

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3-4-2013	Applicant Identifier FTA Recipient ID# 1658
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-37-X161-01

5. APPLICANT INFORMATION Legal Name: Sacramento Area Council of Governments		Organizational Unit: Department:	
Organizational DUNS: 555895705		Division:	
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: Barbara RECEIVED	
City: Sacramento		Last Name: VaughanBechtold MAR 01 2013	
County: Sacramento		Suffix:	
State: California	Zip Code: 95814	Email: bvaughanbechtold@sacog.org	
Country: USA		Phone Number (give area code): 916-321-9000	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 61810153162		Fax Number (give area code): 916-321-9551	

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> 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):
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 201516	9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FFY 2011 & 2012 JARC Sec Urbanized Area projects

13. PROPOSED PROJECT Start Date: 8-23-2012 Ending Date: 6-30-2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 1, 2, 3, 4, & 5 b. Project:																					
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>\$</td><td>1,891,694</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>0</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local Subrecipients</td><td>\$</td><td>3,916,927</td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>5,808,621</td></tr> </table>	a. Federal	\$	1,891,694	b. Applicant	\$	0	c. State	\$		d. Local Subrecipients	\$	3,916,927	e. Other	\$		f. Program Income	\$		g. TOTAL	\$	5,808,621	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: 3-4-2013 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	1,891,694																				
b. Applicant	\$	0																				
c. State	\$																					
d. Local Subrecipients	\$	3,916,927																				
e. Other	\$																					
f. Program Income	\$																					
g. TOTAL	\$	5,808,621																				
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: Last Name: Ghorso	First Name: David Middle Name: Suffix:
b. Title Finance Manager	c. Telephone Number (give area code): 916-321-9000
d. Signature of Authorized Representative 	e. Date Signed 3/11/2013

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

02/27/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

MAR 04 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

6. APPLICANT INFORMATION:

* a. Legal Name:

Earth Island Institute

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

94-2889684

* c. Organizational DUNS:

1970528480000

d. Address:

* Street1:

2150 Allston Way, #460

Street2:

* City:

Berkeley

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94704-1375

e. Organizational Unit:

Department Name:

Attention All One Ocean

Division Name:

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

Prefix:

Ms.

* First Name:

Lauren

Middle Name:

* Last Name:

Weiner

Suffix:

Title:

Director, All One Ocean

Organizational Affiliation:

* Telephone Number:

(917) 822 3003

Fax Number:

* Email:

lauren@alloneocean.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2013-2003595

*** Title:**

FY2013 Marine Debris Prevention, Education and Outreach Partnership Grants

13. Competition Identification Number:

2411878

Title:

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

Areas Affected by Project.doc

Delete Attachment

View Attachment

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

The Last Straw Solutions Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-013

b. Program/Project CA-012

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

Areas Affected by Project.doc

Deletes Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013

* b. End Date: 01/31/2015

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	100,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	200,000.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 02/28/2013

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: John

* Last Name: Knox

Suffix:

* Title: Executive Director

* Telephone Number: 510-859-9108 Fax Number:

* Email: johnknox@earthisland.org

* Signature of Authorized Representative: Lauren Weiner * Date Signed: 02/27/2013

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED February 21, 2013	Appl. Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <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: Port of Oakland		Organizational Unit: Port of Oakland Acting by and through its Board of Port Commissioners	
Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607		Name and telephone number of the person to be contracted on matters involving this application (give area code) Christina Lee (510) 627-1510	
EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 1 7 4 6 3 1 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <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)		RECEIVED MAR 04 2013	
9. NAME OF FEDERAL AGENCY STATE CLEARING HOUSE Federal Aviation Administration			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Airport Improvement Program (AIP) 2 0 . 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Runway Safety Area - Construction, Phase 2, South Field, OAK	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco Bay Area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 03/2013	Ending Date 12/2014	a. Applicant 7	b. Project 4
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 13,000,000 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 3,131,034 .00	DATE: February 21, 2013	
c. State	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program income	\$	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 16,131,034 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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 Kristi McKenney		b. Title Acting Director of Aviation	c. Telephone number (510) 627-1178
d. Signature of Authorized Representative			e. Date Signed February 21, 2013



