.coop

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Rural Business Cooperative Services

11. Catalog of Federal Domestic Assistance Number:

10-771

CFDA Title:

Rural Cooperative Development Grants

*** 12. Funding Opportunity Number:**

RDBCP-RCDG-2014

* Title:

Rural Cooperative Development Grant

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:**

Stimulating Rural California Economies with Cooperative Development

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: CA003
* b. Program/Project: CAall

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	200,000.00
* b. Applicant	7,069.00
* c. State	0.00
* d. Local	0.00
* e. Other	63,201.00
* f. Program Income	0.00
* g. TOTAL	270,270.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2014.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[X] ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Elizabeth

Middle Name: Kim

* Last Name: Coontz

Suffix:

* Title: Executive Director

* Telephone Number: 5302971032

Fax Number: 5302971033

* Email: ekcoontz@cccd.coop

* Signature of Authorized Representative: Elizabeth Kim Coontz

* Date Signed: 06/30/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 06/30/2014

4. Applicant Identifier:

RECEIVED JUN 30 2014 STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Focus on Cooperation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0621289

* c. Organizational DUNS: 073555892C000

d. Address:

* Street1: PO Box 296
Street2: 514 S. I Street
* City: Lompoc
County/Parish: Santa Barbara
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93438-0296/93436-7704

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: Elizabeth

Middle Name: Kim

* Last Name: Coontz

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 5302971032

Fax Number: 5302971033

* Email: ekcoontz@cccd.coop

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Rural Business Cooperative Service

11. Catalog of Federal Domestic Assistance Number:

10-871

CFDA Title:

Small Socially Disadvantaged Producer Grant

*** 12. Funding Opportunity Number:**

RDBCP-SSDPG-2014

* Title:

Small Socially Disadvantaged Producer Grant

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:**

MARKETING, PRODUCTION, FOOD SAFETY, AND COOPERATIVE EDUCATION AND TECHNICAL ASSISTANCE FOR REFUGEE AND IMMIGRANT FARMERS AND COOPERATIVES

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: CA024
* b. Program/Project: CAall

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	200,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	200,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2014.

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

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

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

[ ] Yes [X] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

[X] ** I AGREE

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

Authorized Representative:

Prefix:
* First Name: Elizabeth
Middle Name: Kim
* Last Name: Coontz
Suffix:

* Title: Executive Director
* Telephone Number: 5302971032
Fax Number: 5302971033
* Email: ekcoontz@cccd.coop
* Signature of Authorized Representative: E. Kim Coontz
* Date Signed: 06/30/2014