

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1- 15, 2011**. 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: 03/31/2012

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_

\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

\_\_\_\_\_

RECEIVED

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

MAR - 1 2011

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

B. APPLICANT INFORMATION:

\* a. Legal Name: High Sierra Resource Conservation and Development Council, Inc.

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

74-3111258

\* c. Organizational DUNS:

136660334

d. Address:

\* Street1: 251 Auburn Ravine Road, Ste 105

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

\* City: Auburn

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

\* State: California

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

\* Country: United States of America

\* Zip / Postal Code: 95603-3719

e. Organizational Unit:

Department Name:

\_\_\_\_\_

Division Name:

\_\_\_\_\_

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

Prefic: \_\_\_\_\_ \* First Name: Walter

Middle Name: Hayden

\* Last Name: Clevenger

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

Title: \_\_\_\_\_

Organizational Affiliation:

USDA NRCS High Sierra Resource Conservation and Development

\* Telephone Number: 530 823 5687 x115

Fax Number: \_\_\_\_\_

\* Email: walter.clevenger@ca.usda.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

New

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA Natural Resource Conservation Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

10-901

\* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

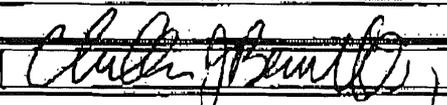
To assist RC&D Council in carrying out an Area Plan approved by the California State Conservationist.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

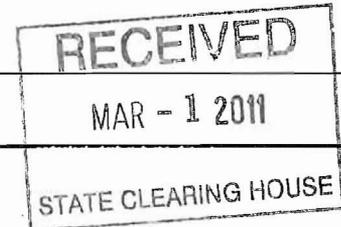
View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="4"/>	* b. Program/Project: <input type="text" value="4"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="03/01/2011"/>	* b. End Date: <input type="text" value="09/30/2012"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="\$4,500.00"/>
* 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="\$4,500.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="02/28/2011"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="William"/>
Middle Name: <input type="text" value="J."/>	
* Last Name: <input type="text" value="Bennett"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="President, High Sierra Resource Conservation and Development Council, Inc."/>	
* Telephone Number: <input type="text" value="330 823 5687"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="mary.powell@ca.usda.gov"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="2/28/11"/>

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: City of Torrance					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000803			*c. Organizational DUNS: 06667416		
d. Address:					
*Street1: 20500 Madrona Avenue.					
Street 2:					
*City: Torrance					
County:					
*State: CA					
Province:					
Country:					
*Zip/ Postal Code: 90503					
e. Organizational Unit:					
Department Name: Public Works Department			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: John			
Middle Name:					
*Last Name: Dettle					
Suffix:					
Title: Engineering Manager/Project Manager					
Organizational Affiliation:					
*Telephone Number: 310-618-3059			Fax Number: 310-781-6902		
*Email: jdettle@TorranceCA.gov					



**Application for Federal Assistance SF-424**

Version 02

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

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

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

\*Other (specify):

\*10. Name of Federal Agency:  
**Department of the Interior, Bureau of Reclamation, Policy and Administration**

11. Catalog of Federal Domestic Assistance Number:  
**15.507**

CFDA Title:  
**WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2011.**

\*12. Funding Opportunity Number: **R11SF80303**

\*Title: **WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2011**

13. Competition Identification Number: **Not Applicable**

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
**City of Torrance, County of Los Angeles, Santa Monica Bay**

\*15. Descriptive Title of Applicant's Project:  
**Stormwater Basin Recharge and Enhancement**

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

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **CA-36** \*b. Program/Project: **CA-36**

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

17. Proposed Project:

\*a. Start Date: **September 2011** \*b. End Date: **September 2013**

18. Estimated Funding (\$):

*a. Federal	\$820,000.00	*d. Local	
*b. Applicant	\$253,866.00	*e. Other	
*c. State	\$3,337,500.00	*f. Program Income	
*d. Local		*g. TOTAL	\$4,411,366.00

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

3/2/2011

- a. This application was made available to the State under the Executive Order 12372 Process for review on ~~2/17/2011~~
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Robert

Middle Name: J.

\*Last Name: Beste

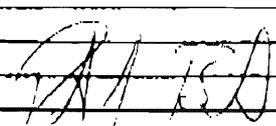
Suffix:

\*Title: Director of Public Works

\*Telephone Number: 1-310-781-6900

Fax Number: 1-310-781-6902

\*Email: rbeste@torrance.gov

\*Signature of Authorized Representative: 

Date Signed: February 14, 2011

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 02/16/2011	4. Applicant Identifier:	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            MAR - 3 2011            STATE CLEARING HOUSE         </div>
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: City of Ukiah		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000446	* c. Organizational DUNS: 7819833410000	
d. Address:		
* Street1:	300 Seminary Avenue	
* Street2:		
* City:	Ukiah	
* County:		
* State:	CA: California	
* Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95402	
e. Organizational Unit:		
Department Name: Public Works	Division Name: Water Department	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.	* First Name: Maya	
Middle Name: Azzaro		
* Last Name: Simerson		
Suffix:		
Title: Project Analyst		
Organizational Affiliation: City of Ukiah		
* Telephone Number: 707-367-0699	Fax Number: 707-463-6740	
* Email: msimerson@cityofukiah.com		

**Application for Federal Assistance SF-424**

Version 02

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

C: City or Township Government

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

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

**\* Other (specify):**

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

Bureau of Reclamation - Denver Office

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

15.507

**CFDA Title:**

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

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

R11SF80303

**\* Title:**

WaterSMART: Water and Energy Efficiency Grants for FY 2011

**13. Competition Identification Number:**

**Title:**

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

Ukiah

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

This project will provide funding to replace and upgrade outdated water meters in the City of Ukiah. Accomplishing this project will result in water conservation for our community and it's resources.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	1	* b. Program/Project
1		
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	09/01/2011	* b. End Date:
09/01/2012		
<b>18. Estimated Funding (\$):</b>		
* a. Federal	0.00	
* b. Applicant	2,257,000.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	1,000,000.00	
* g. TOTAL	3,257,000.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <span style="float: right; border: 1px solid black; padding: 2px;">02/17/2011</span>		
<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.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right; border: 1px solid black; padding: 2px;">Explanation</span>		
<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		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix:	Mrb.	* First Name:
Mari		
Middle Name:		
* Last Name:	Rodin	
Suffix:		
* Title:	Mayor	
* Telephone Number:	707-463-6213	Fax Number:
707-463-6740		
* Email:	rodin@pacific.net	
* Signature of Authorized Representative:	Maya Simerson	* Date Signed:
02/16/2011		

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

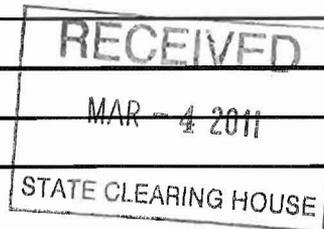
<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Watsonville, City of		<b>Organizational Unit:</b> Department: Public Works and Utilities	
Organizational DUNS: 010939452		Division: Water	
Address: Street: 275 Main Street 4th Floor		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Watsonville		Prefix: Mr.	First Name: Steve
County: Santa Cruz		Middle Name	
State: CA		Last Name Palmisano	
Zip Code 95076	Suffix:		
Country: USA		Email: spalmisano@ci.watsonville.ca.us	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000451		Phone Number (give area code) 831.768.3176	Fax Number (give area code) 831.763.4065
<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) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		<b>9. NAME OF FEDERAL AGENCY:</b> US Department of Agriculture	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Watsonville, Santa Cruz County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Corralitos Creek Water Supply and Fisheries Enhancement Project	
<b>13. PROPOSED PROJECT</b> Start Date: 10-1-11 Ending Date: 10-1-12		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-17 b. Project CA-17, CA-14	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 5,346,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
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	\$	<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	\$ 5,346,000 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Mr.	First Name Carlos	Middle Name J.	
Last Name Palacios		Suffix	
b. Title City Manager		c. Telephone Number (give area code) 831.768.3010	
d. Signature of Authorized Representative <i>Carlos Palacios</i>		e. Date Signed 2/1/11	

RECEIVED  
MAR - 3 2011  
STATE CLEARING HOUSE

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: California Invasive Plant Council (Ca-IPC)		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0289333		*c. Organizational DUNS: 146083303
d. Address:		
*Street 1:	1442-A Walnut St. #462	
Street 2:	_____	
*City:	Berkeley	
County:	Alameda	
*State:	CA	
Province:	_____	
*Country:	US	
*Zip / Postal Code	94709	
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: Doug
Middle Name:	_____	
*Last Name:	Johnson	
Suffix:	_____	
Title:	Executive Director	
Organizational Affiliation: Cal-IPC		
*Telephone Number: 510-843-3902 x302		Fax Number: 510-217-3500
*Email: dwjohnson@cal-ipc.org		



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

<b>Application for Federal Assistance SF-424</b>	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b> M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type:  *Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b> USDA Natural Resources Conservation Service</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b> <u>10.912</u> CFDA Title: <u>Environmental Quality Incentives Program</u></p>	
<p><b>*12 Funding Opportunity Number:</b> <u>USDA-NRCS-NHQ-11-01</u>  *Title: <u>2011 Conservation Innovation Grant Funding Opportunity</u></p>	
<p><b>13. Competition Identification Number:</b>  Title:  </p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Arizona, Nevada, California</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b> Enhanced Conservation Effectiveness through Regional Invasive Plant Prioritization</p>	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: CA-09		*b. Program/Project: CA, AZ, NV
<b>17. Proposed Project:</b>		
*a. Start Date: 10/1/11		*b. End Date: 9/30/13
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	450,618
*b. Applicant	_____	218,500
*c. State	_____	129,811
*d. Local	_____	115,154
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	914,083
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>3/4/11</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: <u>Mr.</u>	*First Name: <u>Doug</u>	
Middle Name: _____		
*Last Name: <u>Johnson</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: 510-843-3902 x302		Fax Number: 510-217-3500
* Email: <a href="mailto:dwjohnson@cal-ipc.org">dwjohnson@cal-ipc.org</a>		
*Signature of Authorized Representative: Doug Johnson		*Date Signed: 3/4/11

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7.03

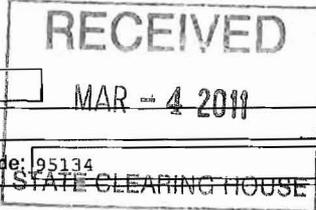
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
<b>RECEIVED</b>				
5. APPLICANT INFORMATION		Organizational Unit: <b>MAR - 4 2011</b>		
Legal Name: <b>Jenny Lind Veterans Memorial District</b>		Department:		
Organizational DUNS: <b>827664491</b>		Division: <b>STATE CLEARING HOUSE</b>		
Address: Street: <b>189 Pine St</b>		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: <b>Valley Springs</b>		Prefix: <b>Mr</b> First Name: <b>Michael</b>		
County: <b>Calaveras</b>		Middle Name: <b>Wayne</b>		
State: <b>California</b> Zip Code: <b>95252</b>		Last Name: <b>Wietrick</b>		
Country: <b>USA</b>		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>90-0016026</b>		Email: <b>MWietrick@AOL.com</b>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code): <b>209-610-3456</b> Fax Number (give area code): <b>209-772-1562</b>		
Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) <b>G Special District</b> Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>Community Facilities 10-766</b> TITLE (Name of Program): <b>Loans and Grants</b>		9. NAME OF FEDERAL AGENCY: <b>USDA</b>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Valley Springs Calaveras County California</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Jenny Lind Veterans Memorial District Hall / Community center.</b>		
13. PROPOSED PROJECT Start Date: <b>Fall 2010</b> Ending Date: <b>Fall 2011</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>3rd</b> b. Project <b>3rd</b>		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ <b>880000</b>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>3-2-2011</b>		
b. Applicant	\$ <del>425000</del> MW	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	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ <del>62000</del> MW	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ <b>880000</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.				
a. Authorized Representative				
Prefix: <b>Mr</b> First Name: <b>Michael</b>		Middle Name: <b>Wayne</b>		
Last Name: <b>Wietrick</b>		Suffix:		
b. Title: <b>Director Assistant Manager</b>		c. Telephone Number (give area code): <b>209-610-3456</b>		
d. Signature of Authorized Representative: <i>Michael Wietrick</i>		e. Date Signed: <b>3-2-2011</b>		

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Standard Form 424 (Rev. 9-2003)  
Prescribed by OMB Circular A-101

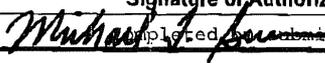
**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
<b>1. * TYPE OF SUBMISSION</b>		<b>4. Federal Identifier</b>	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			
<b>5. APPLICANT INFORMATION</b>			
			<b>* Organizational DUNS:</b> 092202837
* Legal Name: Santa Clara Valley Transportation Authority			
Department: Operations		Division: Transportation and Maintenance	
* Street1: 3331 North First Street			
Street2:			
* City: San Jose		County: Santa Clara	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 95134	
Person to be contacted on matters involving this application			
Prefix: Mr	* First Name: Michael	Middle Name:	
* Last Name: Hursh			Suffix:
* Phone Number: 408-321-7002	Fax Number: 408-922-0143		
Email: Michael.Hursh@vta.org			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-2186907			
<b>7. * TYPE OF APPLICANT:</b> D: Special District Government			
Other (Specify):			
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. * TYPE OF APPLICATION:</b>			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?			
<b>9. * NAME OF FEDERAL AGENCY:</b>		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20.514	
DOT/Federal Transit Administration		TITLE: Public Transportation Research	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>			
Joint Workforce Investment Leadership Academy			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b>		<b>13. PROPOSED PROJECT:</b>	
Santa Clara County; Alameda/San Mateo Counties (part)		* Start Date	* Ending Date
		07/01/2011	09/30/2012
		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
		a. * Applicant	b. * Project
		CA-015	CA-015
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix: Mr	* First Name: Michael	Middle Name:	
* Last Name: Hursh			Suffix:
Position/Title: Deputy Director - Maintenance and Security			
* Organization Name: Santa Clara Valley Transportation Authority			
Department: Operations		Division: Transportation and Maintenance	
* Street1: 3331 North First Street			
Street2:			
* City: San Jose		County: Santa Clara	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* ZIP / Postal Code: 95134	
* Phone Number: 408-321-7002		Fax Number: 408-922-0143	
* Email: Michael.Hursh@vta.org			



## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Estimated Project Funding	326,025.00	a. YES	<input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds	662,696.00		DATE: 03/04/2011
c. * Estimated Program Income	0.00	b. NO	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR
			<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<p>18. 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 18, Section 1001)</p> <p><input checked="" type="checkbox"/> * I agree</p> <p><small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>			
19. Authorized Representative			
Prefix: Mr.	* First Name: Michael	Middle Name:	
* Last Name: Burns		Suffix:	
* Position/Title: General Manager			
* Organization: Santa Clara Valley Transportation Authority			
Department:	Division:		
* Street1: 3331 North First Street			
Street2:			
* City: San Jose	County: Santa Clara		
* State: CA: California	Province:		
* Country: USA: UNITED STATES	* ZIP / Postal Code: 95134		
* Phone Number: 408-321-5559	Fax Number: 408-922-0289		
* Email: Michael.Burns@vta.org			
* Signature of Authorized Representative		* Date Signed	
 Completed and submitted to Grants.gov		03/04/2011 Completed and submitted to Grants.gov	
20. Pre-application			
	Add Attachment	Delete Attachment	View Attachment
21. Attach an additional list of Project Congressional Districts if needed.			
	Add Attachment	Delete Attachment	View Attachment

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="03/04/2011"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>MAR - 7 2011</b> </div>
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>STATE CLEARING HOUSE</b> </div>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="The Regents of the University of California, Riverside"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006142W"/>	* c. Organizational DUNS: <input type="text" value="6277974260000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="Office of Sponsored Programs Administration"/>	Street2: <input type="text" value="200 University Office Building"/>	
* City: <input type="text" value="Riverside"/>	County/Parish: <input type="text" value="Riverside"/>	
* 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="92521-0217"/>	
<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="Gillian"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Fischer"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Principal Contract and Grant Officer"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="951-827-4816"/>	Fax Number: <input type="text" value="951-827-4483"/>	
* Email: <input type="text" value="gillian.fischer@ucr.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:**

S: Hispanic-serving Institution

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

**\* Other (specify):**

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

Natural Resources Conservation Service

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

10.912

**CFDA Title:**

Environmental Quality Incentives Program

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

USDA-NRCS-NHQ-11-01

**\* Title:**

2011 Conservation Innovation Grant Funding Opportunity

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Cancel

OK

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

Solar Stock Water Pumping Initiative to Alleviate the Impacts of Drought and Dry Conditions in California

Attach supporting documents as specified in agency instructions.

Add Attachments

Cancel

OK

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="CA-044"/>	b. Program/Project: <input type="text" value="CA-ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/> <input type="text"/> <input type="text"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="10/01/2011"/>	* b. End Date: <input type="text" value="09/30/2013"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	612,958.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	616,000.00
* f. Program Income	0.00
* g. TOTAL	1,228,958.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="03/04/2011"/>
<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"/>	
<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: <input type="text"/>	* First Name: <input type="text" value="Gillian"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Fischer"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Principal Contract and Grant Officer"/>	
* Telephone Number: <input type="text" value="951-827-5535"/>	Fax Number: <input type="text" value="951-827-4483"/>
* Email: <input type="text" value="awards@ucr.edu"/>	
* Signature of Authorized Representative: <input type="text" value="Gillian Fischer"/>	* Date Signed: <input type="text" value="03/04/2011"/>