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	February 2013	Applicant Identifier	B-13-UC-06-0502	Type of Submission	
Date Received by state		State Identifier		Application	Pre-application
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
Applicant Information					
COUNTY OF KERN			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			
Employer Identification Number (EIN)			County: Kern County		
95-6000925			Program Year Start Date (MM/DD) 07/01/2013		
Applicant Type:			Specify Other Type if necessary:		
Local Government: County			Specify Other Type		
Program Funding			U.S. Department of Housing and Urban Development		
Catalogue of Federal Domestic Assistance Number			Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding		
Community Development Block Grant			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 - \$4,153,870 est.		\$Additional HUD Grant(s) Leveraged - \$0		Describe - N/A	
\$Additional Federal Funds Leveraged - \$0			\$Additional State Funds Leveraged - \$0		
\$Locally Leveraged Funds - \$207,863			\$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) - \$160,000					

Home Investment Partnerships Program		14.239 HOME Applicant Identifier - M-13-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 - \$1,274,395 est.	\$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		

Housing Opportunities for People with AIDS 14.241 HOPWA: *The County of Kern does not receive/administer HOPWA funds.*

Emergency Solutions Grants Program		14.231 ESG Applicant Identifier - S-13-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 - \$379,746 est.	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0
\$Locally Leveraged Funds - \$351,265		\$Grantee Funds Leveraged - \$0
\$Anticipated Program Income - \$0		Other (Describe)- \$0
Total Funds Leveraged for ESG-based Project(s) - \$351,265		

Congressional Districts of: 16 th & 23 rd 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 6, 2013.
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<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

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):**

RECEIVED

*** Other (Specify):**

MAR 06 2013

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Department of Fish & Wildlife

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

941697567

*** c. Organizational DUNS:**

8083223580000

d. Address:

*** Street1:**

830 "S" Street

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811-7023

e. Organizational Unit:

Department Name:

Fish and Wildlife

Division Name:

Wildlife and Fisheries

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

Prefix:

Ms.

*** First Name:**

Patty

Middle Name:

*** Last Name:**

Forbes

Suffix:

Title:

Senior Environmental Scientist

Organizational Affiliation:

Coordinator CDFW Fisheries Restoration Grant Program

*** Telephone Number:**

916-327-8842

Fax Number:

916-327-8854

*** Email:**

patty.forbes@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.438

CFDA Title:

Pacific Coast Salmon Recovery_Pacific Salmon Treaty Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-NWRO-2013-2003605

* Title:

Pacific Coastal Salmon Recovery Fund

13. Competition Identification Number:

2413470

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

CA Department of Fish and Wildlife Fisheries Restoration Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="8,250,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="33,250,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-00060.1
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Jean
County: Sacramento		Middle Name	
State: California		Last Name Lacher	
Zip Code 94296-0001	Suffix:		
Country: USA	Email: Jean.Lacher@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8597	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input 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) Amendment to 6(f)(3) Boundary Map		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-82590		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mojave River Wildlife Area Acquisition (Now named Mojave Narrows Regional Park) Wildlife Conservation Board	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 40	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/07/2013	
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	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$	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.	
g. TOTAL	\$	a. Authorized Representative	
Prefix Ms.		First Name Jean	Middle Name
Last Name Lacher		Suffix	
b. Title Chief		c. Telephone Number (give area code) (916) 651-8597	
d. Signature of Authorized Representative <i>Jean A Lacher</i>		e. Date Signed 3-7-13	

Application for Federal Assistance SF-424

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

5a. Federal Entity Identifier: MAE - 3-06-0144-	* 5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: City of Madera	* c. Organizational DUNS: 142988646
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000365	

d. Address:

* Street1: 4020 Aviation Drive Street 2: * City: Madera County: Madera * State: California Province: Country: USA	* Zip/ Postal Code: 95368
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RECEIVED

MAR 07 2013

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Public Works	Division Name: Madera Municipal Airport
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. Middle Name:	First Name: Dave
* Last Name: Randall Suffix:	

Title: Interim Public Works Operations Director

Organizational Affiliation:
City of Madera, Department of Public Works, Madera Municipal Airport

* Telephone Number: 559-661-5466	Fax Number: 559-674-7165
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* Email: drandall@cityofmadera.com

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Madera, Madera County, California

* 15. Descriptive Title of Applicant's Project:

Madera Municipal Airport, Madera, Madera County, California: Pavement Maintenance/Management Program; Engineering Design of Tee Hangar Development Phases I and II and Reconstruction of General Aviation Apron Phase II

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-019

* a. Applicant CA-019

* b. Program/Project: CA-019

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$238,500.00
*b. Applicant	\$14,575.00
*c. State	\$11,925.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$265,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 1-21-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: David

Middle Name: R.

*Last Name: Tooley

Suffix:

*Title: City Administrator

*Telephone Number: 559-661-5400

Fax Number:

*Email: dtooley@cityofmadera.com

*Signature of Authorized Representative: 

Date Signed: 2/12/13

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

13-8506-0651-CA

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

RECEIVED

State Use Only:

6. Date Received by State: March 1, 2013

7. State Application Identifier: 12-0404-FR

MAR 11 2013

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

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

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

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

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/AHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Infrastructure Project and State Survey Coordinator

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 5

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal 43,000

* b. Applicant

* c. State 92,981

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 135,981

*** 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

March 11, 2013

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" 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		
5. APPLICANT INFORMATION				
Legal Name: River to Coast Children's Services		Organizational Unit: Department:		
Organizational DUNS: 054672753		Division:		
Address: Street: 16300 1st Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Jynx		
City: Guerneville		Middle Name Elaine		
County: Sonoma		Last Name Lopez		
State: CA		Suffix:		
Zip Code 95462		Email: jlopez@rccservices.org		
Country: USA		Phone Number (give area code) (707) 869-3613		Fax Number (give area code) (707) 869-2616
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 7 8 4 5 9		7. TYPE OF APPLICANT: (See back of form for Application Types) Not for Profit Organization Other (specify)		
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)		9. NAME OF FEDERAL AGENCY: USDA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This is a child care project that would enhance our services to the low income children we serve. We are putting in a preschool program with extended child care at Guerneville School. We need to purchase and install fencing around the yard, paint and flooring for the classroom and furniture in order to license the facility.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jared Huffman b. Project Jared Huffman		
13. PROPOSED PROJECT Start Date: ASAP Ending Date: June 2013		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 20,790.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00		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 Ms		First Name Jynx		Middle Name Elaine
Last Name Dudley-Lopez		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (707) 869-3613 X111		
d. Signature of Authorized Representative		e. Date Signed 1/24/2013		

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MAR 11 2013

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: River to Coast Children's Services		Organizational Unit: Department:		
Organizational DUNS: 054672753		Division:		
Address: Street: 16300 1st Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Guerneville		Prefix: Ms	First Name: Jynx	
County: Sonoma		Middle Name Elaine		
State: CA		Last Name Lopez		
Zip Code: 95462	Suffix:			
Country: USA		Email: jlopez@rccservices.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 3 7 8 4 5 9		Phone Number (give area code) (707) 869-3613	Fax Number (give area code) (707) 869-2616	
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)		7. TYPE OF APPLICANT: (See back of form for Application Types) Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6		9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This is a child care project that would enhance our services to the low income children we serve. We are putting in a preschool program with extended child care at Guerneville School. We need to purchase and install fencing around the yard, paint and flooring for the classroom and furniture in order to license the facility.		
13. PROPOSED PROJECT Start Date: ASAP		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Jared Huffman		
Ending Date: June 2013		b. Project Jared Huffman		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$.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 Ms	First Name Jynx		Middle Name Elaine	
Last Name Dudley-Lopez		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (707) 869-3613 X111		
d. Signature of Authorized Representative		e. Date Signed 1/24/2013		

RECEIVED
MAR 11 2013
MAR 11 2013
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: Friends of the Round Valley Public Library	Organizational Unit: Department:
Organizational DUNS: 800768033	Division:
Address: Street: PO Box 620	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Covelo	Prefix: Ms.
County: Mendocino	First Name: Diann
State: CA	Middle Name
Zip Code: 95428-0620	Last Name: Simmons
Country: US	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2481202	Email: diann@sonic.net
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) O. Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766	9. NAME OF FEDERAL AGENCY: USDA Rural Development
TITLE (Name of Program): USDA RD COMMUNITY FACILITIES GRANT	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: A grid-tied solar electricity system to supply partial electricity for the Round Valley Library Commons, a combined community center and public library facility.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): unincorporated town of Covelo, Round Valley, County of Mendocino, CaliforniaSe	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-1
13. PROPOSED PROJECT Start Date: September 1, 2013	b. Project CA-1
Ending Date: November 1, 2013	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: 3/1/2013
15. ESTIMATED FUNDING:	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
a. Federal \$ 30,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
b. Applicant \$.00	
c. State \$.00	
d. Local \$.00	
e. Other In-Kind Labor \$ 17,500.00	
f. Program Income \$.00	
g. TOTAL \$ 47,500.00	

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 Guthrie	Middle Name
Last Name Evans	Suffix	
b. Title Secretary, Executive Board	c. Telephone Number (give area code) 707.983.8272	
d. Signature of Authorized Representative	e. Date Signed 2 March 2013	

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

Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/> Continuation	* Other (Specify)
* 3. Date Received:	4. Application Identifier:		
5a. Federal Entity Identifier: O24 - 3-06-0119-		* 5b. Federal Award Identifier: MAR 13 2013	
State Use Only:		STATE CLEARING HOUSE	
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: County of Mono			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6005661		* c. Organizational DUNS: 08-612-8832	
d. Address:			
* Street1: P.O. Box 457			
Street 2:			
* City: Bridgeport			
County: Mono			
* State: California			
Province:			
Country: USA		* Zip/ Postal Code: 93517	
e. Organizational Unit:			
Department Name: Department of Public Works		Division Name: Engineering	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Garrett	
Middle Name:			
* Last Name: Higerd		Suffix:	
Title: Senior Engineer, Department of Public Works			
Organizational Affiliation: Mono County, Department of Public Works - Engineering			
* Telephone Number: 760-932-5457		Fax Number: 760-932-5441	
* Email: ghigerd@mono.ca.gov			

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

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

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

12. Funding Opportunity Number:
Title:

13. Competition Identification Number:
Title:

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

* 15. Descriptive Title of Applicant's Project:
Lee Vining Airport, Lee Vining, Mono County, California: Airport Layout Plan Narrative Including ALP Updated Plans

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

* a. Applicant CA-025

* b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Garrett

Middle Name:

*Last Name: Higerd

Suffix:

*Title: Senior Engineer, Department of Public Works

*Telephone Number: 760-932-5457

Fax Number: 760-932-5441

*Email: ghigerd@mono.ca.gov

*Signature of Authorized Representative:

Date Signed: 3/13/13

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

Application for Federal Assistance SF-424

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

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MAR 13 2013

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

5a. Federal Entity Identifier: 057 - 3-06-0030-	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
--	---

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Mono

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6005661	* c. Organizational DUNS: 08-612-8832
---	--

* d. Address:	
* Street 1: P.O. Box 457	
Street 2:	
* City: Bridgeport	
County: Mono	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 93517

e. Organizational Unit:	
Department Name: Department of Public Works	Division Name: Engineering

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

Prefix: Mr.	First Name: Garrett
Middle Name:	
* Last Name: Higerd	
Suffix:	

Title: Senior Engineer, Department of Public Works
--

Organizational Affiliation: Mono County, Department of Public Works - Engineering
--

* Telephone Number: 760-932-5457	Fax Number: 760-932-5441
----------------------------------	--------------------------

* Email: ghigerd@mono.ca.gov

OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type: **B. County Government**Type of Applicant 2: Select Applicant Type: **- Select One -**Type of Applicant 3: Select Applicant Type: **- Select One -**

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Bridgeport, Mono County, California

* 15. Descriptive Title of Applicant's Project:

**Bryant Field, Bridgeport, Mono County, California: Environmental Assessment of:
Land Acquisition for Stock Drive; Construct Perimeter Fencing; Realign Stock Drive****Attach supporting documents as specified in agency instructions.**

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

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025

* b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

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

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Garrett

Middle Name:

*Last Name: Higerd

Suffix:

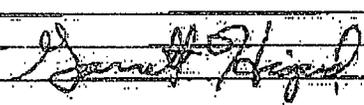
*Title: Senior Engineer, Department of Public Works - Engineering

*Telephone Number: 760-932-5457

Fax Number: 760-932-5441

*Email: ghigerd@mono.ca.gov

*Signature of Authorized Representative:



Date Signed: 3/13/13

OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

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

RECEIVED* 3. Date Received: 4. Application Identifier: **MAR 13 2013**

5a. Federal Entity Identifier: O24 - 3-06-0119- * 5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Mono

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6005661 * c. Organizational DUNS: 08-612-8832

* d. Address:

* Street1: P.O. Box 457
Street 2:

* City: Bridgeport

County: Mono

* State: California

Province:

Country: USA * Zip/ Postal Code: 93517

e. Organizational Unit:

Department Name: Division Name:

Department of Public Works Engineering

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

Prefix: Mr. First Name: Garrett

Middle Name:

* Last Name: Higerd

Suffix:

Title: Senior Engineer, Department of Public Works

Organizational Affiliation:

Mono County, Department of Public Works - Engineering

* Telephone Number: 760-932-5457 Fax Number: 760-932-5441

* Email: ghigerd@mono.ca.gov

OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Lee Vining, Mono County, California

* 15. Descriptive Title of Applicant's Project:

Lee Vining Airport, Lee Vining, Mono County, California: Engineering Design Reimbursement – Construct Holding Apron at Cross Taxiway at Runway 15; Construction of Holding Apron at Cross Taxiway at Runway 15

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 03/31/2012**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

* a. Applicant CA-025

* b. Program/Project: CA-025

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

17. Proposed Project

* a. Start Date: 2013

* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$111,600.00
*b. Applicant	\$6,820.00
*c. State	\$5,580.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$124,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Garrett

Middle Name:

*Last Name: Higerd

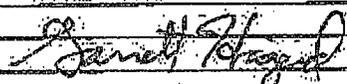
Suffix:

*Title: Senior Engineer, Department of Public Works

*Telephone Number: 760-932-5457

*Fax Number: 760-932-5441

*Email: ghigerd@mono.ca.gov

*Signature of Authorized Representative: 

Date Signed: 3/13/13

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): * Other (Specify)
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*3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 83534601
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State Use Only:	6. Date Received by State:	7. State Application Identifier:
------------------------	-----------------------------------	---

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142W	*c. Organizational DUNS: 627797426
---	---------------------------------------

d. Address:

*Street1: c/o Office of Research and Economic Development
Street 2: 200 University Office Building
*City: Riverside
County: Riverside
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 92521-0217

RECEIVED

MAR 14 2013

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Chemical & Environmental Engineering	Division Name: Bourns College of Engineering
---	--

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

Prefix: Dr. First Name: Kawai
Middle Name:
*Last Name: Tam
Suffix:

Title: Assistant Project Scientist / Lecturer

Organizational Affiliation:
University of California, Riverside

*Telephone Number: 951-827-2498 Fax Number: 951-827-5696

*Email: kawai.tam@ucr.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: S. Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H. Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

*12. Funding Opportunity Number: EPA-G2012-P3-Q4

*Title: P3 Award: National Student Design Competition for Sustainability

13. Competition Identification Number:

Title:

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

All U.S.

*15. Descriptive Title of Applicant's Project:

Pasteurization Using a Lens and Solar Energy (PULSE) Method (Phase 2)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-041

*b. Program/Project: CA-041

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

17. Proposed Project:

*a. Start Date: 06/01/2013

*b. End Date: 05/31/2015

18. Estimated Funding (\$):

*a. Federal	\$89,996.00
*b. Applicant	\$0.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$89,996.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3/14/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Teeny

Middle Name:

*Last Name: Ellis

Suffix:

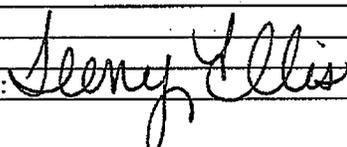
*Title: Senior Contract and Grant Officer

*Telephone Number: 951-827-2205

Fax Number: 951-827-4883

*Email: teeny.ellis@ucr.edu

*Signature of Authorized Representative:



Date Signed: 3-14-2013

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

Version 02

Application for Federal Assistance SF-424

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
RECEIVED					
MAR 14 2013					
STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Coachella Valley Housing Coalition					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:		
953814898			613-281-070		
d. Address:					
*Street1: 45701 Monroe Street - Suite G					
Street 2:					
*City: Indio					
County: Riverside					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 92201					
e. Organizational Unit:					
Department Name:			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		First Name: Martha			
Middle Name: Beatriz					
*Last Name: Mendez					
Suffix:					
Title: Single Family Director					
Organizational Affiliation:					
*Telephone Number: 760-347-3157			Fax Number: 760-342-6466		
*Email: mmendez@cvhc.org					

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

10-420

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Rural Self-Help Housing Technical Assistance

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Riverside County: Mecca, North Shore, Blythe (Desert Hot Springs and City of Coachella if eligible), Oasis, and unincorporated communities. County of San Bernadino, County of Imperial: City of Imperial, Salton City, Brawley, El Centro and unincorporated communities.

*15. Descriptive Title of Applicant's Project:

Self-Help Housing Program: The Coachella Valley Housing Coalition (CVHC) will provide technical assistance to 220 very low and low income families to build their own modest, but decent, safe and sanitary housing using the Mutual Self-Help Method of Construction.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant 45

*b. Program/Project: 45,51

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

17. Proposed Project:

*a. Start Date: June 1, 2013

*b. End Date: May 31, 2015

18. Estimated Funding (\$):

*a. Federal \$6,006,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$6,006,000.00

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

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Pedro

Middle Name: S.G.

*Last Name: Rodriguez

Suffix:



*Title: Chief Financial Officer

*Telephone Number: 760-347-3157

Fax Number: 760-342-6466

*Email: prodriguez@cvhc.org

*Signature of Authorized Representative:

Date Signed: