

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16 - 30, 2016**. 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: 8/31/2016

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): <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"/>	
<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="Viejas Band of Kumeyaay Indians"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="33-0409825"/>	* c. Organizational DUNS Number: <input type="text" value="1128995420000"/>	Governor's Office of Planning & Research <b>JUN 16 2016</b>
<b>d. Address:</b>		
* Street1: <input type="text" value="1 Viejas Grade Road"/>	STATE CLEARINGHOUSE	
Street2: <input type="text"/>		
* City: <input type="text" value="Alpine"/>		
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="92071-1605"/>		
<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="Ray"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Teran"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Grant Writer/Administrator"/>		
Organizational Affiliation: <input type="text" value="Resource Management"/>		
* Telephone Number: <input type="text" value="619-659-2312"/>	Fax Number: <input type="text" value="619-659-2324"/>	
* Email: <input type="text" value="rteran@viejas-nsn.gov"/>		

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Utilities Programs

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

10.863

CFDA Title:

Community Connect Grant Program

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

RDRUS-CC-2016

\* Title:

Community Connect Grant Program

**13. Competition Identification Number:**

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Viejas High-Speed Internet Project

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	CA-050
* b. Program/Project	CA-050
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 Attachments"/>	
<b>17. Proposed Project:</b>	
* a. Start Date:	10/03/2016
* b. End Date:	02/28/2018
<b>18. Estimated Funding (\$):</b>	
* a. Federal	577,035.00
* b. Applicant	101,830.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	678,865.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	06/16/2016
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachments"/>	
<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:	Robert
Middle Name:	J.
* Last Name:	welch
Suffix:	Jr.
* Title:	Chairman, Tribal Council
* Telephone Number:	619-659-2316
Fax Number:	619-659-2324
* Email:	rwelch@viejas-nsn.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 06/17/2016	Applicant Identifier 2016-1
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Foothill Transit		Organizational Unit: Department: Finance	
Organizational DUNS: 94-364-2124		Division:	
Address: Street: 100 S. Vincent Avenue, Suite 200		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.	
City: West Covina		First Name: Gill	
County: Los Angeles		Middle Name Governor's Office of Planning & Research	
State: CA		Last Name Victorio	
Zip Code 91791		Suffix: NA	
Country: USA		Email: gvictorio@foothilltransit.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-4668218		Phone Number (give area code) (626) 931-7227	
		Fax Number (give area code) (626) 931-7327	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) Joint Powers Authority	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 200500		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Authority	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): 20 cities and Los Angeles County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Acquisition Revenue Vehicles	
<b>13. PROPOSED PROJECT</b> Start Date: 01/01/2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District No. 27,29,32,35,38,39 & 42	
Ending Date: 12/31/2010		b. Project Same	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 20,708,560	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/17/2016	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 4,713,290	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 31,421,850		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative			
Prefix Mr.	First Name Gill	Middle Name	
Last Name Victorio	Suffix		
b. Title Finance Manager	c. Telephone Number (give area code) (626) 931-7227		
d. Signature of Authorized Representative	e. Date Signed 06/17/2016		

**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:**

06/17/2016

**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:**

Governor's Office of Planning & Research

**\* a. Legal Name:**

County of Monterey

JUN 17 2016

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

94-6000524

**\* c. Organizational DUNS:**

8326541770000

STATE CLEARINGHOUSE

**d. Address:**

**\* Street1:**

168 West Alisal 2nd Floor

**Street2:**

**\* City:**

Salinas

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

93901-2438

**e. Organizational Unit:**

**Department Name:**

Resource Management Agency

**Division Name:**

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

**Prefix:**

**\* First Name:**

Melanie

**Middle Name:**

**\* Last Name:**

Beretti

**Suffix:**

**Title:**

Special Programs Manager

**Organizational Affiliation:**

**\* Telephone Number:**

831-755-5285

**Fax Number:**

**\* Email:**

berettim@co.monterey.ca.us

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S Department of Homeland Security (DHS), FEMA

11. Catalog of Federal Domestic Assistance Number:

97.029

CFDA Title:

Flood Mitigation Assistance

\* 12. Funding Opportunity Number:

DHS-16-MT-029-000-99

\* Title:

FY 2016 Flood Mitigation Assistance

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:

Carmel River Floodplain Restoration Project (Carmel River 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 20

\* b. Program/Project CA 20

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 08/30/2016

\* b. End Date: 08/30/2019

18. Estimated Funding (\$):

* a. Federal	11,565,204.00
* b. Applicant	
* c. State	
* d. Local	3,855,068.00
* e. Other	
* f. Program Income	
* g. TOTAL	15,420,272.00

\* 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 06/17/2016
- 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: Carl

Middle Name:

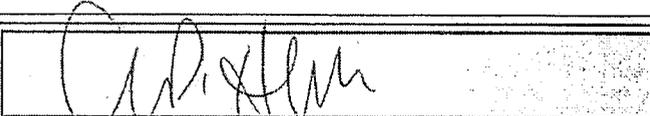
\* Last Name: Holm

Suffix:

\* Title: Director, Resource Management Agency

\* Telephone Number: 831-755-5103 Fax Number: 831-755-5877

\* Email: HolmCP@co.monterey.ca.us

\* Signature of Authorized Representative: 

\* Date Signed: 06/17/2016

**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> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
---	--

<b>5a. Federal Entity Identifier:</b> _____	<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> _____
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> University Enterprises, Inc.	<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1337638	<b>* c. Organizational DUNS:</b> 0290317960000
--	---	--

Governor's Office of Planning & Research  
JUN 20 2016  
STATE CLEARINGHOUSE

<b>d. Address:</b>	
<b>* Street1:</b> 6000 J Street	_____
<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> 95819-6111	_____

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Environmental Studies	<b>Division Name:</b> _____

<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> Sara
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Kross	
<b>Suffix:</b> Ph.D	
<b>Title:</b> Assistant Professor	
<b>Organizational Affiliation:</b> California State University, Sacramento	
<b>* Telephone Number:</b> 415-690-6673	<b>Fax Number:</b> _____
<b>* Email:</b> sara.kross@csus.edu	