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 02/10/2011	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier G1198006	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-76-D-5	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department: Fish and Game		
Organizational DUNS: 808322358			Division: GRANTS MANAGEMENT BRANCH		
Address: Street: 1831 9TH STREET			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: CARRIE		
City: SACRAMENTO			Middle Name		
County: SACRAMENTO			Last Name HOLLER		
State: CA		Zip Code 95811	Suffix:		
Country: USA			Email: choller@dfg.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			Phone Number (give area code) (916) 327-0062		Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
TITLE (Name of Program): WILDLIFE RESTORATION ACT			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 6		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): IMPERIAL AND RIVERSIDE COUNTIES					
13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 45, 51		
15. ESTIMATED FUNDING: a. Federal \$ 915,486.00 b. Applicant \$ c. State \$ 305,162.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,225,850			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 02/10/2011 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name BLAINE		Middle Name	
Last Name NICKENS			Suffix		
b. Title CHIEF, GRANTS MANAGEMENT BRANCH			c. Telephone Number (give area code) (916) 445-9300		
d. Signature of Authorized Representative			e. Date Signed 2/10/2011		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>  * Other (Specify):  <input type="text"/></p>		
<p>* 3. Date Received:  Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  COUNTY</p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED  MAR - 8 2011  STATE CLEARING HOUSE </div>		
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: COUNTY OF SAN DIEGO, DEPARTMENT OF PARKS AND RECREATION</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  956000934</p>		<p>* c. Organizational DUNS:  786653618</p>
<p><b>d. Address:</b></p>		
* Street1:	5500 OVERLAND AVENUE	
* Street2:	SUITE 410	
* City:	SAN DIEGO	
* County:	SAN DIEGO	
* State:	CA: California	
* Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	92123-1202	
<p><b>e. Organizational Unit:</b></p>		
<p>Department Name:  PARKS AND RECREATION</p>		<p>Division Name:  DEVELOPMENT</p>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
Prefix:	Mr.	* First Name: STEPHEN
Middle Name:	<input type="text"/>	
* Last Name:	CAST	
Suffix:	<input type="text"/>	
Title:	PROJECT MANAGER	
<p>Organizational Affiliation:  <input type="text"/></p>		
* Telephone Number:	858-966-1353	Fax Number: 858-495-5841
* Email:	STEPHEN.CAST@SDCOUNTY.CA.GOV	

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> B: County Government	
Type of Applicant 2: Select Applicant Type: 	
Type of Applicant 3: Select Applicant Type: 	
* Other (specify): 	
<b>* 10. Name of Federal Agency:</b> Bureau of Reclamation - Lower Colorado Region	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 15.530	
CFDA Title: Water Conservation Field Services Program (WCFSP)	
<b>* 12. Funding Opportunity Number:</b> R11SF350001	
* Title: Water Conservation Field Services Program - Southern California Area Office	
<b>13. Competition Identification Number:</b> R11SF350001	
Title: 	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> 	
<b>* 15. Descriptive Title of Applicant's Project:</b> SAN DIEGUITO WATER RECLAMATION PROJECT	
Attach supporting documents as specified in agency instructions. 	

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

Application for Federal Assistance SF-424		Version 02
<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="Cancel"/> <input type="button" value="New Submission"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	12/13/2010	* b. End Date: 06/22/2011
<b>18. Estimated Funding (\$):</b>		
* a. Federal	100,002.60	
* b. Applicant	405,567.40	
* c. State	50,000.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	555,570.00	
<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 03/08/2011.		
<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.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>		
<input type="checkbox"/> ** I AGREE		
<b>** 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>		
<b>Authorized Representative:</b>		
Prefix:		* First Name: BRIAN
Middle Name:		
* Last Name:	ALBRIGHT	
Suffix:		
* Title:	DIRECTOR, PARKS AND RECREATION	
* Telephone Number:	858-966-1301	Fax Number: 858-495-5841
* Email:	BRIAN.ALBRIGHT@SDCOUNTY.CA.GOV	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____			
<b>5a. Federal Entity Identifier:</b> _____			<b>* 5b. Federal Award Identifier:</b> _____		
<b>RECEIVED</b> MAR - 9 2011					
<b>STATE CLEARING HOUSE</b>					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> San Geronio Pass Water Agency					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-2216065			<b>* c. Organizational DUNS:</b> 000000000INDV		
<b>d. Address:</b>					
<b>* Street1:</b> 1210 Beaumont Ave		_____			
<b>Street2:</b>		_____			
<b>* City:</b> Beaumont		_____			
<b>County:</b> Riverside		_____			
<b>* State:</b>		CA: California			
<b>Province:</b>		_____			
<b>* Country:</b>		USA: UNITED STATES			
<b>* Zip / Postal Code:</b> 92223		_____			
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Executive			<b>Division Name:</b> Executive		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b>		<b>* First Name:</b> Jeff			
<b>Middle Name:</b>		_____			
<b>* Last Name:</b> Davis		_____			
<b>Suffix:</b>		_____			
<b>Title:</b> General Manager and Chief Engineer					
<b>Organizational Affiliation:</b> San Geronio Pass Water Agency					
<b>* Telephone Number:</b> 951-845-2577			<b>Fax Number:</b>		
<b>* Email:</b> jdavis@sgpwa.com					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Bureau of Reclamation - Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program (WCFSP)

\* 12. Funding Opportunity Number:

R11SF350001

\* Title:

Water Conservation Field Services Program - Southern California Area Office

13. Competition Identification Number:

R11SF350001

Title:

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

This project will promote demand reduction and increase recharge into local ground water sources in Banning, Beaumont, Calimesa and unincorporated areas of Riverside County to reduce reliance on the State Water Project.

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

San Geronio Pass Water-Efficient Demonstration Garden and Outreach Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="78,630.00"/>
* b. Applicant	<input type="text" value="73,630.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="5,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="157,260.00"/>

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

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

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

- Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

**\*2. Type of Application**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)  
\_\_\_\_\_

**3. Date Received:**

3-11-11

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

n/a

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Riverside-Corona Resource Conservation District

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

33-0071697

**\*c. Organizational DUNS:**

007269590

**d. Address:**

\*Street 1: 4500 Glenwood Dr #A

Street 2: \_\_\_\_\_

\*City: Riverside

County: Riverside

\*State: CA

Province: n/a

\*Country: USA

\*Zip / Postal Code 92501

**e. Organizational Unit:**

**Department Name:**

n/a

**Division Name:**

n/a

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

Prefix: Ms \*First Name: Shelli

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

\*Last Name: Lamb

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

Title: District Manager

**Organizational Affiliation:**

same as 8.a.

