

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16 - 30, 2015**. 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 Number: 4040-0004  
Expiration Date: 08/31/2016**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	- Select One -
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
* 3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier: MMH - 3-06-0146-		* 5b. Federal Award Identifier:	
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>JUN 16 2015</b>   <b>STATE CLEARING HOUSE</b> </div>	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: Town of Mammoth Lakes			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067		* c. Organizational DUNS: 144603339	
d. Address:			
* Street1: 1300 Airport Road			
Street 2:			
* City: Mammoth Lakes			
County: Mono			
* State: California			
Province:			
Country: USA		* Zip/ Postal Code: 93546	
e. Organizational Unit:			
Department Name: Public Works		Division Name: Airports	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Brian	
Middle Name:			
* Last Name: Picken		Suffix:	
Title: Assistant Airport Manager			
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport			
* Telephone Number: (760) 934-3813		Fax Number: (760) 934-3119	
* Email: bpicken@townofmammothlakes.ca.gov			

OMB Number: 4040-0004  
Expiration Date: 08/31/2015

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

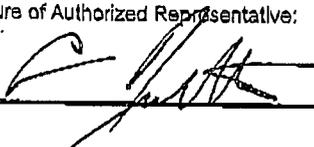
Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Engineering Design: Obstruction Light Row - North Side - and Relocate Wind Socks and Segmented Circle

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

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-025	*b. Program/Project: CA-025
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 06/01/2015	*b. End Date: 10/31/2015
18. Estimated Funding (\$):	
*a. Federal	30,824.00
*b. Applicant	3,176.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	34,000.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>05/20/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Grady
Middle Name:	
*Last Name: Dutton	
Suffix:	
*Title: Director of Public Works, Town of Mammoth Lakes	
*Telephone Number: (760) 934-8989	Fax Number: (760) 934-8608
* Email: gdutton@townofmammothlakes.ca.gov	
*Signature of Authorized Representative:	*Date Signed:
	6/12/15

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
* 3. Date Received:	4. Application Identifier:	RECEIVED  JUN 16 2015
5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier:	STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Town of Mammoth Lakes		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	* c. Organizational DUNS: 144603339	
<b>d. Address:</b>		
* Street 1: 1300 Airport Road	Street 2:	
* City: Mammoth Lakes	County: Mono	
* State: California	Province:	
Country: USA	* Zip/ Postal Code: 93546	
<b>e. Organizational Unit:</b>		
Department Name: Public Works	Division Name: Airports	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	First Name: Brian	
Middle Name:		
* Last Name: Picken	Suffix:	
Title: Assistant Airport Manager		
<b>Organizational Affiliation:</b> Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport		
* Telephone Number: (760) 934-3813	Fax Number: (760) 934-3119	
* Email: bpicken@townofmammothlakes.ca.gov		

**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:

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

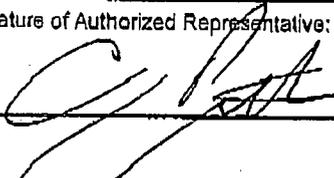
Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Wildlife Hazard Management Plan (WHMP) and Biological Assessment (BA) for the Mammoth Yosemite Airport, and Categorical Exclusion (CE) for Airport Security Fence

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

OMB Number: 4010-0004  
Expiration Date: 06/31/2016

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-025	*b. Program/Project: CA-025
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 05/01/2015	*b. End Date: 10/31/2015
18. Estimated Funding (\$):	
*a. Federal	52,800.00
*b. Applicant	5,440.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	58,240.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>05/20/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Grady
Middle Name:	
*Last Name: Dutton	
Suffix:	
*Title: Director of Public Works, Town of Mammoth Lakes	
*Telephone Number: (760) 934-8989	Fax Number: (760) 934-8608
* Email: gdutton@townofmammothlakes.ca.gov	
*Signature of Authorized Representative:	*Date Signed:
	6/12/15

OMB Number: 4040-0004  
Expiration Date: 08/31/2016**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: MMH - 3-06-0146-			* 5b. Federal Award Identifier: STATE CLEARING HOUSE		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			* c. Organizational DUNS: 144603339		
d. Address:					
* Street1: 1300 Airport Road					
Street 2:					
* City: Mammoth Lakes					
County: Mono					
* State: California					
Province:					
Country: USA					
* Zip/ Postal Code: 93546					
e. Organizational Unit:					
Department Name: Public Works			Division Name: Airports		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Brian			
Middle Name:					
* Last Name: Picken					
Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: (760) 934-3813			Fax Number: (760) 934-3119		
* Email: bpicken@townofmammothlakes.ca.gov					

RECEIVED  
JUN 16 2015

STATE CLEARING HOUSE

RECEIVED  
JUN 16 2015  
STATE CLEARING HOUSE

OMB Number: 4040-0004  
Expiration Date: 06/31/2016

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:  
 20.106

CFDA Title:  
 Airport Improvement Program

\*12. Funding Opportunity Number:  
 Title:

13. Competition Identification Number:  
 Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
 Town of Mammoth Lakes, Mono County, California

\* 15. Descriptive Title of Applicant's Project:  
 Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Reconstruct General Aviation Aircraft Parking Apron A3 (20,000 sq. yd.) and Portion of Apron A2 (850 sq. yd.)

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

OMB Number: 4040-0004  
Expiration Date: 09/31/2016**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 06/01/2015

\*b. End Date: 10/31/2015

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

*a. Federal	1,359,855.00
*b. Applicant	140,095.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,499,950.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/20/2015
- 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 on next page.)**

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: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

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

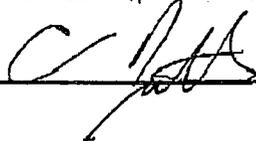
\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:

\*Date Signed:



5/12/15



**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:**

National Ornamental Research Site at Dominican University (NORSDUC)

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA:3rd

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

\* a. Federal \$50,000

\* b. Applicant

\* c. State 0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$50,000

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

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

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

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

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

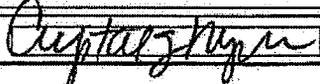
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier: KTRK - 3-06-0262-	* 5b. Federal Award Identifier: STATE CLEARING HOUSE <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">                         RECEIVED                          JUN 17 2015                     </div>	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Truckee Tahoe Airport District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1563328	* c. Organizational DUNS: 006492235	
<b>d. Address:</b>		
* Street1: 10356 Truckee Tahoe Airport Road		
Street 2:		
* City: Truckee		
County: Nevada		
* State: California		
Province:		
Country: USA	* Zip/ Postal Code: 96161	
<b>e. Organizational Unit:</b>		
Department Name: Airport District	Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	First Name: Kevin	
Middle Name:		
* Last Name: Smith	Suffix:	
Title: General Manager		
Organizational Affiliation: Truckee Tahoe Airport District		
* Telephone Number: (530) 587-4119	Fax Number: (530) 587-2984	
* Email: kevin.smith@truckeeatahoeairport.com		

**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:**

- 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: N/A

**13. Competition Identification Number:**

Title: N/A

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

Truckee, Nevada County, California

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

Truckee Tahoe Airport, Truckee, Nevada County, California - Runway 2-20 &amp; T/W G - Saw &amp; Seal Supplemental Joints; Runway 2-20 &amp; T/W G, Hangars L &amp; M, &amp; Taxiway T - Asphalt Seal; Reconstruct Hangar Taxiways West G and GH; Reconstruct Taxiways A (Sta. 41+00 to 81+00), F, H, U &amp; J.

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

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 06/01/2015	*b. End Date: 10/31/2015
<b>18. Estimated Funding (\$):</b>	
*a. Federal	3,769,205.00
*b. Applicant	368,800.00
*c. State	50,000.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	4,188,005.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/20/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: Kevin
Middle Name:	
*Last Name: Smith	
Suffix:	
*Title: General Manager, Truckee Tahoe Airport District	
*Telephone Number: (530) 587-4119	Fax Number: (530) 587-2984
* Email: kevin.smith@truckeetahoeairport.com	
*Signature of Authorized Representative:	*Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	- Select One -
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier: KTRK - 3-06-0262-	* 5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center;">JUN 17 2015</p> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">STATE CLEARING HOUSE</p> </div>		
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Truckee Tahoe Airport District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1563328	* c. Organizational DUNS: 006492235	
<b>d. Address:</b>		
* Street1: 10356 Truckee Tahoe Airport Road		
Street 2:		
* City: Truckee		
County: Nevada		
* State: California		
Province:		
Country: USA		
* Zip/ Postal Code: 96161		
<b>e. Organizational Unit:</b>		
Department Name: Airport District	Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	First Name: Kevin	
Middle Name:		
* Last Name: Smith		
Suffix:		
Title: General Manager		
Organizational Affiliation: Truckee Tahoe Airport District		
* Telephone Number: (530) 587-4119	Fax Number: (530) 587-2984	
* Email: kevin.smith@truckeetahoeairport.com		

**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:

- 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: N/A

13. Competition Identification Number:

Title: N/A

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

Truckee, Nevada County, California

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

Truckee Tahoe Airport, Truckee, Nevada County, California - Engineering Design Only: Reconstruct South Jet Apron

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

OMB Number: 4040-0004

Expiration Date: 08/31/2016

**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.

**17. Proposed Project:**

\*a. Start Date: 07/01/2015

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

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

*a. Federal	67,392.00
*b. Applicant	4,118.00
*c. State	3,370.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	74,880.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/30/2015.
- 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 on next page.)**

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: Kevin

Middle Name:

\*Last Name: Smith

Suffix:

\*Title: General Manager, Truckee Tahoe Airport District

\*Telephone Number: (530) 587-4119

Fax Number: (530) 587-2984

\*Email: kevin.smith@truckeetahoeairport.com

\*Signature of Authorized Representative:



\*Date Signed:

6/16/15

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

Application for Federal Assistance SF-424	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>1. Type of Submission:</b></p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application         </div> <div style="width: 30%;"> <p><b>2. Type of Application:</b></p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision         </div> <div style="width: 30%;"> <p>* If Revision, select appropriate letter(s):  <input type="text"/>            * Other (Specify)  <input type="text"/></p> </div> </div>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>            JUN 17 2015            STATE CLEARING HOUSE         </div>	
<p><b>3. Date Received:</b> <input type="text"/> <b>4. Applicant Identifier:</b> <input type="text"/></p> <p><small>Completed by Grants.gov upon submission.</small></p>	
<p><b>5a. Federal Entity Identifier:</b> <input type="text"/> <b>5b. Federal Award Identifier:</b> <input type="text"/></p>	
<p><b>State Use Only:</b></p> <p><b>6. Date Received by State:</b> <input type="text"/> <b>7. State Application Identifier:</b> <input type="text"/></p>	
<b>8. APPLICANT INFORMATION:</b>	
<p><b>a. Legal Name:</b> <input type="text"/></p>	
<p><b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/> <b>c. Organizational DUNS:</b> <input type="text"/></p>	
<b>d. Address:</b>	
<p><b>Street 1:</b> <input type="text"/></p> <p><b>Street 2:</b> <input type="text"/></p> <p><b>City:</b> <input type="text"/></p> <p><b>County/Parish:</b> <input type="text" value="Del Norte"/></p> <p><b>State:</b> <input type="text"/></p> <p><b>Province:</b> <input type="text"/></p> <p><b>Country:</b> <input type="text" value="USA: UNITED STATES"/></p> <p><b>Zip / Postal Code:</b> <input type="text"/></p>	
<b>e. Organizational Unit:</b>	
<p><b>Department Name:</b> <input type="text" value="Planning Department"/> <b>Division Name:</b> <input type="text"/></p>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<p><b>Prefix:</b> <input type="text" value="Mrs."/> <b>* First Name:</b> <input type="text" value="Nicola"/></p> <p><b>Middle Name:</b> <input type="text"/></p> <p><b>* Last Name:</b> <input type="text" value="Sager"/></p> <p><b>Suffix:</b> <input type="text"/></p>	
<p><b>Title:</b> <input type="text" value="Senior Planner"/></p>	
<p><b>Organizational Affiliation:</b> <input type="text" value="Yurok Tribe Planning Department"/></p>	
<p><b>* Telephone Number:</b> <input type="text" value="(707) 482-1350"/> <b>Fax Number:</b> <input type="text" value="(707) 482-1364"/></p>	
<p><b>* Email:</b> <input type="text" value="nwright@yuroktribe.nsn.us"/></p>	

**Application for Federal Assistance SF-424**

**9. Type of Applicant 1 - Select Applicant Type:**  
 Native American Tribe, Federally Recognized

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

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

**\* Other (specify):**

---

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

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

**CFDA Title:**

---

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

**\* Title:**

---

**13. Competition Identification Number:**

**Title:**

---

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

---

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

* a. Federal	<input type="text" value="\$92,000.00"/>
* b. Applicant	<input type="text" value="\$20,000.00"/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="\$112,000.00"/>

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

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

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

Yes  No

If "Yes, provide explanation and attach.

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____	<b>RECEIVED</b> JUN 17 2015 STATE CLEARING HOUSE
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> E15AS00092		
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> G1598033		
<b>B. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> STATE OF CALIFORNIA			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1697567		<b>* c. Organizational DUNS:</b> 8083223580000	
<b>d. Address:</b>			
<b>* Street1:</b>	1416 9TH STREET		
<b>Street2:</b>	_____		
<b>* City:</b>	SACRAMENTO		
<b>County:</b>	_____		
<b>* State:</b>	CA: California		
<b>Province:</b>	_____		
<b>* Country:</b>	USA: UNITED STATES		
<b>* Zip / Postal Code:</b>	95814		
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> CA DEPT OF FISH & WILDLIFE		<b>Division Name:</b> GRANTS MANAGEMENT BRANCH	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> Mr.	<b>* First Name:</b> PETE		_____
<b>Middle Name:</b>	_____		
<b>* Last Name:</b>	MARCELLANA		
<b>Suffix:</b>	_____		
<b>Title:</b> GRANTS ADMINISTRATOR			
<b>Organizational Affiliation:</b> _____			
<b>* Telephone Number:</b> (916) 445-4658		<b>Fax Number:</b> (916) 327-6320	
<b>* Email:</b> pete.marcellana@wildlife.ca.gov			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F15AS00092

\* 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.):

San Pablo Bay (5), Suisun Bay and Grizzly Bay in the Delta (3).

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

Sturgeon Population and Sport Fishery Assessment

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="138,435.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="46,145.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="184,580.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: 2600 Apricot St, L.P.
--

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

**d. Address:**

* Street1: 5947 Varied Avenue
* Street2: <input type="text"/>
* City: Woodland Hills
* County/Parish: <input type="text"/>
* State: CA: California
* Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 91367

**e. Organizational Unit:**

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

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

Prefix: <input type="text"/>	* First Name: Lori
Middle Name: <input type="text"/>	
* Last Name: Koester	
Suffix: <input type="text"/>	
Title: Executive Director	

**Organizational Affiliation:**

* Telephone Number: 818-905-2430	Fax Number: 818-905-2440
----------------------------------	--------------------------

* Email: lkoester@corpoffices.org
-----------------------------------

RECEIVED

STATE CLEARING HOUSE

JUN 17 2015

STATE CLEARING HOUSE

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):

LP with nonprofit MGP

\* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

Liverdale, Sutter, CA

Add Attachment

Delete Attachment

View Attachment

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

See attached description.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="173,122.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="22,762,553.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="25,935,675.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

[Empty box]

**\* Other (Specify):**

[Empty box]

**\* 3. Date Received:**

[Empty box]

**4. Applicant Identifier:**

[Empty box]

**6a. Federal Entity Identifier:**

[Empty box]

**5b. Federal Award Identifier:**

[Empty box]

**State Use Only:**

**6. Date Received by State:**

[Empty box]

**7. State Application Identifier:**

[Empty box]

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

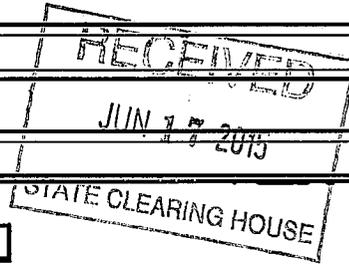
244 Eighth St., L.P.

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

TBD

**\* c. Organizational DUNS:**

TBD



**d. Address:**

**\* Street1:**

5947 Varciel Avenue

**Street2:**

[Empty box]

**\* City:**

Woodland Hills

**County/Parish:**

[Empty box]

**\* State:**

CA: California

**Province:**

[Empty box]

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

91367

**e. Organizational Unit:**

**Department Name:**

[Empty box]

**Division Name:**

[Empty box]

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

**Prefix:**

[Empty box]

**\* First Name:**

Lori

**Middle Name:**

[Empty box]

**\* Last Name:**

Koester

**Suffix:**

[Empty box]

**Title:**

Executive Director

**Organizational Affiliation:**

[Empty box]

**\* Telephone Number:**

818-905-2430

**Fax Number:**

818-905-2440

**\* Email:**

lkoester@corpoffices.org

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):

LP with nonprofit MGP

\* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

Atascadero, Monterey, CA

Add Attachment

Delete Attachment

View Attachment

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

See attached description.

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-027

\* b. Program/Project CA-020

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 10/01/2016

\* b. End Date: 10/01/2017

## 18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	179,451.00
* c. State	
* d. Local	
* e. Other	16,547,890.00
* f. Program Income	
* g. TOTAL	19,727,341.00

## \* 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

06/17/2015

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

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

 Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:  \* First Name: LoriMiddle Name: 

\* Last Name: Koester

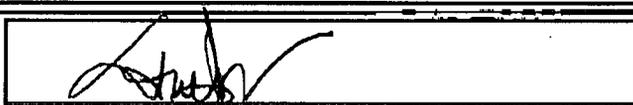
Suffix: 

\* Title: Executive Director

\* Telephone Number: 816-905-2430

Fax Number: 

\* Email: lkoester@corpoffices.org

\* Signature of Authorized Representative: 

\* Date Signed: 06/17/2015

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

\* a. Legal Name: **wasco Homeo, L.P.**

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

TBD

\* c. Organizational DUNS:

TBD

RECEIVED  
JUN 17 2015  
STATE CLEARING HOUSE

**d. Address:**

\* Street1: **5947 Variel Avenue**

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

\* City: **Woodland Hills**

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

\* State: **CA: California**

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

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

\* Zip / Postal Code: **91367**

**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: **Lori**

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

\* Last Name: **Koester**

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

Title: **Executive Director**

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

\* Telephone Number: **818-905-2430**

Fax Number: **818-905-2440**

\* Email: **lkoester@corpoffices.org**

**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):**

LP with nonprofit MGF

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

Rural Housing Services, USDA

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

10.405 & 10.427

**CFDA Title:**

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

WYCO, Kern, CA

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

See attached description.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-027

\* b. Program/Project CA-021

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2016

\* b. End Date: 10/01/2017

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	154,650.00
* c. State	
* d. Local	
* e. Other	21,179,731.00
* f. Program Income	
* g. TOTAL	24,334,381.00

\* 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 06/17/2015
- 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: Lori  
Middle Name:  
\* Last Name: Koester  
Suffix:

\* Title: Executive Director

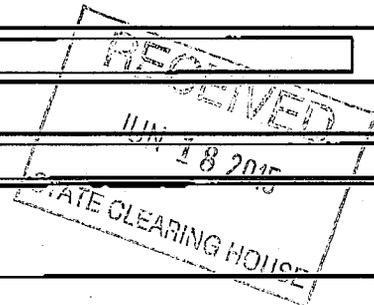
\* Telephone Number: 818-905-2430 Fax Number:

\* Email: lkoester@corpoffices.org

\* Signature of Authorized Representative: 

\* Date Signed: 06/17/2015

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: 1112 S. I St., L.P.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): TBD	* c. Organizational DUNS: TBD	
d. Address:		
* Street1: 5947 Varied Avenue	Street2: <input type="text"/>	
* City: Woodland Hills	County/Parish: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 91367	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Lori	
Middle Name: <input type="text"/>	* Last Name: Koester	
Suffix: <input type="text"/>	Title: Executive Director	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 818-905-2430	Fax Number: 818-905-2440	
* Email: lkoester@corpoffices.org		



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):

LP with nonprofit MGP

\* 10. Name of Federal Agency:

Rural Housing Services, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

Reedley, Fresno, CA

Add Attachment

Delete Attachment

View Attachment

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

See attached description.

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-027

\* b. Program/Project CA-022

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2016

\* b. End Date: 10/01/2017

18. Estimated Funding (\$):

* a. Federal	2,600,000.00
* b. Applicant	72,663.00
* c. State	
* d. Local	
* e. Other	7,307,325.00
* f. Program Income	
* g. TOTAL	9,979,988.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/18/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: Lori

Middle Name: [ ]

\* Last Name: Koester

Suffix: [ ]

\* Title: Executive Director

\* Telephone Number: 818-905-2430 Fax Number: [ ]

\* Email: lkoester@corpoffices.org

\* Signature of Authorized Representative: [Handwritten Signature]

\* Date Signed: 06/17/2015

OMB Number: 3040-0004  
 Expiration Date: 06/30/10

**Application for Federal Assistance SF-424**

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

5a. Federal Entity Identifier: OVE-3-95-0178-	5b. Federal Award Identifier:
--	-------------------------------

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

**B. APPLICANT INFORMATION:**

* a. Legal Name: City of Oroville	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387	* c. Organizational DUNS: 080125137
-----------------------------------	--	-------------------------------------

**RECEIVED**  
 JUN 18 2015  
 STATE CLEARING HOUSE

* d. Address:		* Zip/Postal Code: 95965
* Street 1: 1735 Montgomery Street	Street 2:	
* City: Oroville	County: Butte	
* State: California	Province:	
Country: USA		

* e. Organizational Unit:	
Department Name: Public Works	Division Name: Oroville Municipal Airport

* f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: Richard
Middle Name: H.	
* Last Name: Wells	
Suffix:	
Title: Airport Manager	

* Organizational Affiliation: Department of Public Works - City of Oroville - Oroville Municipal Airport
---

* Telephone Number: (530) 686-2507	Fax Number: (530) 536-2426
* Email: wells@cityoforoville.org	

FORM Number: 4030-6004  
Expiration Date: 03/31/2018

**Application for Federal Assistance SF-424**

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

a. 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:

20.108

CFDA Title:

Airport Improvement Program

\* 12. Funding Opportunity Number:

Title: N/A

\* 13. Competition Identification Number:

Title: N/A

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

City of Oroville, Butte County, California

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

Oroville Municipal Airport, Oroville, Butte County, California - Design Only: 2-Box PAPI and RFL Runway 02 and Taxiway K (50' x 425')

Attach supporting documents as specified in agency instructions.

OMB Number 4040-004  
Expiration Date 08/31/2016

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.

17. Proposed Project:

a. Start Date: 08/01/2015

b. End Date: 12/31/2015

18. Estimated Funding (\$):

a. Federal	73,732.00
b. Applicant	4,508.00
c. State	3,687.00
d. Local	0
e. Other	0
f. Program Income	0.00
g. TOTAL	81,925.00

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 08/20/2015
- 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 on next page.)

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Donald  
 Middle Name: L.  
 \*Last Name: Rust  
 Suffix:

\*Title: Director of Community Development, City of Oroville

\*Telephone Number: (530) 536-2430

\*Fax Number: (530) 536-2428

\*Email: [rustd@cityoforoville.org](mailto:rustd@cityoforoville.org)

Signature of Authorized Representative:



\*Date Signed:

6/17/15

OMB Number: 4040-0004  
Expiration Date: 08/31/2016

**Application for Federal Assistance SF-424**

\* 1. Type of Submission

Preapplication

Application

Changed/Corrected Application

\* 2. Type of Application

New

Continuation

Revision

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

- Select One -

\* Other (Specify)

\* 3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

OVE -3-09-0176-

\* 5b. Federal Award Identifier:

RECEIVED

State Use Only:

6. Date Received by State:

7. State Application Identifier:

JUN 18 2015

**B. APPLICANT INFORMATION:**

\* a. Legal Name: City of Oroville

STATE CLEARING HOUSE

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

84-5010197

\* c. Organizational DUNS:

025123437

d. Address:

\* Street 1: 1735 Montgomery Street

Street 2:

\* City: Oroville

County: Butte

\* State: California

Province:

Country: USA

\* Zip/Postal Code: 95966

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Oroville Municipal Airport

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

Prefix: Mr.

First Name: Richard

Middle Name: H.

\* Last Name: Wafa

Suffix:

Title:

Airport Manager

Organizational Affiliation:

Department of Public Works - City of Oroville - Oroville Municipal Airport

\* Telephone Number: (530) 538-2507

Fax Number: (530) 538-2426

\* Email: wafa@cityoforoville.org

OAB Number: 4040-0004  
Expiration Date: 06/30/15

**Application for Federal Assistance SF-424**

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

0. 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:

20.108

CFDA Title:

Airport Improvement Program

\* 12. Funding Opportunity Number:

Title: N/A

\* 13. Competition Identification Number:

Title: NA

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

City of Oroville, Butte County, California

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

Oroville Municipal Airport, Oroville, Butte County, California - Construction: 2-Box RAP and REIL Runway 02, Grade Safety Area Near Runway 2-20 (100 sq. yd.)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-004  
Expiration Date: 08/1/2010

## Application for Federal Assistance SF-434

16. Congressional Districts Of:

\*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: 06/01/2015

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

18. Estimated Funding (\$):

*a. Federal	232,141.00
*b. Applicant	14,197.00
*c. State	11,607.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	257,936.00

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 06/15/2015
- 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 Deb? (If "Yes", provide explanation on next page.)

 Yes  No

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

 I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Donald

Middle Name: L.

\*Last Name: Rust

Suffix:

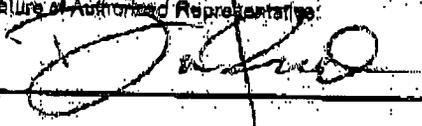
\*Title: Director of Community Development, City of Oroville

\*Telephone Number: (530) 538-2430

\*Fax Number: (530) 538-2426

\*Email: rustd@cityoforoville.org

\*Signature of Authorized Representative:



\*Date Signed: 06/17/2015

**Application for Federal Assistance SF-424**

Version 02

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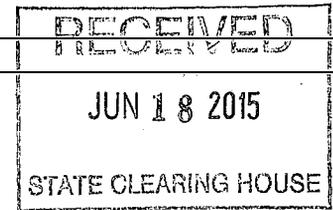
<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
---------------------------------------	---------------------------------------

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

**8. APPLICANT INFORMATION:**

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

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6006142	<b>*c. Organizational DUNS:</b> 627797426
--	--



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

<b>e. Organizational Unit:</b> Department Name: Sponsored Projects Office	Division Name: Research and Economic Development
---	---

<b>f. Name and contact information of person to be contacted on matters involving this application:</b> Prefix: Mr. Middle Name: <b>*Last Name:</b> Chan Suffix:	First Name: Robert
--	--------------------

Title: Senior Contract and Grant Officer
--

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

<b>*Telephone Number:</b> 951-827-7986	<b>Fax Number:</b> 951-827-4483
<b>*Email:</b> robert.chan@ucr.edu	

**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:

CFDA Title:

\*12. Funding Opportunity Number:

\*Title: Farm Bill - Notice of Cooperative Agreement No. 15-8130-0359-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.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-44

\*b. Program/Project: CA-ALL

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

17. Proposed Project:

\*a. Start Date: 7/1/2015

\*b. End Date: 6/30/2016

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

*a. Federal	\$42,000.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$42,000.00

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

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

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Robert

Middle Name:

\*Last Name: Chan

Suffix:

\*Title: Senior Contract and Grant Officer

\*Telephone Number: 951-827-7986

Fax Number:

\*Email: robert.chan@ucr.edu

\*Signature of Authorized Representative:

Date Signed:

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

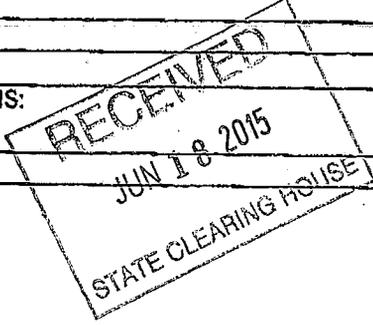
6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Auburn, California
---

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000295	*c. Organizational DUNS: 004949137
---	---------------------------------------

* d. Address:	
* Street1: 1225 Lincoln Way	
Street 2:	
* City: Auburn	
County: Placer	
* State: California	
Province:	
Country: USA	*Zip/ Postal Code: 95603



**e. Organizational Unit:**

Department Name: Department of Public Works	Division Name: Auburn Municipal Airport
--	--

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

Prefix: Ms.	First Name: Bernie
Middle Name:	
* Last Name: Schroeder	
Suffix:	
Title: Director of Public Works	

Organizational Affiliation: City of Auburn, CA
---

* Telephone Number: (530) 823-4211	Fax Number: (530) 885-5508
* Email: bschroeder@auburn.gov	

OMB Number: 4040-0004  
Expiration Date: 08/31/2016**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: 20.106

Title: Airport Improvement Program

13. Competition Identification Number:

Title:

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

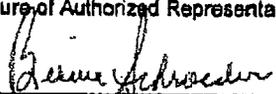
City of Auburn, Placer County, California

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

Auburn Municipal Airport - Airport Layout Plan Update/Narrative Report

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

OMB Number 4040-0004  
Expiration Date 08/31/2016

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-001
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 08/01/2015	*b. End Date: 09/30/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	225,000.00
*b. Applicant	13,750.00
*c. State	11,250.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	250,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/18/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Ms.	*First Name: Bernie
Middle Name:	
*Last Name: Schroeder	
Suffix:	
*Title: Director of Public Works	
*Telephone Number: (530) 823-4211	Fax Number: (530) 885-5508
* Email: bschroeder@auburn.ca.gov	
*Signature of Authorized Representative: 	*Date Signed: 6/18/15

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> E. Other (explain below)  <b>* Other (Specify)</b>				
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b> Redding Municipal Airport (RDD)		<table border="1"><tr><td>RECEIVED</td></tr><tr><td>JUN 19 2015</td></tr><tr><td>STATE CLEARING HOUSE</td></tr></table>		RECEIVED	JUN 19 2015	STATE CLEARING HOUSE
RECEIVED								
JUN 19 2015								
STATE CLEARING HOUSE								
<b>5a. Federal Entity Identifier:</b>		<b>* 5b. Federal Award Identifier:</b>						
<b>State Use Only:</b>								
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>						
<b>8. APPLICANT INFORMATION:</b>								
<b>* a. Legal Name:</b> City of Redding, California								
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000401			<b>*c. Organizational DUNS:</b> 07-378-0413					
<b>d. Address:</b>								
<b>* Street1:</b> 777 Cypress Avenue <b>Street 2:</b> <b>* City:</b> Redding <b>County:</b> Shasta <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA <b>*Zip/ Postal Code:</b> 96001								
<b>e. Organizational Unit:</b>								
<b>Department Name:</b> Support Services			<b>Division Name:</b> Airports					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>								
<b>Prefix:</b> Mr. <b>Middle Name:</b> W.		<b>First Name:</b> Bryant						
<b>* Last Name:</b> Garrett <b>Suffix:</b>								
<b>Title:</b> Airports Manager								
<b>Organizational Affiliation:</b> City of Redding, California								
<b>* Telephone Number:</b> (530) 224-4321			<b>Fax Number:</b> (530) 224-4318					
<b>* Email:</b> bgarrett@ci.redding.ca.us								

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

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

1.) ADA Passenger Loading Ramp; 2.) Airport Pavement Management System (APMS) Study (Including PCN); 3.) West Tie-Down Apron Reconstruction – Design Only; 4.) T-Hangar Taxiway Reconstruction – Design Only; and 5.) ARFF Station Modification (Exhaust System Installation)

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



**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New		
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> Continuation		* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision		
*3. Date Received:		4. Application Identifier:	STATE CLEARING HOUSE
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: 15-9419-0306	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: The Regents of the University of California			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494		*c. Organizational DUNS: 04-712-0084	
<b>d. Address:</b>			
*Street1: Office of Research - Sponsored Programs Street 2: 1850 Research Park Drive, Suite 300			
*City: Davis			
County: Yolo			
*State: CA			
Province:			
Country: United States		*Zip/ Postal Code: 95618	
<b>e. Organizational Unit:</b>			
Department Name: CA Animal Health & Food Safety Laboratory System		Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:		First Name: Lisa	
Middle Name:			
*Last Name: Parker			
Suffix:			
Title: Contract & Grants Analyst			
Organizational Affiliation:			
*Telephone Number: 530-754-7700		Fax Number: 530-754-8229	
*Email: awards@ucdavis.edu			

RECEIVED

JUN 19 2015

STATE CLEARING HOUSE

**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, VS**

11. Catalog of Federal Domestic Assistance Number:

**10.025**

CFDA Title:

**Plant and Animal Diseases, Pest Control and Animal Care**

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

**California and any other support of NAHLN as required.**

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

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

III

\*b. Program/Project:

California

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

17. Proposed Project:

\*a. Start Date: 07/15/2015

\*b. End Date: 03/31/2016

18. Estimated Funding (\$):

*a. Federal	\$46,541.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$46,541.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/19/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix:

\*First Name: Lisa

Middle Name:

\*Last Name: Parker

Suffix:

\*Title: Contract &amp; Grants Analyst

\*Telephone Number: 530-754-7700

Fax Number: 530-754-8229

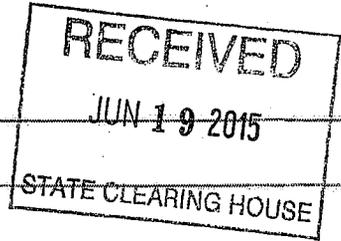
\*Email: awards@ucdavis.edu

\*Signature of Authorized Representative:

Date Signed:

**Application for Federal Assistance SF-424**

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



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

5a. Federal Entity Identifier: 3-06-0251	* 5b. Federal Award Identifier:
---	---------------------------------

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

**B. APPLICANT INFORMATION:**

* a. Legal Name: City of Susanville
-------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000439	* c. Organizational DUNS: 094377157
---	--

**d. Address:**

* Street 1: 66 North Lassen Street Street 2:	* Zip/ Postal Code: 96130
* City: Susanville	
County: Lassen	
* State: California	
Province:	
Country: United States	

**e. Organizational Unit:**

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

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

Prefix: Mr.	First Name: Jared
Middle Name: G.	
* Last Name: Hancock	
Suffix:	

Title: City Administrator
---------------------------

Organizational Affiliation: N/A
------------------------------------

* Telephone Number: (530) 252-5101	Fax Number: (530) 257-1057
------------------------------------	----------------------------

* Email: jhancock@cityofsusenville.org
--

**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: N/A

Title:

13. Competition Identification Number: N/A

Title:

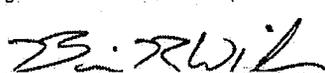
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Susanville, Lassen County, California

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

PAPI Design

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA 4th	*b. Program/Project: CA 4th
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 07/01/2015	*b. End Date: 08/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	62,739.00
*b. Applicant	3,834.00
*c. State	3,137.00
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	69,740.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>6/19/15</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: Brian
Middle Name:	
*Last Name: Wilson	
Suffix:	
*Title: Mayor	
*Telephone Number: (530) 257-1000	Fax Number: (530) 257-1057
* Email: info@cityofsusanville.org	
*Signature of Authorized Representative: 	*Date Signed: 6-18-15

Application for Federal Assistance SF-424

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application \* If Revision, select appropriate letter(s)

- New
- Continuation
- Revision
- Other (Specify) \_\_\_\_\_

RECEIVED  
JUN 19 2015  
STATE CLEARING HOUSE

3. Date Received:

6/3/15

4. Applicant Identifier:

5a. Federal Entity Identifier:

APHIS

\*5b. Federal Award Identifier:

15-8100-1752-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\*a. Legal Name: Pollinator Partnership

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

94-3283967

\*c. Organizational DUNS:

129722497

d. Address:

\*Street 1: 423 Washington St.  
Street 2: 5th floor.  
\*City: San Francisco  
County: \_\_\_\_\_  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 94111

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: Kelly  
Middle Name: \_\_\_\_\_  
\*Last Name: Bourke  
Suffix: \_\_\_\_\_

Title: Program Associate

Organizational Affiliation:

\*Telephone Number: 415-362-1137

Fax Number:

\*Email: kr@pollinator.org

Application for Federal Assistance SF-424

Version 02

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

501(c)3 Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

\*10 Name of Federal Agency:

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12 Funding Opportunity Number:

15-8100-1752-CA

\*Title:

Honey Bee Study

13. Competition Identification Number:

Title:

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

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

Study to understand the opportunities present for honey bees from commercial plant material.

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-012	*b. Program/Project: All	
<b>17. Proposed Project:</b>		
*a. Start Date: June 15, 2015	*b. End Date: June 14, 2016	
<b>18. Estimated Funding (\$):</b> 272,140		
*a. Federal	<u>272,140</u>	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	<u>272,140</u>	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Laurie</u>	
Middle Name: _____		
*Last Name: <u>Davies Adams</u>		
Suffix: _____		
*Title: <u>Executive Director</u>		
*Telephone Number: <u>415-362-1137</u>	Fax Number: _____	
*Email: <u>LDA@pollinator.org</u>		
*Signature of Authorized Representative: <u>Laurie Davies Adams</u>		*Date Signed: <u>06/11/15</u>

**Application for Federal Assistance SF-424**

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

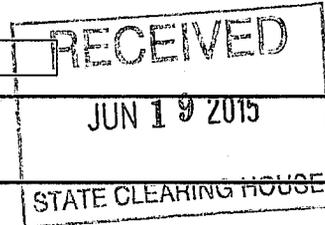
- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify):**



**\* 3. Date Received:**

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-1775-CA

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

15-0296-FR

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

State of California

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

68-0325104

**\* c. Organizational DUNS:**

8074876650000

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

**\* City:**

Sacramento

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health/Pest Prev Svcs

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

**Prefix:**

**\* First Name:**

Jason

**Middle Name:**

**\* 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:**

NA

\* Title:  
NA

**13. Competition Identification Number:**

Title:

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

**\* 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

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="120,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="120,000.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

Dept. of Food and Agriculture

RECEIVED

JUN 19 2015

**5a. Federal Entity Identifier:**

15-8506-1621-CA

**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:**

State of California

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

68-0325104

**\* c. Organizational DUNS:**

8074876650000

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

\_\_\_\_\_

**\* City:**

Sacramento

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health/Pest Prev Svcs

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Jason

**Middle Name:**

\_\_\_\_\_

**\* 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:**

NA

\* Title:

NA

**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:**

Stone Fruit Commodity Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="400,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="400,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

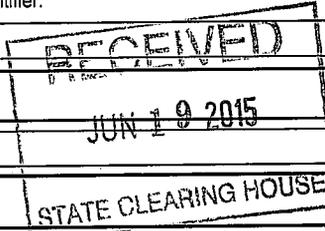
Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-1620-CA

**5b. Federal Award Identifier:**

\_\_\_\_\_



**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

State of California

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

68-0325104

**\* c. Organizational DUNS:**

8074876650000

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

\_\_\_\_\_

**\* City:**

Sacramento

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health/Pest Prev Svcs

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Jason

**Middle Name:**

\_\_\_\_\_

**\* 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:**

NA

\* Title:

NA

**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:**

Khapra Beetle Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="170,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="170,000.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify):**

**\* 3. Date Received:**

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-1771-CA

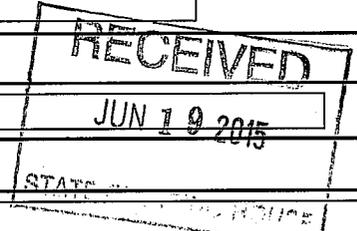
**5b. Federal Award Identifier:**

**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):**

68-0325104

**\* c. Organizational DUNS:**

8074876650000

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

**\* City:**

Sacramento

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health/Pest Prev Svcs

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

**Prefix:**

**\* First Name:**

Jason

**Middle Name:**

**\* 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:**

NA

\* Title:  
NA

**13. Competition Identification Number:**

Title:

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

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

False Codling Moth Survey

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

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

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

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

- Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

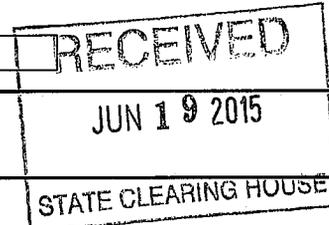
- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_



**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-0689-CA

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

14-0590-FR

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

State of California

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

68-0325104

**\* c. Organizational DUNS:**

8074876650000

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

\_\_\_\_\_

**\* City:**

Sacramento

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health/Pest Prev Svcs

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Jason

**Middle Name:**

\_\_\_\_\_

**\* 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:**

NA

\* Title:

NA

**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:**

Asian Defoliating Moth Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="525,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="525,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

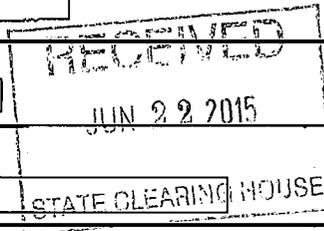
\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

\_\_\_\_\_



**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Placer County Water Agency

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

94-1552786

**\* c. Organizational DUNS:**

0980879430000

**d. Address:**

**\* Street1:**

144 Ferguson Road

**Street2:**

\_\_\_\_\_

**\* City:**

Auburn

**County/Parish:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95603-3231

**e. Organizational Unit:**

**Department Name:**

Technical Services

**Division Name:**

Engineering

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

**Prefix:**

Mr.

**\* First Name:**

Robert

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Swartz

**Suffix:**

\_\_\_\_\_

**Title:**

Manager of Technical Services

**Organizational Affiliation:**

Regional Water Authority

**\* Telephone Number:**

916-967-7692

**Fax Number:**

916-967-7322

**\* Email:**

rswartz@rwah2o.org

**Application for Federal Assistance SF-424**

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

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

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

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

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

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-1, 4

\* b. Program/Project 3, 6, 7

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2015

\* b. End Date: 04/30/2017

18. Estimated Funding (\$):

* a. Federal	200,000.00
* b. Applicant	30,000.00
* c. State	0.00
* d. Local	181,761.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	411,761.00

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 06/22/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Einar  
Middle Name:  
\* Last Name: Maisch  
Suffix:

\* Title: General Manager

\* Telephone Number: (530) 823-4850 Fax Number:

\* Email: elmaisch@powa.net

\* Signature of Authorized Representative: [Handwritten Signature]

\* Date Signed: 6/18/15

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> 06/08/2015	
<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____	
<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	
<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> Housing Authority of the City of San Buenaventura	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2461075	
<b>* c. Organizational DUNS:</b> 0055618160000	
<b>d. Address:</b>	
<b>* Street1:</b> 995 Riverside Street	
<b>Street2:</b> _____	
<b>* City:</b> Ventura	
<b>County/Parish:</b> _____	
<b>* State:</b> CA: California	
<b>Province:</b> _____	
<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 93001-1636	
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> _____	
<b>Division Name:</b> Affordable Housing and Develop	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Mrs.	
<b>* First Name:</b> Loretta	
<b>Middle Name:</b> _____	
<b>* Last Name:</b> McCarty	
<b>Suffix:</b> _____	
<b>Title:</b> Chief Operating Officer	
<b>Organizational Affiliation:</b> Employee	
<b>* Telephone Number:</b> (805) 648-5008 x 3222	
<b>Fax Number:</b> (805) 643-7984	
<b>* Email:</b> lmccarty@hacityventura.org	

RECEIVED  
JUN 22 2015  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Department of Agriculture - Rural Development

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

Section 514 10,427

CFDA Title:

Farm Labor Housing Loan

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

Section 514

\* Title:

Farm Labor Housing Loan for Off Farm Housing and Rental Housing

**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:**

24-unit new construction multifamily rental housing development in Ventura, California for low-income farmworker households.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,000,000.00"/>
* b. Applicant	<input type="text" value="2,567,851.00"/>
* c. State	<input type="text" value="170,190.00"/>
* d. Local	<input type="text" value="230,000.00"/>
* e. Other	<input type="text" value="5,210,958.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="11,178,999.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

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

Application for Federal Assistance SF-424		
<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
<b>* 3. Date Received:</b> <input type="text"/>	<b>4. Applicant Identifier:</b> <input type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>JUN 22 2015</b> </div>
<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>* 5b. Federal Award Identifier:</b> <input type="text"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>STATE CLEANING HOUSE</b> </div>
<b>State Use Only:</b> <b>6. Date Received by State:</b> <input type="text"/> <b>7. State Application Identifier:</b> <input type="text"/>		
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Arvin Community Service District		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/>	<b>* c. Organizational DUNS:</b> <input type="text"/>	
<b>d. Address:</b>		
<b>* Street 1:</b> <input type="text"/> <b>* Street 2:</b> <input type="text"/> <b>* Street 3:</b> <input type="text"/>	<b>* City:</b> <input type="text"/>	
<b>* County/Parish:</b> Kern	<b>* State:</b> <input type="text"/>	
<b>* Province:</b> <input type="text"/>	<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> <input type="text"/>		
<b>e. Organizational Unit:</b> <b>e. Organizational unit:</b>		
<b>Department Name:</b> <input type="text"/>	<b>Division Name:</b> <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Mr.	<b>* First Name:</b> <input type="text"/>	
<b>Middle Name:</b> <input type="text"/>		
<b>* Last Name:</b> <input type="text"/>		
<b>Suffix:</b> <input type="text"/>		
<b>Title:</b> President, Arvin Community Service District		
<b>Organizational Affiliation:</b> Board Member		
<b>* Telephone Number:</b> (661) 854-2127	<b>Fax Number:</b> (661) 854-8230	
<b>* Email:</b> epantofa@arvincad.com		

**Application for Federal Assistance SF-424**

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

Special District

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

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

**\* Other (specify):**

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

USDA Rural Development

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

19-763

**CFDA Title:**

Emergency and Imminent Community Water Assistance Grants

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

**\* Title:**

Arvin Community Service District

**13. Competition Identification Number:**

**Title:**

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

Russell St, Arvin, Kern County, CA

Add Attachments

Delete Attachments

View Attachments

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

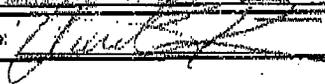
Russell Street Emergency Water Supply Project to extend water lines from Arvin St to Russell Street to provide water service impacted by the drought.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="21"/>	* b. Program/Project: <input type="text" value="21"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2015"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="8308,956.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="8308,956.00"/>
<b>19. Is Application Subject to Review By State Under Executive Order 12872 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12872 Process for review on <input type="text"/>	
<input checked="" type="checkbox"/> b. Program is subject to E.O. 12872 but has not been selected by the State for review	
<input type="checkbox"/> c. Program is not covered by E.O. 12872	
<input type="checkbox"/> d. Program is not covered by E.O. 12872	
<input type="checkbox"/> e. Program is not covered by E.O. 12872	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fraudulent, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</b>	
<input checked="" type="checkbox"/> I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="David L."/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Brown"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="President"/>	
* Telephone Number: <input type="text" value="(661) 854-2127"/>	Fax Number: <input type="text" value="(661) 854-8230"/>
* Email: <input type="text" value="brown@jawa.org"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="6/23/2015"/>

<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<div style="border: 1px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> <b>RECEIVED</b>  <b>JUN 22 2015</b>  <b>STATE CLEARING HOUSE</b> </div>		
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="California State Coastal Conservancy"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-3164968"/>	* c. Organizational DUNS: <input type="text" value="8083224080000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="1330 Broadway, Suite 1300"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Oakland"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="94612-2512"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Trish"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Chapman"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Central Coast Program Manager"/>	
Organizational Affiliation: <input type="text" value="California State Coastal Conservancy"/>		
* Telephone Number: <input type="text" value="510-286-0749"/>	Fax Number: <input type="text" value="510-286-0470"/>	
* Email: <input type="text" value="Trish.Chapman@scg.ca.gov"/>		

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.463

**CFDA Title:**

Habitat Conservation

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

NOAA-NMFS-HCPO-2015-2004410

**\* Title:**

Coastal Ecosystem Resiliency Grants Program

**13. Competition Identification Number:**

2525603

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

San Clemente Dam Removal 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 13

\* b. Program/Project 20

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

[Empty text box for additional list]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 10/01/2015

\* b. End Date: 12/31/2016

18. Estimated Funding (\$):

* a. Federal	750,000.00
* b. Applicant	0.00
* c. State	750,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,500,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 6/22/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes" provide explanation and attach

[Empty text box for explanation]

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 216, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix: [Empty] \* First Name: Trish  
 Middle Name: [Empty]  
 \* Last Name: Chapman  
 Suffix: [Empty]

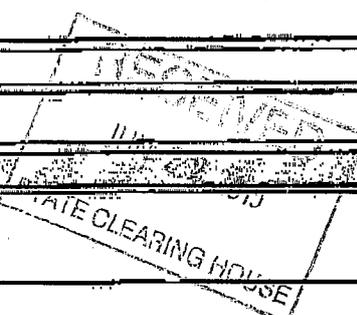
\* Title: Central Coast Program Manager

\* Telephone Number: 510-286-0749 Fax Number: 510-286-0470

\* Email: Trish.Chapman@scc.ca.gov

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	- If Revision, select appropriate letter(s): _____ - Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
B. APPLICANT INFORMATION:		
* a. Legal Name: <b>Mista Montana Phase II, LP</b>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>46-0953529</b>	* c. Organizational DUNS: <b>1355261480000</b>	
d. Address:		
* Street1: <b>16935 West Bernardo Drive, Suite 238, San Diego, CA 92127-1609</b>	Street2: _____	
* City: <b>San Diego</b>	County/Parish: <b>San Diego</b>	
* State: <b>CA</b>	Province: _____	
* Country: <b>USA: UNITED STATES</b>	Country: _____	
* Zip / Postal Code: <b>92127-1636</b>	Zip / Postal Code: _____	
e. Organizational Unit:		
Department Name: <b>PSCDC</b>	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: <b>Matt</b>	
Middle Name: _____	Middle Name: _____	
* Last Name: <b>Grosz</b>	Last Name: _____	
Suffix: _____	Suffix: _____	
Title: <b>President/Executive Director</b>		
Organizational Affiliation: <b>Chelsea Investment Corporation (Developer)</b>		
* Telephone Number: <b>760-456-6000 x117</b>	Fax Number: <b>760-456-6001</b>	
* Email: <b>mgrosz@chelseainvestco.com</b>		



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:

**USDA Rural Development**

11. Catalog of Federal Domestic Assistance Number:

**10.405 & 10.427**

CFDA Title:

**10.405: Farm Labor Housing Loans and Grants 10.427: Rural Rental Assistance Payment**

\* 12. Funding Opportunity Number:

**2015-06863**

\* Title:

**Notice of Solicitation of Applications (NOSA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2015**

13. Competition Identification Number:

**N/A**

Title:

**N/A**

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

**Coachella, Riverside County, CA**

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

**Vista Montana Apartments - Phase II (New Multifamily Affordable Housing 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 **CA-052**

\* b. Program/Project **GA-051**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: **12/01/16**

\* b. End Date: **10/1/17**

18. Estimated Funding (\$):

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

I AGREE

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

Authorized Representative:

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

\* Title: **President/Executive Director**

\* Telephone Number: **858-675-0506** Fax Number: **858-675-0702**

\* Email: **robertleing@pswcdc.org**

\* Signature of Authorized Representative: 

\* Date Signed: **06/19/15**

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

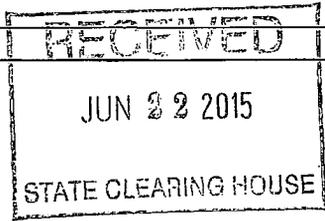
**8. APPLICANT INFORMATION:**

\* a. Legal Name: Town of Mammoth Lakes

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

**d. Address:**

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



**e. Organizational Unit:**

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

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

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

Title: Assistant Airport Manager

**Organizational Affiliation:**

Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

* Telephone Number: (760) 934-3813	Fax Number: (760) 934-3119
------------------------------------	----------------------------

\* Email: bpicken@townofmammothlakes.ca.gov

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Engineering Design: Obstruction Light Row - North Side - and Relocate Wind Socks and Segmented Circle

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

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 06/01/2015

\*b. End Date: 10/31/2015

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

*a. Federal	30,824.00
*b. Applicant	3,176.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	34,000.00

**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 05/20/2015
- 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 on next page.)**

- 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: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

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

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:

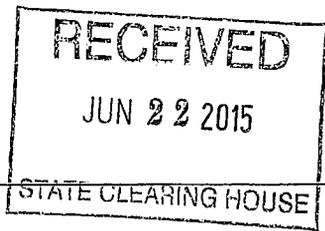


\*Date Signed:

6/12/15

**Application for Federal Assistance SF-424**

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



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

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

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Town of Mammoth Lakes

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

**d. Address:**

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

**e. Organizational Unit:**

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

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

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

Title: Assistant Airport Manager

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

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

\* Email: bpicken@townofmammothlakes.ca.gov

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Reconstruct General Aviation Aircraft Parking Apron A3 (20,000 sq. yd.) and Portion of Apron A2 (850 sq. yd.)

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

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 06/01/2015

\*b. End Date: 10/31/2015

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

*a. Federal	1,359,855.00
*b. Applicant	140,095.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,499,950.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/20/2015
- 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 on next page.)**

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: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

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

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:



\*Date Signed:

5/12/15

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b>		<b>* 2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b>			
<b>5a. Federal Entity Identifier:</b> MMH - 3-06-0146-		<b>* 5b. Federal Award Identifier:</b>			
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			*c. Organizational DUNS: 144603339		
<b>d. Address:</b>					
* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA					
*Zip/ Postal Code: 93546					
<b>e. Organizational Unit:</b>					
Department Name: Public Works			Division Name: Airports		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr. First Name: Brian Middle Name: * Last Name: Picken Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: (760) 934-3813			Fax Number: (760) 934-3119		
* Email: bpicken@townofmammothlakes.ca.gov					

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JUN 22 2015  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, Mono County, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California - Wildlife Hazard Management Plan (WHMP) and Biological Assessment (BA) for the Mammoth Yosemite Airport, and Categorical Exclusion (CE) for Airport Security Fence

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

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 05/01/2015

\*b. End Date: 10/31/2015

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

*a. Federal	52,800.00
*b. Applicant	5,440.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	58,240.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/20/2015
- 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 on next page.)**

- 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: Grady

Middle Name:

\*Last Name: Dutton

Suffix:

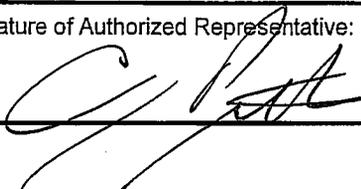
\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: (760) 934-8989

Fax Number: (760) 934-8608

\* Email: gdutton@townofmammothlakes.ca.gov

\*Signature of Authorized Representative:



\*Date Signed:

6/12/15

**Application for Federal Assistance SF-424**

**\*Applicant Federal Debt Delinquency Explanation**

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

**Application for Federal Assistance SF-424**

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

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

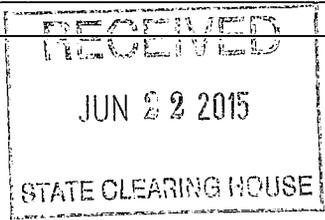
<b>5a. Federal Entity Identifier:</b> TVL - 3-06-0249-	<b>* 5b. Federal Award Identifier:</b>
---	--

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> City of South Lake Tahoe	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1610868	<b>*c. Organizational DUNS:</b> 09-5883476

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



<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Department of Public Works	<b>Division Name:</b> Lake Tahoe Airport

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

<b>Prefix:</b> Ms. <b>Middle Name:</b> <b>* Last Name:</b> Miller <b>Suffix:</b>	<b>First Name:</b> Sherry
<b>Title:</b> Airport Manager	

<b>Organizational Affiliation:</b> Lake Tahoe Airport
--

<b>* Telephone Number:</b> (530) 542-6182	<b>Fax Number:</b> (530) 544-6366
<b>* Email:</b> smiller@cityofslt.us	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

South Lake Tahoe, El Dorado County and Douglas County, California

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

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Reconstruct General Aviation Apron Phase 3

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

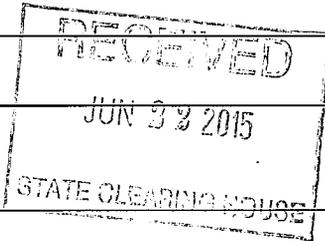
<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 06/01/2015	*b. End Date: 12/31/2015
<b>18. Estimated Funding (\$):</b>	
*a. Federal	967,500.00
*b. Applicant	59,125.00
*c. State	48,375.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,075,000.00
<b>19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/20/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Ms.	*First Name: Sherry
Middle Name:	
*Last Name: Miller	
Suffix:	
*Title: Airport Manager, Lake Tahoe Airport	
*Telephone Number: (530) 542-6182	Fax Number: (530) 544-6366
* Email: smiller@cityofslt.us	
*Signature of Authorized Representative: 	*Date Signed: 6/18/15

**Application for Federal Assistance SF-424**

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

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

<b>5a. Federal Entity Identifier:</b> TVL - 3-06-0249-	<b>* 5b. Federal Award Identifier:</b>
---	--



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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> City of South Lake Tahoe	<b>* c. Organizational DUNS:</b> 09-5883476
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1610868	

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

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Department of Public Works	<b>Division Name:</b> Lake Tahoe Airport

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

<b>Prefix:</b> Ms.	<b>First Name:</b> Sherry
<b>Middle Name:</b>	
<b>* Last Name:</b> Miller	
<b>Suffix:</b>	
<b>Title:</b> Airport Manager	

<b>Organizational Affiliation:</b> Lake Tahoe Airport
--

<b>* Telephone Number:</b> (530) 542-6182	<b>Fax Number:</b> (530) 544-6366
<b>* Email:</b> smiller@cityofslt.us	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

South Lake Tahoe, El Dorado County and Douglas County, California

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

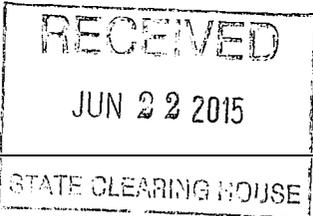
Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Obstruction Survey

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

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 08/01/2015	*b. End Date: 10/31/2015
<b>18. Estimated Funding (\$):</b>	
*a. Federal	63,000.00
*b. Applicant	3,850.00
*c. State	3,150.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	70,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/20/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Ms.	*First Name: Sherry
Middle Name:	
*Last Name: Miller	
Suffix:	
*Title: Airport Manager, Lake Tahoe Airport	
*Telephone Number: (530) 542-6182	Fax Number: (530) 544-6366
* Email: smiller@cityofslt.us	
*Signature of Authorized Representative: 	*Date Signed: 6/18/15

**Application for Federal Assistance SF-424**

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



<b>* 3. Date Received:</b>	<b>4. Application Identifier:</b>
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<b>5a. Federal Entity Identifier:</b> TVL - 3-06-0249-	<b>* 5b. Federal Award Identifier:</b>
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**State Use Only:**

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

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** City of South Lake Tahoe

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

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

**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: N/A

13. Competition Identification Number:

Title: N/A

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

South Lake Tahoe, El Dorado County and Douglas County, California

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

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Pavement Maintenance Management Plan (PMMP)

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

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 07/01/2015	*b. End Date: 12/31/2015
<b>18. Estimated Funding (\$):</b>	
*a. Federal	72,000.00
*b. Applicant	4,400.00
*c. State	3,600.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	80,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>06/20/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Ms.	*First Name: Sherry
Middle Name:	
*Last Name: Miller	
Suffix:	
*Title: Airport Manager, Lake Tahoe Airport	
*Telephone Number: (530) 542-6182	Fax Number: (530) 544-6366
* Email: smiller@cityofslt.us	
*Signature of Authorized Representative: 	*Date Signed: 6/18/15

**Application for Federal Assistance SF-424**

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

RECEIVED  
JUN 23 2015  
STATE CLEARING HOUSE

<b>* 3. Date Received:</b> 06/22/2015	<b>4. Applicant Identifier:</b> N/A
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> 06-01776
--	--

**State Use Only:**

<b>6. Date Received by State:</b> 06/22/2015	<b>7. State Application Identifier:</b> SAI-Exempt
--	--

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** California Department of Parks and Recreation

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

**d. Address:**

<b>* Street1:</b>	P.O. Box 942896
<b>Street2:</b>	_____
<b>* City:</b>	Sacramento
<b>County/Parish:</b>	_____
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	94296-0001

**e. Organizational Unit:**

<b>Department Name:</b> California Department of Parks	<b>Division Name:</b> Office of Grants & Local Svcs
---	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> Cristelle
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Erickson	
<b>Suffix:</b> _____	

**Title:** Project Officer

**Organizational Affiliation:** Office of Grants and Local Services

<b>* Telephone Number:</b> 916-654-8686	<b>Fax Number:</b> 916-653-6511
---	---------------------------------

**\* Email:** Cristelle.Erickson@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:**

U.S. Department of Interior, National Park Service

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

15-916

CFDA Title:  
Outdoor Recreation Acquisition, Development and Planning

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

P14AS00001

\* Title:  
Land and Water Conservation Fund State and Local Assistance Program

**13. Competition Identification Number:**

Title:

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

GNIS Detail - North Salmon Creek Beach.htm

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

Prairie Creek Trail Geo-Code # 229754  
2485 Highway 1, Bodega Bay CA 94923  
Development of approx .62 acres of new coastal trail on Sonoma County Park land and Sonoma Coast State Park land.

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="387,097.00"/>
* b. Applicant	<input type="text" value="360,000.00"/>
* c. State	<input type="text" value="27,097.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="774,194.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> C: Increase Duration <b>* Other (Specify):</b>
<b>* 3. Date Received:</b> 06/10/2015	<b>4. Applicant Identifier:</b> CA Dept. of Food & Agriculture	
<b>5a. Federal Entity Identifier:</b>	<b>5b. Federal Award Identifier:</b> 14-8506-1494-CA	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b> 14-0200-FR-1	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000	
<b>d. Address:</b>		
<b>* Street1:</b> 3294 Meadowview Road, Building E	<b>Street2:</b>	
<b>* City:</b> Sacramento	<b>County/Parish:</b> Sacramento	
<b>* State:</b> CA: California	<b>Province:</b>	
<b>* Country:</b> USA: UNITED STATES	<b>* Zip / Postal Code:</b> 95832-1437	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health & Pest Prevention	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Dr.	<b>* First Name:</b> Stephen	
<b>Middle Name:</b>		
<b>* Last Name:</b> Gaimari		
<b>Suffix:</b> Ph.D		
<b>Title:</b> Program Supervisor IV		
<b>Organizational Affiliation:</b>		
<b>* Telephone Number:</b> 916-262-1131	<b>Fax Number:</b> 916-262-1190	
<b>* Email:</b> stephen.gaimari@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 & Animal Disease, Pest Control and Animal Care

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

n/a

**\* Title:**

n/a

**13. Competition Identification Number:**

**Title:**

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

State of California

Add Attachment

Delete Attachment

View Attachment

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

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

14-0200-FR-1

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.

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 08/01/2014

\* b. End Date: 03/31/2016

18. Estimated Funding (\$):

* a. Federal	135,034.00
* b. Applicant	0.00
* c. State	78,148.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	213,182.00

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

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

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

Yes  No

If "Yes," provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: 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 Myers

\* Date Signed: 6/22/15

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture	<b>RECEIVED</b>  JUN 24 2015  STATE CLEARING HOUSE
<b>5a. Federal Entity Identifier:</b> 15-8506-0497-CA	<b>5b. Federal Award Identifier:</b> _____	

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> State of California	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health/Pest Prev Svcs
--	---

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

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

**Organizational Affiliation:** California Department of Food and Agriculture

<b>* Telephone Number:</b> (916) 654-1211	<b>Fax Number:</b> (916) 654-0555
<b>* Email:</b> jason.chan@cdfa.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:

NA

**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:**

Red Imported Fire Ant Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="120,030.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="120,030.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

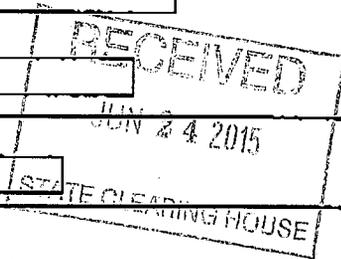
- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify):

[Empty box]



\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

\* a. Legal Name: Upper San Gabriel Valley Municipal Water District

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

952082591

\* c. Organizational DUNS:

0210836960000

d. Address:

\* Street1: 602 Huntington Drive, Suite B  
 Street2: [Empty box]  
 \* City: Monrovia  
 County/Parish: [Empty box]  
 \* State: CA; California  
 Province: [Empty box]  
 \* Country: USA; UNITED STATES  
 \* Zip / Postal Code: 91016-3630

e. Organizational Unit:

Department Name:

Engineering

Division Name:

Engineering

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

Prefix: Mr. \* First Name: Reymundo  
 Middle Name: [Empty box]  
 \* Last Name: Trejo  
 Suffix: [Empty box]

Title: Assistant General Manager / Chief Engineer

Organizational Affiliation:

Upper San Gabriel Valley Municipal Water District

\* Telephone Number: (626) 443-2297

Fax Number: [Empty box]

\* Email: reymundo@usgvvmd.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:**

Bureau of Reclamation

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

15.514

**CFDA Title:**

Reclamation States Emergency Drought Relief

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

R15AS00047

**\* Title:**

WaterSMART: Drought Contingency Planning Grants for Fiscal Year 2015

**13. Competition Identification Number:**

**Title:**

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

SF424Q14.docx

Add Attachment

Delete Attachment

View Attachment

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

Upper San Gabriel Valley Municipal Water District Drought Contingency Plan

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="200,000.00"/>
* b. Applicant	<input type="text" value="200,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="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
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

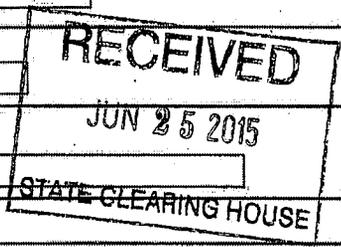
\* Email:

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

**Application for Federal Assistance SF-424**

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

* 3. Date Received: 06/24/2015	4. Applicant Identifier: CA Dept. of Food & Agriculture
-----------------------------------	--



5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 15-8506-1494-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): 68-0325104	* c. Organizational DUNS: 8074876650000
---	--

**d. Address:**

* Street1:	3294 Meadowview Road, Building E
Street2:	_____
* City:	Sacramento
County/Parish:	Sacramento
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95832-1437

**e. Organizational Unit:**

Department Name: Food and Agriculture	Division Name: Plant Health & Pest Prevention
--	--

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

Prefix: Dr.	* First Name: Stephen
Middle Name: _____	
* Last Name: Gaimari	
Suffix: Ph.D	

Title: Program Supervisor IV

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

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

\* Email: stephen.gaimari@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 & Animal Disease, Pest Control and Animal Care

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

n/a

\* Title:

n/a

**13. Competition Identification Number:**

Title:

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

State of California

Add Attachment

Delete Attachment

View Attachment

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

Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant: CA-003

\* b. Program/Project: worldwide

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

**17. Proposed Project:**

\* a. Start Date: 07/31/2015

\* b. End Date: 07/30/2016

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

* a. Federal	210,028.00
* b. Applicant	0.00
* c. State	65,828.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	275,856.00

**\* 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 06/25/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

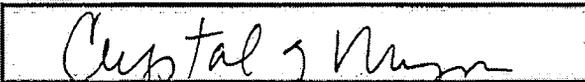
**Authorized Representative:**

Prefix:  \* First Name: 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: 6/25/15

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> STANISLAUS COUNTY	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000540	<b>* c. Organizational DUNS:</b> 073136772

**d. Address:**

* Street 1:	1010 10TH STREET
Street 2:	SUITE 4204
* City:	MODESTO
County/Parish:	STANISLAUS
* State:	CALIFORNIA
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95354

**e. Organizational Unit:**

Department Name: DEPARTMENT OF PUBLIC WORKS	Division Name: ENGINEERING/DEVELOPMENT SERVICES
--	--

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

Prefix: MR.	* First Name: DAVID
Middle Name: _____	
* Last Name: LEAMON	
Suffix: _____	
Title: DEPUTY DIRECTOR OF PUBLIC WORKS	
Organizational Affiliation: _____	
* Telephone Number: (209) 525-4302	Fax Number: (209) 525-6507
* Email: DAVID.LEAMON@STANCOUNTY.COM	

**Application for Federal Assistance SF-424**

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

B. COUNTY

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

10-760

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

CFDA Title:

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

\* Title:

**13. Competition Identification Number:**

Title:

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

COMMUNITY OF EMPIRE-STANISLAUS, CA .

Add Attachments

Delete Attachments

View Attachments

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

Installation of sidewalks, rail road crossings and a mini-roundabout for the community of Empire to help improve pedestrian safety, vehicular traffic calming device, and to improve safety at the intersection of 3rd and A Streets in Empire, CA.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$2,829,173.00"/>
* b. Applicant	<input type="text" value="\$314,352.60"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$3,143,525.60"/>

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

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

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

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

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

Yes  No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**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:**

Habitat for Humanity Calaveras

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

68-0288226

**\* c. Organizational DUNS:**

1231996760000

**d. Address:**

**\* Street1:**

P.O. Box 1834

**Street2:**

956 Mountain Ranch Rd

**\* City:**

San Andreas

**County/Parish:**

Calaveras County

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95249-1834

**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:**

Frank

**Middle Name:**

H.

**\* Last Name:**

Meyer

**Suffix:**

**Title:**

Affiliate Manager

**Organizational Affiliation:**

Habitat for Humanity Calaveras

**\* Telephone Number:**

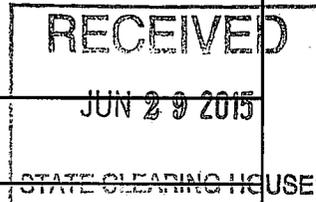
209-754-5331

**Fax Number:**

209-754-5331

**\* Email:**

admin@habitatcalaveras.org



**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:**

10.433

CFDA Title:  
Rural Housing Preservation Grants

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

USDA-RD-HCFP-HPG-2015

\* Title:  
Rural Housing Preservation Grants

**13. Competition Identification Number:**

Title:

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

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

Calaveras Home Preservation Program

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="50,000.00"/>
* b. Applicant	<input type="text" value="15,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="10,000.00"/>
* f. Program Income	<input type="text" value="5,000.00"/>
* g. TOTAL	<input type="text" value="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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

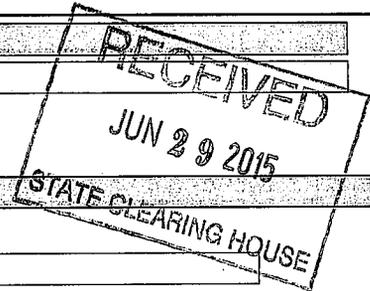
\* Telephone Number:  Fax Number:

\* Email:

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

### Application for Federal Assistance SF-424

<b>* 1. Type of Submission:</b>		<b>* 2. Type of Application:</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		• Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	
<b>* 3. Date Received:</b>		<b>4. Applicant Identifier:</b>			
<input type="text"/> Completed by Grants.gov upon submission.		<input type="text"/>			
<b>5a. Federal Entity Identifier:</b>			<b>* 5b. Federal Award Identifier:</b>		
<input type="text"/>			<input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>			
<input type="text"/>		<input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> <input type="text"/> City of Rio Dell					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>			<b>* c. Organizational DUNS:</b>		
<input type="text"/> 94-1603860			<input type="text"/> 626731866		
<b>d. Address:</b>					
<b>* Street 1:</b> <input type="text"/> 675 Wildwood Drive					
<b>Street 2:</b> <input type="text"/>					
<b>* City:</b> <input type="text"/> Rio Dell					
<b>County/Parish:</b> <input type="text"/> Humboldt					
<b>* State:</b> <input type="text"/> CA					
<b>Province:</b> <input type="text"/>					
<b>* Country:</b> <input type="text"/> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> <input type="text"/> 95562					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b>			<b>Division Name:</b>		
<input type="text"/> Public Works Department			<input type="text"/> Water Division		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> <input type="text"/> Mr.		<b>* First Name:</b> <input type="text"/> Kyle			
<b>Middle Name:</b> <input type="text"/>					
<b>* Last Name:</b> <input type="text"/> Knopp					
<b>Suffix:</b> <input type="text"/>					
<b>Title:</b> <input type="text"/> City Manager					
<b>Organizational Affiliation:</b>					
<input type="text"/> City Manager					
<b>* Telephone Number:</b>		<b>Fax Number:</b>			
<input type="text"/> (707) 764-3532		<input type="text"/> (707) 764-5480			
<b>* Email:</b> <input type="text"/> kknopp@riodellicity.com					



**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$430,200.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$783,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$1,213,200.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach.

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify):

\* 3. Date Received:

12/09/2014

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

15-8506-0934-GR

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

14-0511-FR

8. APPLICANT INFORMATION:

\* a. Legal Name:

State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

d. Address:

\* Street1:

1220 N Street, Room 315

Street2:

\* City:

Sacramento

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix:

\* First Name:

Jason

Middle Name:

\* Last Name:

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

\* Telephone Number:

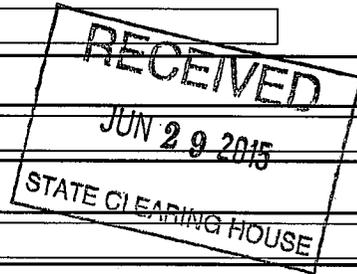
(916) 654-1211

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:**

NA

\* Title:

NA

**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:**

Exotic Fruit Fly Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,605,400.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="1,605,400.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,210,800.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

Application for Federal Assistance SF-424

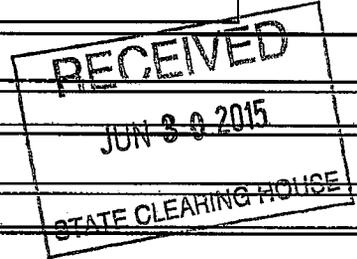
Version 02

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

* 3. Date Received: 08/30/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: E15AS00092
---	---

State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: G1598036



8. APPLICANT INFORMATION:	
* a. Legal Name: STATE OF CALIFORNIA	_____

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

d. Address:	
* Street1:	1416 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:	
Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH

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

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

* Telephone Number: (916) 445-4658	Fax Number: (916) 327-6320
------------------------------------	----------------------------

* Email: pete.marcellana@wildlife.ca.gov
--

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F15AS00092

\* Title:

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

**13. Competition Identification Number:**

Title:

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

San Joaquin River Basin primarily in the Stanislaus, Tuolumne, and Merced rivers counties Congressional Districts 4, 10, and 16.

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

San Joaquin River Anadromous Fish Monitoring and Assessments

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,148,049.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="382,682.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,530,731.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: 06/30/2015	4. Applicant Identifier: _____
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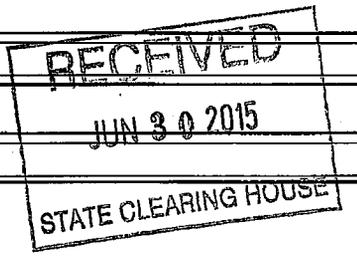
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598013
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--------------------------------------	--	---



d. Address:

* Street1: 1416 Ninth Street
Street2: Suite 1211
* City: Sacramento
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-5515

e. Organizational Unit:

Department Name: CDFW	Division Name: Grants Management Branch
-----------------------	---

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

Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	
* Telephone Number: 916-327-0062	Fax Number: _____
* Email: Melissa.Jones@wildlife.ca.gov	

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F15AS00091

\* 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.):**

Butte(1); Glenn (3); Sutter (3); Nevada (1); Yuba (3)

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

Wildlife Habitat Development and Maintenance: Region 2

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-006

\* b. Program/Project CA-3&1

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

17. Proposed Project:

\* a. Start Date: 07/01/2015

\* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	2,470,918.00
* b. Applicant	0.00
* c. State	823,639.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	1,128,293.00
* g. TOTAL	4,422,850.00

\* 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 06/30/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title: SSMI

\* Telephone Number: (916) 445-3701 Fax Number:

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

\* Signature of Authorized Representative: Lisa Bays \* Date Signed: 06/30/2015

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: NW CA Resource Conservation and Development Council	<b>RECEIVED</b> JUN 30 2015
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0396859	
* c. Organizational DUNS: 1367229100000	

<b>d. Address:</b>	
* Street1: 40 Horseshoe Lane	<b>STATE CLEARING HOUSE</b>
Street2: PO 2571	
* City: Weaverville	
County/Parish: Trinity County	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 9693-2571	

**e. Organizational Unit:**

Department Name: 5C Program	Division Name: _____
-----------------------------	----------------------

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

Prefix: Mr.	* First Name: Mark
Middle Name: _____	
* Last Name: Lancaster	
Suffix: _____	
Title: Program Director	
Organizational Affiliation: NW CA Resource Conservation and Development Council	
* Telephone Number: 530-623-3967	Fax Number: 530-623-3979
* Email: mlancaster@5counties.org	

**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:  
[Empty field]

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

\* Other (specify):  
[Empty field]

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

Department of Commerce

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

11.463

CFDA Title:  
Habitat Conservation

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

NOAA-NMFS-HCPO-2015-2004410

\* Title:  
Coastal Ecosystem Resiliency Grants Program

**13. Competition Identification Number:**

2525603

Title:  
[Empty field]

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

WSD Affected Areas.pdf

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

Weaverville Sanitary District Wastewater Reclamation Project

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="400,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="1,728,697.34"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="36,240.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,164,937.34"/>

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

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

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

- Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

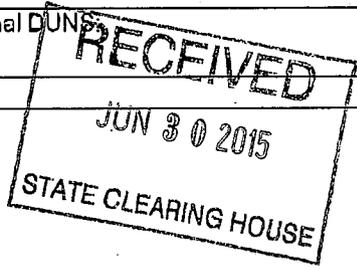
\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One - * Other (Specify)	
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: LHM - 3-06-0120-			* 5b. Federal Award Identifier: N/A		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: City of Lincoln					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356			* c. Organizational DUNS: 004949160		
d. Address:					
* Street1: 600 6th Street Street 2:					
* City: Lincoln County: Placer * State: California Province: Country: USA					
* Zip/ Postal Code: 95648					
<b>e. Organizational Unit:</b>					
Department Name: Department of Public Services			Division Name: Lincoln Regional Airport		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Ms, Middle Name:		First Name: Jennifer			
* Last Name: Hanson Suffix:					
Title: Airport Manager - Public Services Director					
Organizational Affiliation: City of Lincoln, Department of Public Services, Lincoln Regional Airport					
* Telephone Number: (916) 434-3248			Fax Number: (916) 543-8516		
* Email: Jennitor.Hanson@lincolncal.gov					



**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: N/A

13. Competition Identification Number:

Title: N/A

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

City of Lincoln, Placer County, California

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

Lincoln Regional Airport, Lincoln, Placer County, California - Crack Seal (100,000 ln. ft.) and Update Markings (127,000 sq. ft.) - Runway, Taxiways, and Apron

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

**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.

**17. Proposed Project:**

\*a. Start Date: 07/01/2015

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

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

*a. Federal	526,050.00
*b. Applicant	32,147.00
*c. State	26,303.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	584,500.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2015
- 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 on next page.)**

- 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: Jennifer

Middle Name:

\*Last Name: Hanson

Suffix:

\*Title: Airport Manager - Public Services Director

\*Telephone Number: (916) 434-3248

Fax Number:

\* Email: Jennifer.Hanson@lincolncal.gov

\*Signature of Authorized Representative:

\*Date Signed:

6/29/15

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b>		<b>* 2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b> O32			
<b>5a. Federal Entity Identifier:</b> 3-06-0196		<b>* 5b. Federal Award Identifier:</b>			
<b>RECEIVED</b> JUN 30 2015 STATE CLEARING HOUSE					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> City of Reedley					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000402			<b>*c. Organizational DUNS:</b> 00-494-0631		
<b>d. Address:</b>					
<b>* Street1:</b> 100 N. East Avenue <b>Street 2:</b> <b>* City:</b> Reedley <b>County:</b> Fresno <b>* State:</b> California <b>Province:</b> <b>Country:</b> United States <b>*Zip/ Postal Code:</b> 93654					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Community Services			<b>Division Name:</b> Airport		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr.		<b>First Name:</b> Joel			
<b>Middle Name:</b>					
<b>* Last Name:</b> Glick					
<b>Suffix:</b>					
<b>Title:</b> Airport Manager					
<b>Organizational Affiliation:</b>					
<b>* Telephone Number:</b> (559) 637-4203 <b>Fax Number:</b> (559) 637-7253					
<b>* Email:</b> joel.glick@reedley.ca.gov					

**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: N/A

Title:

13. Competition Identification Number: N/A

Title:

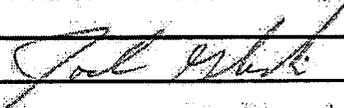
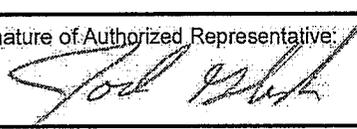
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Readley, Fresno County, CA

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

Construct Airport Perimeter Fence Phase II

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

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: 21	*b. Program/Project: 21
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date:	*b. End Date:
<b>18. Estimated Funding (\$):</b>	
*a. Federal	237,600.00
*b. Applicant	14,520.00
*c. State	11,880.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	264,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>6-30-15</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> **I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b> 	
Prefix: Mr.	*First Name: Joel
Middle Name:	
*Last Name: Glick	
Suffix:	
*Title: Airport Director	
*Telephone Number: (559) 637-4203	*Fax Number: (559) 637-7253
*Email: joel.glick@reedley.ca.gov	
*Signature of Authorized Representative: 	*Date Signed: 6/30/15