**Application for Federal Assistance SF-424**

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

CSU Sacramento Auxiliary Org

\* 10. Name of Federal Agency:

California State Office

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

\* 12. Funding Opportunity Number:

USDA-NRCS-CA-16-0001

\* Title:

CA Conservation Innovation Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Testing the Efficacy, Costs and Durability of Modifying Wood Fence Corner Posts to Provide Raptor Perches for Raptor Conservation and Rodent-Pest Control in Four Key Rangeland Habitats

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachment

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="56,944.00"/>
* b. Applicant	<input type="text" value="21,709.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="35,571.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="114,224.00"/>

**\* 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 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"/>
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<b>* 3. Date Received:</b> <input type="text"/>	<b>4. Applicant Identifier:</b> <input type="text" value="N/A"/>
--	---

<b>5a. Federal Entity Identifier:</b> <input type="text"/>	<b>5b. Federal Award Identifier:</b> <input type="text" value="06-01810"/>
---	---

**State Use Only:**

<b>6. Date Received by State:</b> <input type="text" value="06/15/2016"/>	<b>7. State Application Identifier:</b> <input type="text" value="SAI-Exempt"/>	<b>Governor's Office of Planning &amp; Research</b>
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**8. APPLICANT INFORMATION:** **JUN 23 2016**

<b>* a. Legal Name:</b> <input type="text" value="California Department of Parks and Recreation"/>	<b>STATE CLEARINGHOUSE</b>
--	----------------------------

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="68-0303606"/>	<b>* c. Organizational DUNS:</b> <input type="text" value="1720708070000"/>
---	--

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> <input type="text" value="Parks and Recreation"/>	<b>Division Name:</b> <input type="text" value="Grants and Local Services"/>
--	---

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

<b>Prefix:</b> <input type="text"/>	<b>* First Name:</b> <input type="text" value="Richard"/>
<b>Middle Name:</b> <input type="text"/>	
<b>* Last Name:</b> <input type="text" value="Rendon"/>	
<b>Suffix:</b> <input type="text"/>	

<b>Title:</b> <input type="text" value="Staff Park and Recreation Specialist"/>
---

<b>Organizational Affiliation:</b> <input type="text" value="California Department of Parks and Recreation"/>
--

<b>* Telephone Number:</b> <input type="text" value="916-651-7600"/>	<b>Fax Number:</b> <input type="text"/>
--	---

<b>* Email:</b> <input type="text" value="Richard.Rendon@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:**

National Park Service

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

15.916

CFDA Title:

Land and Water Conservation Fund

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

\* Title:

**13. Competition Identification Number:**

Title:

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

06-059 & 06-071.docx

Add Attachment

Delete Attachment

View Attachment

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

California Department of Parks and Recreation  
Chino Hills SP - Prado Basin Connection Acquisition

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="1,780,296.00"/>
* b. Applicant	<input type="text" value="124,645.00"/>
* c. State	<input type="text" value="1,656,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,560,941.00"/>

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

<b>* 3. Date Received:</b> 06/23/2016	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> Governor's Office of Planning & Research
--	--

**State Use Only:** JUN 23 2016

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

**8. APPLICANT INFORMATION:**

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

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 952226406	<b>* c. Organizational DUNS:</b> 046705849
---	---

**d. Address:**

**\* Street1:** 5171 California Avenue, Suite 150  
**Street2:** \_\_\_\_\_  
**\* City:** Irvine  
**County:** Orange  
**\* State:** CA: California  
**Province:** \_\_\_\_\_  
**\* Country:** USA: UNITED STATES  
**\* Zip / Postal Code:** 92697-7600

**e. Organizational Unit:**

<b>Department Name:</b> EARTH SYSTEM SCIENCE FACULTY A	<b>Division Name:</b> SCHOOL OF PHYSICAL SCIENCES
---	--

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

**Prefix:** \_\_\_\_\_ **\* First Name:** JOHN  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** SOUTHON  
**Suffix:** \_\_\_\_\_

**Title:** Researcher

**Organizational Affiliation:**  
The Regents of the University of California, Irvine

**\* Telephone Number:** (949) 824-2878 **Fax Number:** (949) 824-3874

**\* Email:** jsouthon@uci.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Geological Survey

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

15.808

CFDA Title:

U.S. Geological Survey\_ Research and Data Collection

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

G16AS00082

\* Title:

Cooperative Ecosystem Studies Unit, Californian CESU

**13. Competition Identification Number:**

G16AS00082

Title:

Cooperative Ecosystem Studies Unit, Californian CESU

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

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

Cooperative Agreement for CESU-affiliated Partner with USGS- (California) Cooperative Ecosystem Studies Unit

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="24,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="24,000.00"/>

**\* 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 and attach.)**

Yes       No     

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

**\*\* I AGREE**

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

**Authorized Representative:**

Prefix:  \* First Name:   
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:**

CA Department of Food & Agriculture

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

16-8100-1749-CA

Governor's Office of Planning & Research

**State Use Only:**

**JUN 23 2016**

**6. Date Received by State:** 6/21/16

**7. State Application Identifier:**

**STATE CLEARINGHOUSE**

**8. APPLICANT INFORMATION:**

\* a. Legal Name: STATE OF CALIFORNIA

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

68-0325104

**\* c. Organizational DUNS:**

807487665

**d. Address:**

\* Street1: 1220 N Street, Room 325  
Street2: \_\_\_\_\_  
\* City: Sacramento  
County: \_\_\_\_\_  
\* State: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health and Pest Prevention Services

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

Prefix: \_\_\_\_\_ \* First Name: Duane  
Middle Name: \_\_\_\_\_  
\* Last Name: Schnabel  
Suffix: \_\_\_\_\_

Title: EPM II

**Organizational Affiliation:**

\_\_\_\_\_

\* Telephone Number: 916.654.0312

Fax Number: 916.654.0986

\* Email: Duane.Schnabel@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA-APHIS-PPQ

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

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

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

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

BMP ORNAMENTAL NURSERIES

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: Statewide

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

[Empty box for additional list of Program/Project Congressional Districts]

**17. Proposed Project:**

\* a. Start Date: 7/1/16

\* b. End Date: 6/30/17

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

\* a. Federal \$73,000

\* b. Applicant

\* c. State \$0

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$73,000

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 6/25/16

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: [Empty] \* First Name: Crystal

Middle Name: [Empty]

\* Last Name: Myers

Suffix: [Empty]

\* Title: Office of Grants Administration, Branch Chief

\* Telephone Number: 916-403-6653 Fax Number: [Empty]

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

\* Signature of Authorized Representative: [Signature] \* Date Signed: 6/23/16

Pres

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:  
4-26-16

4. Applicant Identifier:  
\_\_\_\_\_

Governor's Office of Planning & Research

JUN 23 2016

5a. Federal Entity Identifier:  
\_\_\_\_\_

5b. Federal Award Identifier:  
xxxxxx

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 4-26-16

7. State Application Identifier: CALDES - PJ 0027

B. APPLICANT INFORMATION:

\* a. Legal Name: Sonoma County Water Agency

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-6000539

\* c. Organizational DUNS:  
0746625030000

d. Address:

\* Street1: 404 Aviation Blvd.  
Street2: \_\_\_\_\_  
\* City: Santa Rosa  
County/Parish: \_\_\_\_\_  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 95403-9073

e. Organizational Unit:

Department Name:  
\_\_\_\_\_

Division Name:  
\_\_\_\_\_

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

Prefix: Ms. \* First Name: Joan  
Middle Name: \_\_\_\_\_  
\* Last Name: Hultberg  
Suffix: \_\_\_\_\_

Title: Administrative Services Officer I

Organizational Affiliation:

Sonoma County Water Agency

\* Telephone Number: 707-547-1902

Fax Number: 707-524-3782

\* Email: Joan.Hultberg@scwa.ca.gov

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

DHS-16-MT-047-000-99

\* Title:

FY16 Pre-Disaster Mitigation

**13. Competition Identification Number:**

Title:

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

Areas Affected by the Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Water Transmission Pipeline Seismic Hazard Mitigation - Santa Rosa Creek Crossing

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="4,000,000.00"/>
* b. Applicant	<input type="text" value="2,508,249.00"/>
* 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="6,508,249.00"/>

\* 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: <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: 04/04/2016	4. Applicant Identifier: San Bernardino County-16-0031
-----------------------------------	---

Governor's Office of Planning & Research

JUN 23 2016

STATE CLEARINGHOUSE

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

6. Date Received by State: 4-26-16	7. State Application Identifier: CalOES - PJ 0031
------------------------------------	---

8. APPLICANT INFORMATION:

\* a. Legal Name: San Bernardino County- Flood Control District.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748	* c. Organizational DUNS: 0035527540000
---	--

d. Address:

* Street1:	825 E.3rd Street
Street2:	_____
* City:	San Bernardino
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92415-0845

e. Organizational Unit:

Department Name: Department of Public Works	Division Name: Flood Control Planning
--	--

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

Prefix: Mr.	* First Name: Michael
Middle Name: _____	
* Last Name: Fam	
Suffix: _____	
Title: Project Manager	
Organizational Affiliation: San Bernardino County-Flood Control District, Flood Control	
* Telephone Number: 909-387-6124	Fax Number: 909-387-7801
* Email: mfam@dpw.sbcounty.gov	

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

D: Special District Government

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

FEMA

11. Catalog of Federal Domestic Assistance Number:

97.047

CFDA Title:

Pr-Disaster Mitigation

\* 12. Funding Opportunity Number:

DRS-16-MT-047-000-99

\* Title:

FY2016 Pr-Disaster Mitigation

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:

Rialto Channel

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:  8/30/16

\* b. End Date:  8/30/19

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

* a. Federal	<input type="text" value="4,000,000.00"/>
* b. Applicant	<input type="text" value="3,178,116.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="3,100,616"/> 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="7,100,616"/> <del>7,178,116.00</del>

**\* 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.

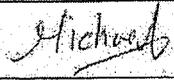
**Authorized Representative:**

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 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> 04/22/2016		<b>4. Applicant Identifier:</b> 15-0042
<b>5a. Federal Entity Identifier:</b> _____		<b>5b. Federal Award Identifier:</b> _____ <b>Governor's Office of Planning &amp; Research</b> <b>JUN 23 2016</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> 4-26-16		<b>7. State Application Identifier:</b> CALOES-PL-0042 <b>STATE CLEARINGHOUSE</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Oceano Community Services District		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-3639481		<b>* c. Organizational DUNS:</b> 0134924050000
<b>d. Address:</b>		
<b>* Street1:</b> 1655 Front Street		
<b>Street2:</b> _____		
<b>* City:</b> Oceano		
<b>County/Parish:</b> San Luis Obispo County		
<b>* State:</b> CA: California		
<b>Province:</b> _____		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 93445-9407		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Governmental Fund		<b>Division Name:</b> Fire and Emergency Services
<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> Paavo
<b>Middle Name:</b> _____		
<b>* Last Name:</b> Ogren		
<b>Suffix:</b> _____		
<b>Title:</b> General Manager		
<b>Organizational Affiliation:</b> Employee		
<b>* Telephone Number:</b> 805-481-6730		<b>Fax Number:</b> 805-481-6836
<b>* Email:</b> ocsdgm@oceanocsd.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:**

Federal Emergency Management Agency

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

97.047

**CFDA Title:**

Pre-Disaster Mitigation

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

DHS-16-MT-047-000-99

**\* Title:**

FY 2016 Pre-Disaster Mitigation

**13. Competition Identification Number:**

**Title:**

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

MAP Oceano\_CSD\_County.pdf

Add Attachment

Delete Attachment

View Attachment

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

Oceano CSD is pursuing PDM grant funding to prepare a "Oceano California Local Hazard Mitigation Plan" for the community of Oceano, California.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-24

\* b. Program/Project CA-24

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

17. Proposed Project:

\* a. Start Date: 08/30/2016

\* b. End Date: 08/30/2019

18. Estimated Funding (\$):

* a. Federal	47,390,9430,000.00
* b. Applicant	207,000.00
* c. State	0.00
* d. Local	15,797.10 0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	63,188.04 407,000.00

\* 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 04/22/2016
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

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

I AGREE

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

Authorized Representative:

Prefix: Mr. \* First Name: Paavo  
Middle Name:  
\* Last Name: Ogren  
Suffix:

\* Title: General Manager

\* Telephone Number: 805-481-6730 Fax Number: 805-481-6836

\* Email: ocsdgn@oceanoecd.org

\* Signature of Authorized Representative: 

\* Date Signed: 4/25/2016

LHMP

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

<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: <input type="text" value="4-26-2016"/>		4. Applicant Identifier: <input type="text" value="Governor's Office of Planning &amp; Research"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text" value="JUN 23 2016"/>	
		<input type="text" value="XXXXXX"/>	
State Use Only:		<b>STATE CLEARINGHOUSE</b>	
6. Date Received by State: <input type="text" value="4-26-16"/>		7. State Application Identifier: <input type="text" value="CALOES-PL0055"/>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: <input type="text" value="Sonoma County Water Agency"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000539"/>		* c. Organizational DUNS: <input type="text" value="0746625030000"/>	
<b>d. Address:</b>			
* Street1: <input type="text" value="404 Aviation Blvd."/>		Street2: <input type="text"/>	
* City: <input type="text" value="Santa Rosa"/>		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="95403-9073"/>	
<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" value="Ms."/>	* First Name: <input type="text" value="Joan"/>		
Middle Name: <input type="text"/>			
* Last Name: <input type="text" value="Hultberg"/>			
Suffix: <input type="text"/>			
Title: <input type="text" value="Administrative Services Officer I"/>			
Organizational Affiliation: <input type="text" value="Sonoma County Water Agency"/>			
* Telephone Number: <input type="text" value="707-547-1902"/>		Fax Number: <input type="text" value="707-524-3782"/>	
* Email: <input type="text" value="Joan.Hultberg@scwa.ca.gov"/>			

**Application for Federal Assistance SF-424**

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

DHS-16-MT-047-000-99

\* Title:

FY16 Pre-Disaster Mitigation

**13. Competition Identification Number:**

Title:

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

Areas Affected by the Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

2018 Local Hazard Mitigation Update

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	150,000.00
* b. Applicant	58,842.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	208,842.00

**\* 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:

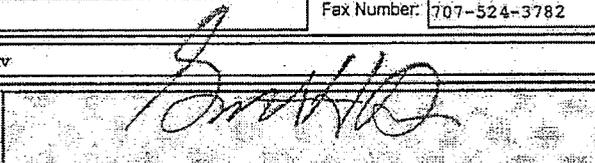
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <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: 04/25/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research <b>JUN 23 2016</b>
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: <b>STATE CLEARINGHOUSE</b>	
State Use Only:		
6. Date Received by State: 4-26-16	7. State Application Identifier: CALOES - PJ - 0004	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Riverside County Flood Control & Water Conservation District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1171062	* c. Organizational DUNS: 1891060650000	
d. Address:		
* Street1: 1995 Market Street	Street2: _____	
* City: Riverside	County/Parish: Riverside	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92501-1719	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Mark	Middle Name: _____
* Last Name: Wills	Suffix: _____	
Title: Chief of Planning		
Organizational Affiliation: Riverside County Flood Control & Water Conservation District		
* Telephone Number: 951-955-1212	Fax Number: _____	
* Email: mwills@rcflood.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:

DHS, FEMA

11. Catalog of Federal Domestic Assistance Number:

97-029 97.047

CFDA Title:

~~Flood Mitigation Assistance~~

Pre-Disaster Mitigation

\* 12. Funding Opportunity Number:

~~DHS-16-MT-029-000-99~~

DHS-16-MT-047-000-99

\* Title:

~~FY2016 Flood Mitigation Assistance~~

FY 2016 Pre-Disaster Mitigation

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:

Lakeland Village Master Drainage Plan Line H Construction 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

\* 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:  8/30/16

\* b. End Date:  8/30/19

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,694,747.25"/>
* b. Applicant	<input type="text" value="564,915.75"/>
* 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="2,259,663.00"/>

\* 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.

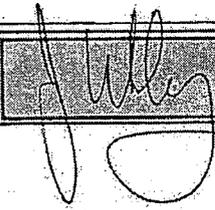
Authorized Representative:

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: <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): _____
--	--	--

Governors Office of Planning & Research

* 3. Date Received: 06/17/2016	* 4. Applicant Identifier: _____	JUN 23 2016
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARINGHOUSE
---	--

State Use Only:

6. Date Received by State: 4-26-16	7. State Application Identifier: CALIFES P10032
------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: County of Monterey	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000524	* c. Organizational DUNS: 8326541770000

d. Address:

* Street1: 169 West Alisal 2nd Floor
Street2: _____
* City: Salinas
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93901-2438

e. Organizational Unit:

Department Name: Resource Management Agency	Division Name: _____
---	----------------------

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

Prefix: _____	* First Name: Melanie
Middle Name: _____	
* Last Name: Beretti	
Suffix: _____	
Title: Special Programs Manager	
Organizational Affiliation: _____	
* Telephone Number: 831-755-5285	Fax Number: _____
* Email: berettim@co.monterey.ca.us	

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U.S Department of Homeland Security (DHS), FEMA

11. Catalog of Federal Domestic Assistance Number:

97.029

CFDA Title:

Flood Mitigation Assistance

\* 12. Funding Opportunity Number:

DHS-16-MT-029-000-99

\* Title:

FY 2016 Flood Mitigation Assistance

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:

Carmel River Floodplain Restoration Project (Carmel River 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

\* 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="11,565,204.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="3,855,068.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="15,420,272.00"/>

\* 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.

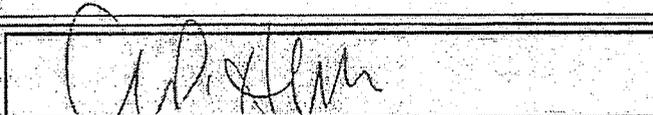
Authorized Representative:

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 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> 04/25/2016	<b>4. Applicant Identifier:</b> _____	JUN 23 2016
<b>5a. Federal Entity Identifier:</b> 94-6000421	<b>5b. Federal Award Identifier:</b> STATE CLEARINGHOUSE	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> 4-26-16	<b>7. State Application Identifier:</b> CALOES - PJ0030	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> City of San Leandro	_____	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> _____	<b>* c. Organizational DUNS:</b> 086166261	
<b>d. Address:</b>		
<b>* Street1:</b> 835 East 14th Street	_____	
<b>* Street2:</b>	_____	
<b>* City:</b> San Leandro	_____	
<b>* County/Parish:</b>	_____	
<b>* State:</b> CA: California	_____	
<b>* Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 94577	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Engineering and Transportation	<b>Division Name:</b> _____	
<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> Nick	_____
<b>Middle Name:</b>	_____	
<b>* Last Name:</b> Thom	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> City Engineer	_____	
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 510-577-3428	<b>Fax Number:</b> _____	
<b>* Email:</b> nthom@sanleandro.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:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Homeland Security: FEMA

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

97.047

CFDA Title:

Pre-Disaster Mitigation

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

2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100

\* Title:

Pre-Disaster Mitigation

**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:**

City of San Leandro Shoreline Flood Protection

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  -843,468.45  
\* b. Applicant   
\* c. State   
\* d. Local  -881,156.05  
\* e. Other   
\* f. Program Income   
\* g. TOTAL  -1,124,624.50

**\* 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.

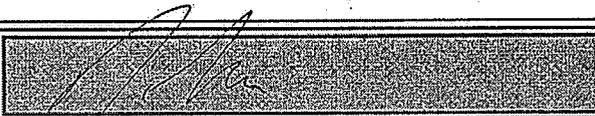
**Authorized Representative:**

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> <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> 04/21/2016	<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> 097-56784	<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> 4-26-16	<b>7. State Application Identifier:</b> CALOES PL-0063	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> CITY OF PETALUMA		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000392	<b>* c. Organizational DUNS:</b> 0200219780000	
<b>d. Address:</b>		
<b>* Street1:</b> 202 N McDowell Blvd.	_____	
<b>Street2:</b>	_____	
<b>* City:</b> PETALUMA	_____	
<b>County/Parish:</b>	_____	
<b>* State:</b> CA: California	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 94954-2307	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Public Works and Utilities	<b>Division Name:</b> _____	
<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> Sanjay	
<b>Middle Name:</b>	_____	
<b>* Last Name:</b> Mishra	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> Senior Civil Engineer		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 7077763672	<b>Fax Number:</b> _____	
<b>* Email:</b> smishra@ci.petaluma.ca.us		

Governor's Office of Planning & Research

JUN 23 2016

STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

FEDERAL EMERGENCY MANAGEMENT AGENCY

11. Catalog of Federal Domestic Assistance Number:

97,047

CFDA Title:

Pre-Disaster Mitigation

\* 12. Funding Opportunity Number:

DHS-16-MT-047-000-99

\* Title:

~~PREPARE LOCAL HAZARD MITIGATION PLAN~~

FY 2016 Pre-Disaster Mitigation

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:

City of Petaluma Hazard Mitigation 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:  8/30/16

\* b. End Date:  8/30/19

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="60,000"/>	<input type="text" value="45,000-00"/>
* b. Applicant		<input type="text" value="15,000-00"/>
* c. State		<input type="text" value="0.00"/>
* d. Local	<input type="text" value="20,000"/>	<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="80,000"/>	<input type="text" value="60,000-00"/>

\* 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 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: 04/25/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research <b>JUN 23 2016</b>
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	<b>STATE CLEARINGHOUSE</b>
<b>State Use Only:</b>		
6. Date Received by State: 4-26-16	7. State Application Identifier: PL-0065 -CALOES	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: City of Lynwood		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6100353	* c. Organizational DUNS: 0817823440000	
<b>d. Address:</b>		
* Street1: 11130 Bullis Road	Street2: _____	
* City: Lynwood	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 90262-0000	
<b>e. Organizational Unit:</b>		
Department Name: _____	Division Name: _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.	* First Name: Deborah	
Middle Name: _____	* Last Name: Jackson	
Suffix: _____	Title: Director of Public Relations	
Organizational Affiliation: _____		
* Telephone Number: 310-603-0220	Fax Number: _____	
* Email: djackson@lynwood.ca.us		

**Application for Federal Assistance SF-424**

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

FEMA

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

97.047

CFDA Title:  
Pre-Disaster Mitigation

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

DHS-16-MT-047-000-99

\* Title:  
City of Lynwood Natural Hazards Mitigation Plan Update  
FY 2016 Pre-Disaster Mitigation

**13. Competition Identification Number:**

Title:  
FY 2016 Pre-Disaster Mitigation

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

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

City of Lynwood Natural Hazards Mitigation Plan Update

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="51,562.50"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="17,187.00"/>
* e. Other	<input type="text" value="17,187.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="68,749.50"/>

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

Governor's Office of Planning & Research  
JUN 24 2016  
STATE CLEARINGHOUSE

<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> Okleville Highland Acres Mutual Water Company	<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 81-2192980
<b>* c. Organizational DUNS:</b> 080275981	

<b>d. Address:</b>	
<b>* Street 1:</b> 4741 Ave. 230	<b>* City:</b> Tulare
<b>Street 2:</b> _____	<b>County/Parish:</b> _____
<b>* State:</b> CA	<b>* Country:</b> USA: UNITED STATES
<b>Province:</b> _____	<b>* Zip / Postal Code:</b> 93274

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> N/A	<b>Division Name:</b> N/A

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Ms.	<b>* First Name:</b> Maria
<b>Middle Name:</b> _____	<b>* Last Name:</b> Herrera
<b>Suffix:</b> _____	<b>Title:</b> Community Development Specialist
<b>Organizational Affiliation:</b> Self-Help Enterprises	
<b>* Telephone Number:</b> (559) 802-1676	<b>Fax Number:</b> (559) 651-3634
<b>* Email:</b> mariah@selfhelpenterprises.org	

**Application for Federal Assistance SF-424**

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

Private nonprofit entity

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:**

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

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

MBL-SF424 FAMILY-ALL FORMS

\* Title:

MBL-SF424 FAMILY-ALL FORMS

**13. Competition Identification Number:**

Title:

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

Uninc Okieville, Tulare Co. CA

Add Attachments

Delete Attachments

View Attachments

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

Okieville Drought Emergency Water Supply 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

\* 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="\$500,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$1,849,800.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$2,349,800.00"/>

**\*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.)**

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
---	---	--

*3. Date Received: 06/24/2016	*4. Applicant Identifier: _____
----------------------------------	------------------------------------

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

**State Use Only:**

6. Date Received by State: _____	7. State Application Identifier: G1698072	Governor's Office of Planning & Research
----------------------------------	---	--

**8. APPLICANT INFORMATION:** JUN 24 2016

* a. Legal Name: State of California	STATE CLEARINGHOUSE
--------------------------------------	---------------------

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

**d. Address:**

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

**e. Organizational Unit:**

Department Name: CDFW	Division Name: Federal Assistance Section
--------------------------	--

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

Prefix: Mr.	* First Name: Mike
Middle Name: _____	
* Last Name: Boll	
Suffix: _____	

Title: Grant Administrator
----------------------------

Organizational Affiliation: CDFW, Federal Assistance Section
---

* Telephone Number: 916-445-9302	Fax Number: _____
----------------------------------	-------------------

* Email: Michael.Bollewildlife.ca.gov
---------------------------------------

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

E15AS00077

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Development and Maintenance: Region 3 (GIWA and NSMWA)

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="1,068,588.00"/>
*b. Applicant	<input type="text" value="0.00"/>
*c. State	<input type="text" value="356,196.00"/>
*d. Local	<input type="text" value="0.00"/>
*e. Other	<input type="text" value="0.00"/>
*f. Program Income	<input type="text" value="15,000.00"/>
*g. TOTAL	<input type="text" value="1,439,784.00"/>

**\*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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
*3. Date Received: 06/15/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698034	
8. APPLICANT INFORMATION:		
*a. Legal Name: State of California	Governor's Office of Planning & Research JUN 24 2016 STATE CLEARINGHOUSE	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	*c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	_____	
Street2: _____	_____	
* City: Sacramento	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Michael	_____
Middle Name: _____	_____	
* Last Name: McCormick	_____	
Suffix: _____	_____	
Title: Grant Administrator	_____	
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: _____	
* Email: Michael.McCormick@wildlife.ca.gov	_____	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F16AS00077

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 4

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="2,468,857.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="822,952.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="30,622.00"/>
* g. TOTAL	<input type="text" value="3,322,431.00"/>

**\* 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 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: San Manuel Band of Mission Indians		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0526268	* c. Organizational DUNS: 0802646040000	<b>Governor's Office of Planning &amp; Research</b>

**JUN 24 2016**

**d. Address:**

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

**e. Organizational Unit:**

Department Name: San Manuel Fire Department	Division Name: _____
---	----------------------

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

Prefix: Mr.	* First Name: Mike
Middle Name: _____	
* Last Name: Layne	
Suffix: _____	

Title: Grants Administrator
-----------------------------

Organizational Affiliation: San Manuel Band of Mission Indians
--

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

* Email: mlayne@sanmanuel-nsn.gov
-----------------------------------

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

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

97.067

CFDA Title:

Homeland Security Grant Program

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

DHS-16-GPD-067-00-02

\* Title:

Fiscal Year 2016 Tribal Homeland Security Grant Program (THSGP)

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Mass Casualty Incident (MCI) Response Unit

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="451,160.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="451,160.00"/>

**\* 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		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>            * Other (Specify)  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/>  <small>Completed by Grants.gov upon submission.</small> </p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<p>State Use Only: <span style="float: right;"><b>Governor's Office of Planning &amp; Research</b></span></p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>JUN 27 2016</b></p>		
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="KERN RIVER VALLEY HISTORICAL SOCIETY"/></p>		<p><b>STATE CLEARINGHOUSE</b></p>
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="95-3702689"/></p>		<p>* c. Organizational DUNS:  <input type="text" value="949744239"/></p>
<p>d. Address:</p>		
<p>* Street 1: <input type="text" value="49 BIG BLUE"/></p>		
<p>Street 2: <input type="text"/></p>		
<p>* City: <input type="text" value="KERNVILLE"/></p>		
<p>County/Parish: <input type="text"/></p>		
<p>* State: <input type="text" value="CALIFORNIA"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="93238-0651"/></p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text" value="ADRIENNE"/></p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text" value="BURDGE"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="EA"/></p>		
<p>Organizational Affiliation:  <input type="text" value="TREASURER"/></p>		
<p>* Telephone Number: <input type="text" value="(760) 376-6290"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="adrienneburd@aol.com"/></p>		

<b>Application for Federal Assistance SF-424</b>	
<p><b>9. Type of Applicant 1 - Select Applicant Type:</b></p> <p><b>501-C3 NON-PROFIT</b></p> <p>Type of Applicant 2- Select Applicant Type:</p> <p>Type of Applicant 3- Select Applicant Type:</p> <p>* Other (specify):</p>	
<p><b>* 10. Name of Federal Agency:</b></p> <p><b>N/A</b></p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b></p> <p><b>10.766</b></p> <p>CFDA Title:</p> <p><b>Community Facilities Loans and Grants</b></p>	
<p><b>* 12. Funding Opportunity Number:</b></p> <p>[Redacted]</p> <p><b>* Title:</b></p> <p>[Redacted]</p>	
<p><b>13. Competition Identification Number:</b></p> <p>[Redacted]</p> <p><b>Title:</b></p> <p>[Redacted]</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b></p> <p><b>KERNVILLE, WOFFORD HEIGHTS, LAKE SAHARA, SOUTH LAKE, WELDON, RIVERKERN, ONXY</b></p> <p><input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/></p>	
<p><b>* 15. Descriptive Title of Applicant's Project:</b></p> <p><b>KERN RIVER VALLEY MUSEUM ANNEX</b></p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p>Add Attachments <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/></p>	

**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	\$30,000
* b. Applicant	10,000
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	340,000

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

\* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)  
 Yes  No  
 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: *Adrienne Burdge* Completed by Grants.gov upon submission. \* Date Signed: June 24, 2016 Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____  * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: <b>Governor's Office of Planning &amp; Research</b>	
State Use Only:	<b>JUN 27 2016</b>	
6. Date Received by State: _____	7. State Application Identifier: <b>STATE CLEARINGHOUSE</b>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <b>The Coachella Valley Housing Coalition</b>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>95-3814898</b>	* c. Organizational DUNS: <b>6132810700000</b>	
d. Address:		
* Street1:	<b>45701 Monroe Street</b>	
Street2:	<b>Suite G</b>	
* City:	<b>Indio</b>	
County/Parish:	<b>Riverside County</b>	
* State:	<b>CA: California</b>	
Province:	_____	
* Country:	<b>USA: UNITED STATES</b>	
* Zip / Postal Code:	<b>92201-3937</b>	
e. Organizational Unit:		
Department Name: <b>Single Family Development</b>	Division Name: <b>Single Family Division</b>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <b>Mrs.</b>	* First Name: <b>Emilia</b>	
Middle Name:	_____	
* Last Name:	<b>Mojica</b>	
Suffix:	_____	
Title:	<b>Single Family Development Director</b>	
Organizational Affiliation: _____		
* Telephone Number: <b>760-347-3157</b>	Fax Number: <b>760-342-6466</b>	
* Email: <b>cmojica@cvhc.org</b>	_____	

<b>Application for Federal Assistance SF-424</b>	
<b>* 9. Type of Applicant 1: Select Applicant Type:</b>	
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):	
<b>* 10. Name of Federal Agency:</b>	
United States Department of Agriculture - Rural Development	
<b>11. Catalog of Federal Domestic Assistance Number:</b>	
10.420	
CFDA Title:	
Rural Self Help Housing Technical Assistance	
<b>* 12. Funding Opportunity Number:</b>	
Non-Applicable (re-application)	
* Title:	
Non-Applicable	
<b>13. Competition Identification Number:</b>	
Non-Applicable	
Title:	
Non-Applicable	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>	
USDA_523_Form_SF-424_Areas Affected.pdf	
<b>* 15. Descriptive Title of Applicant's Project:</b>	
Single Family Self Help Housing Program: Technical assistance to 216 very low and low income families to build modest, safe and affordable housing using the Mutual Self Help Method of Construction.	
Attach supporting documents as specified in agency instructions.	

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant <input type="text" value="CA-036"/>	* b. Program/Project <input type="text" value="CA-036"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="USDA 523 Form SF-424 Congressional District"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="01/01/2017"/>	* b. End Date: <input type="text" value="05/31/2019"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text"/>
* 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"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Julie"/>
Middle Name: <input type="text" value="I."/>	
* Last Name: <input type="text" value="Bornstein"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Executive Director"/>	
* Telephone Number: <input type="text" value="760-347-3157"/>	Fax Number: <input type="text" value="760-342-6466"/>
* Email: <input type="text" value="jbornstein@cvhc.org"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text"/>

**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> 04/06/2016	<b>4. Applicant Identifier:</b> Governor's Office of Planning & Research
--	---

<b>5a. Federal Entity Identifier:</b> [ ]	<b>5b. Federal Award Identifier:</b> JUN 28 2016 STATE CLEARINGHOUSE
--	--

**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> 941697567	<b>* c. Organizational DUNS:</b> 8083223580000

**d. Address:**

<b>* Street1:</b> 1831 9TH ST
<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> 95811-7023

**e. Organizational Unit:**

<b>Department Name:</b> [ ]	<b>Division Name:</b> [ ]
-----------------------------	---------------------------

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

<b>Prefix:</b> [ ]	<b>* First Name:</b> MARY
<b>Middle Name:</b> [ ]	
<b>* Last Name:</b> LARSON	
<b>Suffix:</b> [ ]	
<b>Title:</b> Sr. Env. Sci. Supervisor	
<b>Organizational Affiliation:</b> REGION 5	
<b>* Telephone Number:</b> (562) 342-7186	<b>Fax Number:</b> [ ]
<b>* Email:</b> Mary.Larson@wildlife.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Commerce

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

11.463

CFDA Title:

Habitat Conservation

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

NOAA-NMFS-HCPO-2016-2004800

\* Title:

Community-based Restoration Program Coastal and Marine Habitat Restoration Grants

**13. Competition Identification Number:**

2577382

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

oncorhynchus mykiss habitat surveys in the Ventura River Basin, California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="217,495.00"/>
* b. Applicant	<input type="text" value="135,397.00"/>
* 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="352,892.00"/>

**\* 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: <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: 06/09/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research JUN 28 2016
-----------------------------------	-----------------------------------	---

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1692016
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 941697567	* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: Fish and Wildlife	Division Name: Administration
------------------------------------	-------------------------------

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

Prefix: _____	* First Name: Christina
Middle Name: Marie	
* Last Name: Alston	
Suffix: _____	
Title: Grant Administrator	

Organizational Affiliation: Business Management Branch
--

* Telephone Number: 916-445-5148	Fax Number: _____
----------------------------------	-------------------

* Email: christina.alston@wildlife.ca.gov
---

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Fish & Wildlife

11. Catalog of Federal Domestic Assistance Number:

15.608

CFDA Title:

California Aquatic Invasive Species Management Plan

\* 12. Funding Opportunity Number:

N/A

\* Title:

California Aquatic Invasive Species Management Plan

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California Aquatic Invasive Species Management 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.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="48,895.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="17,160.56"/>
* 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="66,055.56"/>

**\* 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:

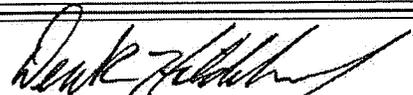
\* Last Name:

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:**

05/09/2016

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

16-8130-0238-CA

Governor's Office of Planning & Research

JUN 29 2016

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

STATE CLEARINGHOUSE

**8. APPLICANT INFORMATION:**

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

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

956006142W

**\* c. Organizational DUNS:**

6277974260000

**d. Address:**

**\* Street1:** 200 University Office Building

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

**\* City:** Riverside

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

**\* State:** CA: California

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

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

**\* Zip / Postal Code:** 92521-0217

**e. Organizational Unit:**

**Department Name:**

Sponsored Programs Admin

**Division Name:**

Research and Economic Developm

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

**Prefix:** \_\_\_\_\_ **\* First Name:** Karen

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

**\* Last Name:** Garcia

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

**Title:** Sr. Contracts and Grants Officer

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:** 951.827.3692

**Fax Number:** 951.827.4483

**\* Email:** kgarcia@ucr.edu

**Application for Federal Assistance SF-424**

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

U: Tribally Controlled Colleges and Universities (TCCUs)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Animal and Plant Health Inspection Service (APHIS)

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

10.025

CFDA Title:

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

USDA-GRANTS-090915-001

\* Title:

National Clean Plant Network Cooperative Agreements Program

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Euwallacea fornicates species complex attractants/ semiochemicals

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-041

\* b. Program/Project CA-041

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

17. Proposed Project:

\* a. Start Date: 06/01/2016

\* b. End Date: 05/31/2017

18. Estimated Funding (\$):

* a. Federal	64,207.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	64,207.00

\* 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.

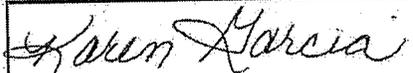
Authorized Representative:

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

\* Title: Sr. Grants and Contracts Officer

\* Telephone Number: 951.827.3692 Fax Number: 951.827.4483

\* Email: kgarcia@ucr.edu

\* Signature of Authorized Representative: 

\* Date Signed: 6-23-16

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> 05/09/2016	<b>4. Applicant Identifier:</b> _____	<b>Governor's Office of Planning &amp; Research</b>
--	--	---

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> 16-8130-0382-CA	<b>JUN 29 2016</b> <b>STATE CLEARINGHOUSE</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> The Regents of the University of California	<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 956006142W	<b>* c. Organizational DUNS:</b> 6277974260000
--	--	---

**d. Address:**

<b>* Street1:</b> 200 University Office Building	<b>* State:</b> CA: California
<b>Street2:</b> _____	<b>Province:</b> _____
<b>* City:</b> Riverside	<b>* Country:</b> USA: UNITED STATES
<b>County/Parish:</b> _____	<b>* Zip / Postal Code:</b> 92521-0217

**e. Organizational Unit:**

<b>Department Name:</b> Sponsored Programs Admin	<b>Division Name:</b> Research and Economic Developm
---	---

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

<b>Prefix:</b> _____	<b>* First Name:</b> Karen
<b>Middle Name:</b> _____	<b>* Last Name:</b> Garcia
<b>Suffix:</b> _____	<b>Title:</b> Sr. Contracts and Grants Officer
<b>Organizational Affiliation:</b> _____	
<b>* Telephone Number:</b> 951.827.3692	<b>Fax Number:</b> 951.827.4483
<b>* Email:</b> kgarcia@ucr.edu	

**Application for Federal Assistance SF-424**

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

U: Tribally Controlled Colleges and Universities (TCCUs)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA Animal and Plant Health Inspection Service (APHIS)

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

10.025

CFDA Title:

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

USDA-GRANTS-090915-001

\* Title:

National Clean Plant Network Cooperative Agreements Program .

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Natural Enemies and Control of Polyphagous Shot Hole Borer (Ewallacea sp.)

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-041

\* b. Program/Project CA-041

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

17. Proposed Project:

\* a. Start Date: 06/01/2016

\* b. End Date: 05/31/2017

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	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

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.

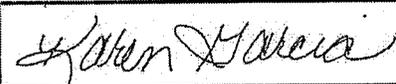
Authorized Representative:

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

\* Title: Sr. Grants and Contracts Officer

\* Telephone Number: 951.827.3692 Fax Number: 951.827.4483

\* Email: kgarcia@ucr.edu

\* Signature of Authorized Representative: 

\* Date Signed: 6-23-16

**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

Governor's Office of Planning & Research

JUN 29 2016

5a. Federal Entity Identifier:

16-8506-1732-CA

5b. Federal Award Identifier:

**STATE CLEARINGHOUSE**

**State Use Only:**

6. Date Received by State: 06/24/2016

7. State Application Identifier: 15-0625-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:**

Biological Control of the Cereal Leaf Beetle

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="35,058.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="35,058.00"/>

\* 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> <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> 06/30/2016	<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> G1698018	Governor's Office of Planning & Research
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> STATE OF CALIFORNIA	JUN 30 2016	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1697567	<b>* c. Organizational DUNS:</b> 8083223580000	STATE CLEARINGHOUSE
<b>d. Address:</b>		
<b>* Street1:</b> 1831 9TH STREET	_____	
<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> 95811-7011	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> CA DEPT OF FISH AND WILDLIFE	<b>Division Name:</b> FEDERAL ASSISTANCE SECTION	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> STEVE	_____
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> WONG	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> GRANT ADMINISTRATOR		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> (916) 445-3694	<b>Fax Number:</b> _____	
<b>* Email:</b> Steve.Wong@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F16AS00078

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

AQUATIC RESOURCE EDUCATION PROGRAM-CONSERVATION EDUCATION

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="2,677,298.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="892,433.00"/>
* 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="3,569,731.00"/>

**\* 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 in attachment.)**

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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