\*Telephone Number: 951-683-7691

Fax Number: 951-683-3814

\*Email: Lamb@rcrcd.com

**Application for Federal Assistance SF-424**

Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Bureau of Reclamation - Lower Colorado Region

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

15.530

CFDA Title:

Water Conservation Field Services Program Southern California Area Office

**\*12 Funding Opportunity Number:**

R11SF350001

\*Title:

Southern California Area Office Water Conservation Field Services Program (WCFSP)

**13. Competition Identification Number:**

n/a

Title:

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

Riverside and San Diego Counties, CA

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

Southern California Online Water Conservation Planning for Agricultural and Nursery Operations - Phase I Pilot program

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 44

\*b. Program/Project: 41,44,45,49,50,52,53

**17. Proposed Project:**

\*a. Start Date: November 2011

\*b. End Date: June 2013

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

*a. Federal	49,610.88
*b. Applicant	52,121.89
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	101,732.77

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-09-11
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Ms \*First Name: Shelli  
Middle Name: \_\_\_\_\_  
\*Last Name: Lamb  
Suffix: \_\_\_\_\_

\*Title: District Manager

\*Telephone Number: 951-683-7691

Fax Number: 951-683-3814

\* Email: Lamb@rcrcd.com

\*Signature of Authorized Representative:

*Shelli Lamb*

\*Date Signed: 3-9-11

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 03/08/2011	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier G1198001
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-81-D-5

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: STATE OF CALIFORNIA		Department: Fish and Game	
Organizational DUNS: 808322358		Division: GRANTS MANAGEMENT BRANCH	
Address: Street: 1831 9TH STREET		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: SACRAMENTO		Prefix: Ms	First Name: CARRIE
County: SACRAMENTO		Middle Name	
State: CA Zip Code 95811		Last Name HOLLER	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1807587		Phone Number (give area code) (916) 327-0062	Fax Number (give area code) (916) 327-6320
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 1	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LASSEN, MODOC, TEHAMA, SISKIYOU, DEL NORTE CO.		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3 b. Project 1, 2, 4	
13. PROPOSED PROJECT Start Date: 07/01/2011 Ending Date: 06/30/2012		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/08/2011 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 1,476,832.00		
b. Applicant	\$		
c. State	\$ 492,277.00		
d. Local	\$		
e. Other	\$		
f. Program Income	\$ 27,000.00		
g. TOTAL	\$ 1,996,109.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name BLAINE	Middle Name	
Last Name NICKENS		Suffix	
b. Title CHIEF, GRANTS MANAGEMENT BRANCH		c. Telephone Number (give area code) (916) 445-9300	
d. Signature of Authorized Representative		e. Date Signed 3/9/2011	

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

**APPLICATION FOR  
FEDERAL ASSISTANCE**

2. DATE SUBMITTED <b>3/2/11</b>	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>03-06-226</b>

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
---	---

5. APPLICANT INFORMATION	
Legal Name: <b>City of San Jose</b>	Organizational Unit: Department: <b>Norman Y Mineta San Jose Intl Airport</b>
Organizational DUNS: <b>063541874</b>	Division:
Address: Street: <b>1701 Airport Boulevard, Suite B-1130</b>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <b>Ms.</b> First Name: <b>Laura</b>
City: <b>San Jose</b>	Middle Name:
County: <b>Santa Clara</b>	Last Name: <b>Luu</b>
State: <b>CA</b> Zip Code: <b>95110-1203</b>	Suffix:
Country: <b>USA</b>	Email: <b>lluu@sjc.org</b>

**RECEIVED**  
**MAR - 9 2011**  
**STATE CLEARING HOUSE**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>9 4 - 6 0 0 0 4 1 9</b>	Phone number (give area code): <b>408-392-3653</b>	FAX number (give area code): <b>408-441-4588</b>
--	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	7. TYPE OF APPLICANT: (See back of form for Application Types) <b>C</b>
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)	Other (specify)

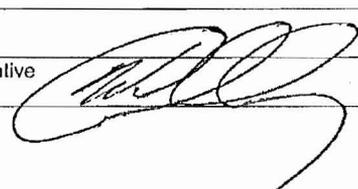
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  <b>2 0 - 1 0 6</b>	9. NAME OF FEDERAL AGENCY <b>DOT - Federal Aviation Administration</b>
TITLE: <b>Airport Improvement Program</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Construction of Phase 3 of the Taxiway W Extension from Taxiway J to Taxiway L and Taxiway J from Taxiway V to Taxiway W. The taxiways will be constructed with pcc pavement and ac shoulders. Taxiway W and Taxiway J will be constructed to be a fully compliant aircraft design group IV standards.</b>

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>San Jose, California</b>
--

13. PROPOSED PROJECT Start Date: <b>June 2011</b> Ending Date: <b>June 2012</b>	14. CONGRESSIONAL DISTRICTS OF a. Applicant: <b>16th</b> b. Project: <b>16th</b>
---	--

15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. Federal \$ <b>9,881,109.00</b>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>3/7/11</b>
b. Applicant \$ <b>2,379,853.00</b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ <b>.00</b>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <b>.00</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ <b>.00</b>	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No
f. Program Income \$ <b>.00</b>	
g. TOTAL \$ <b>12,260,962.00</b>	

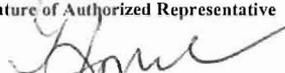
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix Mr. First Name <b>William</b> Middle Name <b>F</b>
Last Name <b>Sherry</b> Suffix
b. Title <b>Director of Aviation</b> c. Telephone number (give area code) <b>408-392-3610</b>
d. Signature of Authorized Representative  e. Date Signed <b>3/7/11</b>

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 3/7/11	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name <b>Los Angeles County Metropolitan Transportation Authority</b>		Organizational Unit: <b>Regional Capital Development</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Emma Nogales (213) 922-3066</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		<div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> <b>RECEIVED</b>   <b>MAR 10 2011</b>   <b>STATE CLEARING HOUSE</b> </div> A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____  <b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20500</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5909 Very Small Starts Earmark, CA-03-0815 Wilshire Blvd Bus-Only Lane</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>7/1/11</b>	Ending Date <b>12/31/14</b>	a. Applicant <b>Districts 25 to 39, 42 &amp; 46</b>	b. Project <b>30, 31, 33 34</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 23,317,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/7/11</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 8,183,000.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 31,500,000.00		

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

a Typed Name of Authorized Representative <b>GLADYS LOWE</b>	b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 	e. Date Signed <b>3-7-2011</b>	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<p><b>* 1. Type of Submission:</b></p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p><b>* 2. Type of Application:</b></p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p><b>* If Revision, select appropriate letter(s):</b></p> <input type="text"/> <p><b>* Other (Specify):</b></p> <input type="text"/>		
<p><b>* 3. Date Received:</b></p> <input type="text"/> <p>Completed by Grants.gov upon submission.</p>		<p><b>4. Applicant Identifier:</b></p> <input type="text"/>
<p><b>5a. Federal Entity Identifier:</b></p> <input type="text"/>		<p><b>* 5b. Federal Award Identifier:</b></p> <input type="text"/>
<p><b>State Use Only:</b></p>		
<p><b>6. Date Received by State:</b> <input type="text"/></p>		<p><b>7. State Application Identifier:</b> <input type="text"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p><b>* a. Legal Name:</b> <input type="text"/> Rancho California Water District</p>		
<p><b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b></p> <input type="text"/> 95-2415751		<p><b>* c. Organizational DUNS:</b></p> <input type="text"/> 053636235
<p><b>d. Address:</b></p>		
<p><b>* Street1:</b> <input type="text"/> 42135 Winchester Rd.</p>		
<p><b>Street2:</b> <input type="text"/></p>		
<p><b>* City:</b> <input type="text"/> Temecula</p>		
<p><b>County:</b> <input type="text"/></p>		
<p><b>* State:</b> <input type="text"/> CA: California</p>		
<p><b>Province:</b> <input type="text"/></p>		
<p><b>* Country:</b> <input type="text"/> USA: UNITED STATES</p>		
<p><b>* Zip / Postal Code:</b> <input type="text"/> 92590</p>		
<p><b>e. Organizational Unit:</b></p>		
<p><b>Department Name:</b></p> <input type="text"/> Planning Department		<p><b>Division Name:</b></p> <input type="text"/>
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
<p><b>Prefix:</b> <input type="text"/> Ms. <b>* First Name:</b> <input type="text"/> Denise</p>		
<p><b>Middle Name:</b> <input type="text"/></p>		
<p><b>* Last Name:</b> <input type="text"/> Landstedt</p>		
<p><b>Suffix:</b> <input type="text"/></p>		
<p><b>Title:</b> <input type="text"/> Water Resources Planner</p>		
<p><b>Organizational Affiliation:</b></p> <input type="text"/> Rancho California Water District		
<p><b>* Telephone Number:</b> <input type="text"/> 951-296-6916</p>		<p><b>Fax Number:</b> <input type="text"/> 951-296-6860</p>
<p><b>* Email:</b> <input type="text"/> landstedtd@ranchowater.com</p>		

RECEIVED

MAR 10 2011

STATE CLEARING HOUSE

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

## Application for Federal Assistance SF-424

Version 02

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

D: Special District Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Bureau of Reclamation - Lower Colorado Region

## 11. Catalog of Federal Domestic Assistance Number:

15.530

## CFDA Title:

Water Conservation Field Services Program (WCFSP)

## \* 12. Funding Opportunity Number:

R115F350001

## \* Title:

Water Conservation Field Services Program - Southern California Area Office

## 13. Competition Identification Number:

R11SF350001

## Title:

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

City of Temecula, portions of the City of Murrieta, and unincorporated areas of southwest Riverside County, California

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

Residential Irrigation Efficiency Implementation Program

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-049	* b. Program/Project CA-049
Attach an additional list of Program/Project Congressional Districts if needed.		
RCWD_Congressional_Districts	Add Attachment	Delete Attachment View Attachment
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2010	* b. End Date: 10/01/2013
<b>18. Estimated Funding (\$):</b>		
* a. Federal	99,956.88	
* b. Applicant	503,423.57	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	603,380.45	
<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	03/11/2011
<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.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation
<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:	Mr.	* First Name: Perry
Middle Name:		
* Last Name:	Louck	
Suffix:		
* Title:	Director of Planning	
* Telephone Number:	951-296-6927	Fax Number: 951-296-6860
* Email:	louckp@ranchowater.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Data Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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

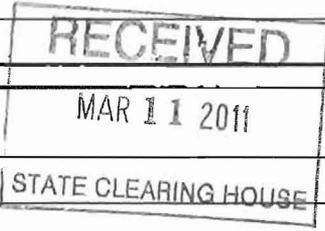
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 03/08/2011	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier G1198004
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier W-78-D-5

**5. APPLICANT INFORMATION**

Legal Name: STATE OF CALIFORNIA	<b>Organizational Unit:</b> Department: Fish and Game
Organizational DUNS: 808322358	Division: GRANTS MANAGEMENT BRANCH
<b>Address:</b> Street: 1831 9TH STREET	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms First Name: CARRIE
City: SACRAMENTO	Middle Name
County: SACRAMENTO	Last Name HOLLER
State: CA Zip Code 95811	Suffix:
Country: USA	Email: choller@dfg.ca.gov



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1897567	Phone Number (give area code) (916) 327-0062	Fax Number (give area code) (916) 327-6320
---	---	---

<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) A. State Other (specify)
--	--

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): WILDLIFE RESTORATION ACT 15-611	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> WILDLIFE HABITAT DEVELOPMENT & MAINTENANCE - REGION 4
--	---

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> MERCED, FRESNO, AND STANISLAUS COUNTIES
---

<b>13. PROPOSED PROJECT</b> Start Date: 07/01/2011 Ending Date: 06/30/2012	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3 b. Project 18, 21
---	--

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 1,766,869.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/08/2011
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 588,956.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	<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 \$ 24,553.00	
g. TOTAL \$ 2,380,378.00	

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

<b>a. Authorized Representative</b>	
Prefix Mr. First Name BLAINE	Middle Name
Last Name NICKENS	Suffix
b. Title CHIEF, GRANTS MANAGEMENT BRANCH	c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative	e. Date Signed 3/11/2011

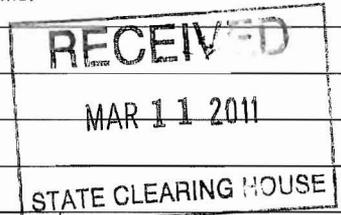
**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

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

**5. APPLICANT INFORMATION**

Legal Name: Niland Sanitary District	<b>Organizational Unit:</b> Department:
Organizational DUNS: 004975033	Division:
<b>Address:</b> Street: 125 W. Alcott Road P.O. BOX 40	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: David
City: Niland	Middle Name
County: Imperial	Last Name Godsey
State: CA Zip Code 92257	Suffix:
Country: USA	Email: davidgodsey@gswater.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
9 5 - 6 0 0 5 3 3 0

Phone Number (give area code) 760-455-3439	Fax Number (give area code) 760-359-0108
---	---

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

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 G Special District  
 Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
USDA - Rural Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
1 0 - 7 6 0

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Wastewater Disposal Method Modification

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

**13. PROPOSED PROJECT**  
Start Date: Spring 2011    Ending Date: Fall 2012

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 51    b. Project 51

**15. ESTIMATED FUNDING:**

a. Federal	\$	878,000 <sup>00</sup>
b. Applicant	\$	0 <sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local County of Imperial	\$	33,950 <sup>00</sup>
e. Other BECC (Assumed)	\$	26,050 <sup>00</sup>
f. Program Income	\$	0 <sup>00</sup>
g. TOTAL	\$	938,000 <sup>00</sup>

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

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

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

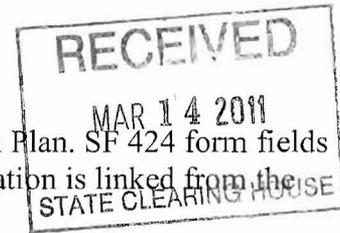
**a. Authorized Representative**

Prefix Mr.	First Name David	Middle Name
Last Name Godsey		Suffix
b. Title General Manager		c. Telephone Number (give area code) 760-455-3439
d. Signature of Authorized Representative		e. Date Signed 3-8-11



# SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.



## SF 424

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

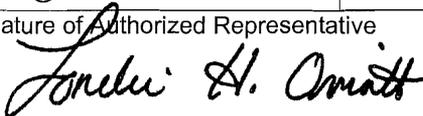
Date Submitted 03/11/2011	Applicant Identifier B-11-UC-06-0502	<b>Type of Submission</b>	
Date Received by state	State Identifier	<b>Application</b>	<b>Pre-application</b>
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
<b>COUNTY OF KERN</b>		CA69029 KERN COUNTY	
2700 "M" Street, Suite 250		DUNS Number: 063-811-350	
		Organizational Unit	
Bakersfield,	California	Board of Supervisors	
93301	Country: U.S.A.	Division	
<b>Employer Identification Number (EIN):</b>		County: Kern County	
<b>95-6000925</b>		Program Year Start Date (MM/DD) 07/01/2011	
<b>Applicant Type:</b>		<b>Specify Other Type if necessary:</b>	
Local Government: County		Specify Other Type	
<b>Program Funding</b>		<b>U.S. Department of Housing and Urban Development</b>	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.	
\$CDBG Grant Amount - \$5,292,705	\$Additional HUD Grant(s) Leveraged - \$0	Describe - N/A	
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$413,322		\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$160,000		Other (Describe) - \${Certificates of Participation; Developer fees; Redevelopment }	
Total Funds Leveraged for CDBG-based Project(s) - \$573,322			

<b>Home Investment Partnerships Program</b>		14.239 HOME Applicant Identifier - M-11-UC-06-0517
To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.		Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.
\$HOME Grant Amount - \$2,341,277	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0
\$Locally Leveraged Funds - \$0		\$Grantee Funds Leveraged - \$0
\$Anticipated Program Income - \$350,000		Other (Describe)-\$0
Total Funds Leveraged for HOME-based Project(s) \$350,000		

<b>Housing Opportunities for People with AIDS</b>	14.241 HOPWA: <i>The County of Kern does not receive/administer HOPWA funds.</i>
---	--

<b>Emergency Shelter Grants Program</b>		14.231 ESG Applicant Identifier - S-11-UC-06-0502
The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless.		Metropolitan Bakersfield and the City of Ridgecrest.
\$ESG Grant Amount - \$222,117	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0
\$Locally Leveraged Funds - \$2		\$Grantee Funds Leveraged - \$0
\$Anticipated Program Income - \$0		Other (Describe)- \$0
Total Funds Leveraged for ESG-based Project(s) - \$211,012		

Congressional Districts of: 20 <sup>th</sup> & 22 <sup>nd</sup> Congressional Districts		Is application subject to review by state Executive Order 12372 Process?	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on March 11, 2011
<input type="checkbox"/> Yes		<input type="checkbox"/> No	Program is not covered by EO 12372
<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Lorelei	H	Oviatt, AICP
Director	(661) 862-5050	(661) 862-5052 -FAX
loreleio@co.kern.ca.us	Grantee Website	Other Contact
Signature of Authorized Representative 		Date Signed

6-323-3018

OMB Number: 4040-0004  
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
		STATE CLEARING HOUSE	
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: City of Anaheim			
* b. Employer/Taxpayer Identification Number (EIN/TTN): 95-6000666		*c. Organizational DUNS: 04-4329993	
<b>d. Address:</b>			
*Street1: 201 South Anaheim Blvd, 11th Floor			
Street 2:			
*City: Anaheim			
County: Orange			
*State: CA			
Province:			
Country:			
*Zip/ Postal Code: 92805			
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
City of Anaheim Public Utilities			
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix: Mr.		First Name: Rick	
Middle Name:			
*Last Name: Shintaku			
Suffix:			
Title: Water Resource and Planning Manager			
Organizational Affiliation:			
*Telephone Number: 714-765-4181		Fax Number: 714-765-4199	
*Email: rshintaku@anaheim.net			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

U.S. Department of Interior, Policy and Administration, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.530

CFDA Title:

Water Conservation Field Services Program

\*12. Funding Opportunity Number: R11SF350001

\*Title: Water Conservation Field Services Program - Southern California Area Office

13. Competition Identification Number:

Title:

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

City of Anaheim, Orange County, California

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

Anaheim, CA: Water Use Efficiency Master Planning Grant

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant 40, 42, 47

\*b. Program/Project: 40, 42, 47

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

17. Proposed Project:

\*a. Start Date: October 2011

\*b. End Date: October 2013

18. Estimated Funding (\$):

*a. Federal	\$72,000.00	*d. Local	
*b. Applicant	\$74,099.00	*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$146,099.00

\*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 03/11/11
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Rick

Middle Name:

\*Last Name: Shintaku

Suffix:

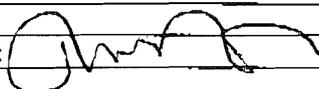
\*Title: Engineering Manager - Water Planning and Resources, City of Anaheim Public Utilities

\*Telephone Number: 714-765-4181

Fax Number: 714-765-4199

\*Email: rshintaku@anaheim.net

\*Signature of Authorized Representative:



Date Signed: 3/10/11

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p>MAR 14 2011</p> <p>STATE CLEARING HOUSE</p> </div>
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>6. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Santa Clara University"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1156617"/>	* c. Organizational DUNS: <input type="text" value="054000214"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="500 El Camino Real"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Santa Clara"/>	County: <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="95053-0422"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="Mechanical Engineering"/>	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="Prof."/>	* First Name: <input type="text" value="Daniel"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Strickland"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Assistant Professor"/>	
Organizational Affiliation: <input type="text" value="Santa Clara University"/>		
* Telephone Number: <input type="text" value="(408) 554-4965"/>	Fax Number: <input type="text" value="(408) 554-5474"/>	
* Email: <input type="text" value="dstrickland@scu.edu"/>		

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

**Application for Federal Assistance SF-424**

**Version 02**

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

0: Private Institution of Higher Education

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

[Empty text box]

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

[Empty text box]

**\* Other (specify):**

[Empty text box]

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

Golden Field Office

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

81.087

**CFDA Title:**

Renewable Energy Research and Development

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

DE-FOA-0000360

**\* Title:**

Research and Development of Fuel Cells for Stationary and Transportation Applications

**13. Competition Identification Number:**

[Empty text box]

**Title:**

[Empty text box]

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

Santa Clara, Santa Clara County, California

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

Advanced capillary transport architecture for simplified and efficient reversible fuel cells

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-015	* b. Program/Project CA-015
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	10/01/2011	* b. End Date: 09/30/2013
<b>18. Estimated Funding (\$):</b>		
* a. Federal	894,068.00	
* b. Applicant	117,733.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	115,086.00	
* f. Program Income	0.00	
* g. TOTAL	1,126,887.00	
<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 03/03/2011.		
<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.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
<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 21B, Section 1001)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
<small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>		
<b>Authorized Representative:</b>		
Prefix:	Ms.	* First Name: Linda
Middle Name:		
* Last Name:	Campbell	
Suffix:		
* Title:	Director of Sponsored Projects	
* Telephone Number:	(408) 554-4806	Fax Number: (408) 554-2389
* Email:	lcampbell@scu.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission

**Application for Federal Assistance SF-424** Version 02

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

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



5a. Federal Entity Identifier: <input type="text" value="KVMR89.5"/>	* 5b. Federal Award Identifier: <input type="text"/>
---	---

**State Use Only:**

6. Date Received by State: <input type="text" value="03/15/2011"/>	7. State Application Identifier: <input type="text" value="NA"/>
--	--

**8. APPLICANT INFORMATION:**

* a. Legal Name: <input type="text" value="Nevada City Community Broadcast Group"/>
---

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-2846388"/>	* c. Organizational DUNS: <input type="text" value="11-909-1619"/>
--	---

**d. Address:**

* Street1: <input type="text" value="401 Spring Street"/>
Street2: <input type="text"/>
* City: <input type="text" value="Nevada City"/>
County: <input type="text" value="Nevada County"/>
* State: <input type="text" value="CA"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: United States"/>
* Zip / Postal Code: <input type="text" value="95959-"/>

**e. Organizational Unit:**

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

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

Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Briana"/>
Middle Name: <input type="text" value="Loy"/>	
* Last Name: <input type="text" value="Ezzell"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Development Associate"/>
---

Organizational Affiliation: <input type="text" value="Employee"/>
--

* Telephone Number: <input type="text" value="(530) 265-9073 ext. 201"/>	Fax Number: <input type="text" value="(530) 265-9077"/>
--	---

* Email: <input type="text" value="development@kvmr.org"/>
--

**Application for Federal Assistance SF-424** Version 02

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

Type of Applicant 2: Select Applicant Type:  
\_\_\_\_\_

Type of Applicant 3: Select Applicant Type:  
\_\_\_\_\_

Other (specify):  
\_\_\_\_\_

**\* 10. Name of Federal Agency:**  
NTIA / OTIA / PTFP

**11. Catalog of Federal Domestic Assistance Number:**  
11.550

CFDA Title:  
Public Telecommunications Facilities Program

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

\* Title:  
Public Telecommunications Facilities Program

**13. Competition Identification Number:**  
\_\_\_\_\_

Title  
\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc):**  
Glenn County, Butte County, Colusa County

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

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

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

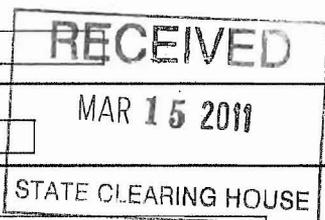
- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Metropolitan Water District of Southern California

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

95-6002071

**\* c. Organizational DUNS:**

06-389-2975

**d. Address:**

**\* Street1:**

700 North Alameda Street

**Street2:**

\_\_\_\_\_

**\* City:**

Los Angeles

**County/Parish:**

\_\_\_\_\_

**\* State:**

California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

90012

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

Water Resource Management Group

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

Andrew

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Hui

**Suffix:**

\_\_\_\_\_

**Title:** Manager, Regional Supply Unit

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

(213) 217-6557

**Fax Number:**

(213) 217-6119

**\* Email:**

ahui@mwdh2o.com

**Application for Federal Assistance SF-424**

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

D-Special District Government

Type of Applicant 2: Select Applicant Type:

E. Regional Organization

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of the Interior, Bureau of Reclamation, Policy and Administration

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

15.530

CFDA Title:

Water Conservation Field Services Program

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

R11SF350001

\* Title:

Southern California Area Office Water Conservation Field Services Program (WCFSP)

**13. Competition Identification Number:**

Title:

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

Ventura, Los Angeles, Orange  
Riverside, San Bernardino and  
San Diego counties

Add Attachment

Delete Attachment

View Attachment

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

Landscape Water Use Efficiency Applied Research Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

If "Yes", provide explanation and attach  
**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant  through CA-053

\* b. Program/Project  through CA-053

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="60,000"/>
* b. Applicant	<input type="text" value="60,000"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="120,000"/>

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

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

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

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

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**Authorized Representative:**

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed: