

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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)

RECEIVED

3. Date Received:

Completed by Granta.gov open submission.

4. Applicant Identifier:

MAR 03 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

a. Legal Name:

Desert Mountain Resource Conservation and Development Council

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

770497819

c. Organizational DUNS:

142124994

d. Address:

Street 1:

1259 E. Ridgecrest Blvd, #7

Street 2:

City:

Ridgecrest

County/Parish:

Kern

State:

California

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

93555

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

*** First Name:**

Deborah

Middle Name:

- Last Name:

Hess

Suffix:

Title:

President

Organizational Affiliation:

President

*** Telephone Number:**

(760) 446-1974

Fax Number:

*** Email:**

dmrcandc@vwi.ep.com

Application for Federal Assistance SF-424

B. Type of Applicant 1 - Select Applicant Type:

Non-profit with 50130 IRS Status

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan and Grants

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Southern Inyo County, CA

Add Attachments

Delete Attachments

View Attachments

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

Development of Local Foodshed for Southern Inyo County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **CA008**

* b. Program/Project **CA008**

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: **07-01-2014**

* b. End Date: **07-01-2015**

18. Estimated Funding (\$):

* a. Federal	\$12,781.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	\$179,377.00
* f. Program Income	
* g. TOTAL	\$192,158.00

* 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 **03-03-2014**.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes, provide explanation and attach:

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: **Deborah**
Middle Name:
* Last Name: **Hess**
Suffix:

* Title: **President**

* Telephone Number: **(760) 446-1974** Fax Number:

* Email: **dnrcandd@ivvlp.com**

* Signature of Authorized Representative: **Deborah Hess** * Date Signed: **07-01-14**
Deborah Hess *07-01-14*



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 2014	Applicant Identifier	B-14-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 checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information					
COUNTY OF KERN			MAR 04 2014	CA69029 KERN COUNTY	
2700 "M" Street, Suite 250				DUNS Number: 063-811-350	
Bakersfield, California				Organizational Unit	
93301			Country: U.S.A.	Board of Supervisors	
Employer Identification Number (EIN):			Division		
95-6000925			County: Kern County		
Applicant Type:			Program Year Start Date (MM/DD) 07/01/2014		
Local Government: County			Specify Other Type if necessary:		
			Specify Other Type		
Program Funding			U.S. Department of Housing and Urban Development		
Catalogue of Federal Domestic Assistance Numbers; 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 - \$4,769,103 est.		\$Additional HUD Grant(s) Leveraged - \$0		Describe - N/A	
\$Additional Federal Funds Leveraged - \$0			\$Additional State Funds Leveraged - \$0		
\$Locally Leveraged Funds - \$28,560			\$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) - \$188,560					

Home Investment Partnerships Program		14.239 HOME Applicant Identifier - M-14-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 - \$1,390,928 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: <i>The County of Kern does not receive/administer HOPWA funds.</i>	
Emergency Solutions Grants Program		14.231 ESG Applicant Identifier - S-14-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 – \$329,388 est.	\$Additional HUD Grant(s) Leveraged - \$0	Describe- N/A	
\$Additional Federal Funds Leveraged - \$0		\$Additional State Funds Leveraged - \$0	
\$Locally Leveraged Funds - \$329,388		\$Grantee Funds Leveraged - \$0	
\$Anticipated Program Income - \$0		Other (Describe)- \$0	
Total Funds Leveraged for ESG-based Project(s) - \$329,388			
Congressional Districts of: 21 st & 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		* 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"/> Continuation	<input type="checkbox"/> Revision	* Other (Specify)

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

5a. Federal Entity Identifier: KTRK - 3-06-0262-	* 5b. Federal Award Identifier:
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MAR 04 2014

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

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Truckee Tahoe Airport District	* c. Organizational DUNS: 006492235
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1563328	

d. Address:	
* Street1: 10356 Truckee Tahoe Airport Road	
Street 2:	
* City: Truckee	
County: Nevada	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 96161

e. Organizational Unit:	
Department Name: Airport District	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	First Name: Kevin
Middle Name:	
* Last Name: Smith	
Suffix:	

Title: General Manager

Organizational Affiliation: Truckee Tahoe Airport District

* Telephone Number: 530-587-4119, Ext. 105	Fax Number: 530-587-2984
--	--------------------------

* Email: ksmith@fly2trk.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.):
Truckee, Nevada County, California

* 15. Descriptive Title of Applicant's Project:
Truckee Tahoe Airport, Truckee, Nevada County, California: Engineering Design for Apron A4 - Reconstruct, South Jet Apron - Reconstruct, and Taxilanes L & M - Reconstruct

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$246,600.00
*b. Applicant	\$15,070.00
*c. State	\$12,330.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$274,000.00

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Kevin

Middle Name:

*Last Name: Smith

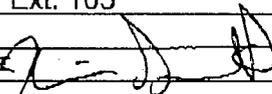
Suffix:

*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105

Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

*Signature of Authorized Representative 

Date Signed: 3/3/14

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			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: KTRK - 3-06-0262-			* 5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Truckee Tahoe Airport District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1563328			* c. Organizational DUNS: 006492235		MAR 04 2014
d. Address:					
* Street1: 10356 Truckee Tahoe Airport Road					
Street 2:					
* City: Truckee					
County: Nevada					
* State: California					
Province:					
Country: USA					
* Zip/ Postal Code: 96161					
e. Organizational Unit:					
Department Name: Airport District			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Kevin			
Middle Name:					
* Last Name: Smith					
Suffix:					
Title: General Manager					
Organizational Affiliation: Truckee Tahoe Airport District					
* Telephone Number: 530-587-4119, Ext. 105			Fax Number: 530-587-2984		
* Email: ksmith@fly2trk.com					

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STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
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.):

Truckee, Nevada County, California

* 15. Descriptive Title of Applicant's Project:

Truckee Tahoe Airport, Truckee, Nevada County, California: Apron A4 - Reconstruct, Purchase Snow Removal Equipment - Snowplow

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$1,748,700.00
*b. Applicant	\$144,300.00
*c. State	\$50,000.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,943,000.00

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Kevin

Middle Name:

*Last Name: Smith

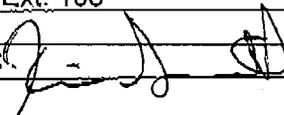
Suffix:

*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105

Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

*Signature of Authorized Representative: 

Date Signed: 3/3/14

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:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

County of Imperial- Fire Department

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

95-6000924

* c. Organizational DUNS:

073354573

d. Address:

* Street1:

1078 Dogwood Road Ste 104

Street2:

* City:

Heber

County:

Imperial

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92249

e. Organizational Unit:

Department Name:

Multiple Imperial County Stations

Division Name:

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

Prefix:

Mr.

* First Name:

Tony

Middle Name:

* Last Name:

Rouhotas

Suffix:

Title:

Fire Chief

Organizational Affiliation:

* Telephone Number:

760-482-2422

Fax Number:

* Email:

tonyrouhotas@co.imperial.ca.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

B County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Agriculture-Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan & Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Community of Niland, and surrounding unincorporated Imperial County areas.

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

Niland Fire Station Modular Housing Structure

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 51

* b. Program/Project 51

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

[Empty box for additional list of Congressional Districts]

17. Proposed Project:

* a. Start Date: 7/1/2014

* b. End Date: 6/30/2015

18. Estimated Funding (\$):

* a. Federal \$52,500

* b. Applicant \$17,500

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$70,000

*** 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 [Empty box]

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:

Mr.

* First Name:

Tony

Middle Name:

* Last Name:

Rouhotas

Suffix:

* Title:

Fire Chief

* Telephone Number:

760-482-2422

Fax Number:

* Email:

tonyrouhotas@co.imperial.ca.us

* Signature of Authorized Representative:

[Handwritten Signature]

* Date Signed:

02/27/14

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: SCK - 3-06-0250-			* 5b. Federal Award Identifier:		
STATE CLEARING HOUSE					
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
B. APPLICANT INFORMATION:					
* a. Legal Name: County of San Joaquin					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531			* c. Organizational DUNS: 08722 6056		
d. Address:					
* Street1: 5000 South Airport Way Street 2: * City: Stockton County: San Joaquin * State: California Province: Country: USA					
* Zip/ Postal Code: 95206					
e. Organizational Unit:					
Department Name: Department of Aviation			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. Middle Name:		First Name: Harry			
* Last Name: Mavrogenes Suffix:					
Title: Interim Airport Director					
Organizational Affiliation: County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport					
* Telephone Number: (209) 468-4700			Fax Number: (209) 468-4730		
* Email: hmavrogenes@sjgov.org					

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MAR 04 2014

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.):

San Joaquin County, California

* 15. Descriptive Title of Applicant's Project:

**Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Pavement
Maintenance/Management Program; Architectural Design - Terminal Improvements - FIS Facility**

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-009

* a. Applicant CA-009

* b. Program/Project: CA-009

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$855,000.00
*b. Applicant	\$95,000.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$950,000.00

***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 2-28-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name: V

*Last Name: Elliott

Suffix:

*Title: Chairman, Board of Supervisors

*Telephone Number: (209) 468-3113

Fax Number: (209) 468-3694

*Email: bellioth@sjgov.org

*Signature of Authorized Representative: Robert V. Elliott

Date Signed: 2/28/2014

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:		RECEIVED MAR 04 2014
5a. Federal Entity Identifier: SCK - 3-06-0250-		* 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 San Joaquin				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531		* c. Organizational DUNS: 08722 6056		
d. Address:				
* Street1: 5000 South Airport Way Street 2: * City: Stockton County: San Joaquin * State: California Province: Country: USA				
				* Zip/ Postal Code: 95206
e. Organizational Unit:				
Department Name: Department of Aviation		Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Mr. Middle Name:		First Name: Harry		
* Last Name: Mavrogenes Suffix:				
Title: Airport Director				
Organizational Affiliation: County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport				
* Telephone Number: (209) 468-4700		Fax Number: (209) 468-4730		
* Email: hmavrogenes@sjgov.org				

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.):

San Joaquin County, California

* 15. Descriptive Title of Applicant's Project:

Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Construction: Terminal Improvements - Elevator, Remodel Rest Rooms, Ticket Counter Upgrade; Rehabilitate Runway and Taxiway Lighting and Signage; Reconstruct Terminal Parking Ramp

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-009

* a. Applicant CA-009

* b. Program/Project: CA-009

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$4,378,500.00
*b. Applicant	\$486,500.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$4,865,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 2-28-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Robert

Middle Name: V

*Last Name: Elliott

Suffix:

*Title: Chairman, Board of Supervisors

*Telephone Number: (209) 468-3113

Fax Number: (209) 468-3694

*Email: bellott@sja.gov

*Signature of Authorized Representative: *Robert U. Elliott*

Date Signed: 2/28/2014

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:	RECEIVED
---------------------	----------------------------	-----------------

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: MAR 05 2014
--	--

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

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

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

d. Address:

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

e. Organizational Unit:

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

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

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

Title:
Assistant Airport Manager

Organizational Affiliation:

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Construction: Pavement Marking, Joint Seal Apron and Taxilane, Reconstruct General Aviation Aircraft Parking Apron Phase 1

Attach supporting documents as specified in agency instructions.

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: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$1,855,800.00
*b. Applicant	\$206,200.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$2,062,000.00

***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 2-28-2014
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

- Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Peter

Middle Name:

*Last Name: Bernasconi

Suffix:

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

*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

*Email: pbernasconi@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: *Peter Bernasconi* Date Signed: 2/28/14

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:**

02/26/2014

4. Applicant Identifier:

Big Valley Rancheria - Lake Co

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

8. APPLICANT INFORMATION:

MAR 05 2014

*** a. Legal Name:**

Big Valley Rancheria Band of Pomo Indians

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

68-0091190

*** c. Organizational DUNS:**

1125099500000

STATE CLEARING HOUSE

d. Address:

*** Street1:**

2726 Mission Rancheria Road

Street2:

*** City:**

Lakeport

County/Parish:

Lake

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95453-9612

e. Organizational Unit:

Department Name:

Education

Division Name:

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

Prefix:

Ms.

*** First Name:**

Christy

Middle Name:

*** Last Name:**

Silva

Suffix:

Title:

Grants Manager

Organizational Affiliation:

Big Valley Rancheria Band of Pomo Indians

*** Telephone Number:**

707-263-3924 ext.119

Fax Number:

707-262-5777

*** Email:**

csilva@big-valley.net

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:
Community Facilities Loans and Grants

*** 12. Funding Opportunity Number:**

10.766

* Title:
Community Facilities Loans and Grants

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

Replace the old preschool building with a new modular building

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="45,000.00"/>
* b. Applicant	<input type="text" value="24,842.00"/>
* 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="69,842.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission		* 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: MMH - 3-06-0146-		* 5b. Federal Award Identifier:		
		RECEIVED MAR 05 2014		
State Use Only:		7. State Application Identifier:		
6. Date Received by State:		STATE CLEARING HOUSE		
8. APPLICANT INFORMATION:				
* a. Legal Name: Town of Mammoth Lakes				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			* c. Organizational DUNS: 144603339	
d. Address:				
* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA				
* Zip/ Postal Code: 93546				
e. Organizational Unit:				
Department Name: Public Works			Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Mr.		First Name: Brian		
Middle Name:				
* Last Name: Picken				
Suffix:				
Title: Assistant Airport Manager				
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport				
* Telephone Number: 760-934-3813			Fax Number: 760-934-3119	
* Email: bpicken@ci.mammoth-lakes.ca.us				

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Engineering Design:
Pavement Marking, Reconstruct GA Apron Phase 1, Obstruction Light Row - North Side, Relocate Wind
Socks and Segmented Circle, Install Obstruction Lights on Street Light Pole and Power Pole at Benton
Crossing Road

Attach supporting documents as specified in agency instructions.

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: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$184,500.00
*b. Applicant	\$20,500.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$205,000.00

***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 2-28-2014
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Peter

Middle Name:

*Last Name: Bernasconi

Suffix:

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

*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

*Email: pbernasconi@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: *Peter Bernasconi* Date Signed: 2/28/14

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			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: MMH - 3-06-0146-			* 5b. Federal Award Identifier:		
			RECEIVED MAR 05 2014		
State Use Only:			STATE CLEARINGHOUSE		
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			* c. Organizational DUNS: 144603339		
d. Address:					
* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA					
* Zip/ Postal Code: 93546					
e. Organizational Unit:					
Department Name: Public Works			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Brian			
Middle Name:					
* Last Name: Picken					
Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: 760-934-3813			Fax Number: 760-934-3119		
* Email: bpicken@ci.mammoth-lakes.ca.us					

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant's Project:

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Environmental Assessment - Terminal Area Development; Regrade Runway Object Free Area (ROFA); and Wildlife/Security Fence

Attach supporting documents as specified in agency instructions.

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: 2014

* b. End Date: 2015

18. Estimated Funding (\$):

*a. Federal	\$514,800.00
*b. Applicant	\$57,200.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$572,000.00

***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 2-28-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Peter

Middle Name:

*Last Name: Bernasconi

Suffix:

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

*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

*Email: pbernasconi@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: *Peter Bernasconi*

Date Signed: 2/28/14

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision <small>* If Revision, select appropriate initial(s) * Other (Specify)</small>
3. Date Received: FEB 25 2014		4. Applicant Identifier:
5a. Federal Entity Identifier: 04-045-754413938		5b. Federal Award Identifier:
State Use Only: 6. Date Received by State: 7. State Application Identifier:		
B. APPLICANT INFORMATION:		
a. Legal Name: Mayers Memorial Hospital District		
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-4940		c. Organizational OUNS: 075584230
d. Address:		
Street 1: PO Box 165		
Street 2:		
City: DAYTON		
County/Parish: SHASTA		
State: CALIFORNIA		
Province:		
Country: USA: UNITED STATES		
Zip / Postal Code: 95825		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	First Name: TRAVIS	
Middle Name:	Last Name: TAKEY	
Suffix:	Title: Chief Financial Officer	
Organizational Affiliation: Mayers Memorial Hospital District		
Telephone Number: (530) 336-7512		Fax Number: (530) 336-5723
Email: ttakeymayersmemorial.com		

RECEIVED
MAR 06 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

B. Type of Applicant 1 - Select Applicant Type:

[Redacted]

Type of Applicant 2 - Select Applicant Type:

[Redacted]

Type of Applicant 3 - Select Applicant Type:

[Redacted]

*** Other (specify):**

[Redacted]

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loan Program

*** 12. Funding Opportunity Number:**

[Redacted]

*** Title:**

[Redacted]

13. Competition Identification Number:

[Redacted]

Title:

[Redacted]

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

Fall River Valley

Add Attachments

Delete Attachments

View Attachments

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

Facility Renovation/Expansion Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000,000"/>
* b. Applicant	<input type="text" value="50,000,000"/>
* 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="75,000,000"/>

19. Is Applicant Subject to Executive Order 12372?

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

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

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

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

Yes No

If Yes, provide explanation and attach.

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

- I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

2-24-14

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. <input type="text"/></p>		<p>4. Applicant Identifier: <input type="text"/></p> <p style="font-size: 24px; font-weight: bold; color: blue;">MAR 06 2014</p>
<p>5a. Federal Entity Identifier: <input type="text"/></p>		<p>* 5b. Federal Award Identifier: <input type="text"/></p> <p style="font-size: 24px; font-weight: bold; color: blue;">STATE CLEARING HOUSE</p>
State Use Only:		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
8. APPLICANT INFORMATION:		
<p>* a. Legal Name: <input type="text" value="Rancho California Water District"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2415751"/></p>		<p>* c. Organizational DUNS: <input type="text" value="053836235"/></p>
d. Address:		
<p>* Street1: <input type="text" value="42135 Winchester Rd."/></p> <p>Street2: <input type="text"/></p> <p>* City: <input type="text" value="Temecula"/></p> <p>County: <input type="text"/></p> <p>* State: <input type="text" value="CA: California"/></p> <p>Province: <input type="text"/></p> <p>* Country: <input type="text" value="USA: UNITED STATES"/></p> <p>* Zip / Postal Code: <input type="text" value="92590"/></p>		
e. Organizational Unit:		
<p>Department Name: <input type="text" value="Planning"/></p>		<p>Division Name: <input type="text"/></p>
f. Name and contact information of person to be contacted on matters involving this application:		
<p>Prefix: <input type="text"/> * First Name: <input type="text" value="Denise"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text" value="Landstedt"/></p> <p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="Senior Water Resources Planner"/></p>		
<p>Organizational Affiliation: <input type="text" value="Rancho California Water District"/></p>		
<p>* Telephone Number: <input type="text" value="951-296-6916"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="landstedtd@ranchowater.com"/></p>		

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

11. Catalog of Federal Domestic Assistance Number:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

R14AS00020

*** Title:**

Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants, California Bay-Delta Constituents

13. Competition Identification Number:

NONE

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:**

Advanced Metering Infrastructure to Enhance Water Use Efficiency and Energy Efficiency Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	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
17. Proposed Project:		
* a. Start Date:	01/14/2014	* b. End Date: 04/29/2016
18. Estimated Funding (\$):		
* a. Federal	300,000.00	
* b. Applicant	2,345,114.19	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	2,645,114.19	
* 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	03/06/2014
<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.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Explanation
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<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:		* First Name: Richard
Middle Name:		
* Last Name:	Williamson	
Suffix:		
* Title:	Assistant General Manager	
* Telephone Number:	951-296-6900	Fax Number: 951-296-6860
* Email:	williamsonr@ranchowater.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date 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 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)**

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*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

MAR 06 2014

5a. Federal Entity Identifier:

14-8506-1636-CA

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: February 24, 2014

7. State Application Identifier: 13-0448-FR

8. APPLICANT INFORMATION:

*** a. Legal Name:** State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:** 1220 N Street, Room 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/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

2014 Olive Fly Biocontrol

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/1/2014

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal 4,756

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 4,756

*** 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 6, 2014

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * 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		2. DATE SUBMITTED March 6, 2014	Applicant Identifier
Pre-application <input checked="" 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: Sacramento Suburban Water District		Organizational Unit: Department:	
Organizational DUNS: 798624201		Division:	
Address: Street: 3701 Marconi Ave, Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Monica
County: Sacramento		Middle Name	
State: CA		Last Name Garcia	
Zip Code 95821		Suffix:	
Country: United States		Email: mgarcia@rwah2o.org	

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MAR 06 2014

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0002258		Phone Number (give area code) 916-967-7692	Fax Number (give area code) 916-967-7322
--	--	---	---

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) G. Special District Other (specify)	
---	--	--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-533		9. NAME OF FEDERAL AGENCY: Dept of Interior, Bureau of Reclamation	
--	--	---	--

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento Regional Indoor Efficiency Retrofit Project		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cities of Sacramento, Roseville, Auburn, and Sacramento and Placer Counties	
---	--	--	--

13. PROPOSED PROJECT Start Date: October 1, 2014 Ending Date: September 30, 2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-003 b. Project CA-003, CA 004, CA 005, CA 001	
--	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 300,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 6, 2014	
b. Applicant	\$ 679,200.00	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	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 979,200.00		

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: Robert Middle Name: Last Name: Roscoe Suffix:		c. Telephone Number (give area code) 916-972-7171	
b. Title General Manager		e. Date Signed 3/4/14	
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 6, 2014	Applicant Identifier
Pre-application <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: Sacramento Suburban Water District		Organizational Unit: Department:	
Organizational DUNS: 798624201		Division:	
Address: Street: 3701 Marconi Avenue, Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Robert
County: Sacramento		Middle Name: John	
State: CA	Zip Code: 95821-5346	Last Name: Swartz	
Country: United States		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0002258		Phone Number (give area code) 916-967-7692	Fax Number (give area code) 916-967-7322
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) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants		9. NAME OF FEDERAL AGENCY: Dept of Interior, Bureau of Reclamation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento city and county, West Sacramento, Yolo County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento Regional 2014-2016 Residential Water Meter Installation Project	
13. PROPOSED PROJECT Start Date: October 1, 2014		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-003	
Ending Date: September 30, 2016		b. Project CA-001, CA-003, CA-005	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 300,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 6, 2014	
b. Applicant	\$ 5,116,775	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 checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 5,416,775		
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 Robert	Middle Name	
Last Name Roscoe	Suffix		
b. Title General Manager		c. Telephone Number (give area code) 916-972-7171	
d. Signature of Authorized Representative <i>Robert Roscoe</i>		e. Date Signed <i>3/4/14</i>	

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MAR 06 2014

STATE CLEARING HOUSE

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:

03/05/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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MAR 07 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California - UC ANR

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

6094-6036494

* c. Organizational DUNS:

6045919250000

d. Address:

* Street1:

2801 Second Street

Street2:

* City:

Davis

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

956187774

e. Organizational Unit:

Department Name:

CIWR

Division Name:

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

Prefix:

* First Name:

Kendra

Middle Name:

* Last Name:

Rose

Suffix:

Title:

Contracts and Grants Analyst

Organizational Affiliation:

University of California at UC ANR

* Telephone Number:

530-750-1276

Fax Number:

530-756-1148

* Email:

ktrose@ucanr.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.805

CFDA Title:

Assistance to State Water Resources Research Institutes

*** 12. Funding Opportunity Number:**

G14AS00014

* Title:

Water Resources Research National Competitive Grants Program

13. Competition Identification Number:

G14AS00014

Title:

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

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

Estimating water supply and the effects of water use, institutions and conservation on water supply in changing climate

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="249,879.00"/>
* b. Applicant	<input type="text" value="249,884.00"/>
* 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="499,763.00"/>

*** 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

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 3/4/2014	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CALAVERAS County Water District			Organizational Unit: Department:		
Organizational DUNS: 074631599			Division:		
Address: Street: 120 TOMA COURT			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Middle Name: First Name: WILLIAM		
City: SAN ANDREAS			Last Name: JOSEPH		
County: CALAVERAS			Suffix: PERLEY		
State: CA		Zip Code: 95249	Country: USA		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1582070					
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) Other (specify) G. Specim District			
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ebbetts Pass Road 3A Pipeline Replacement Project			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arnold, CA CALAVERAS County		13. PROPOSED PROJECT Start Date: 9/14 Ending Date: 9/15			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 4		15. ESTIMATED FUNDING:			
a. Federal	\$	5,000,000	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: March 4, 2014		
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? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$		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.		
f. Program Income	\$		a. Authorized Representative		
g. TOTAL	\$	5,000,000	Prefix: First Name: MITCHELL Middle Name: STANTON		
b. Title: GENERAL MANAGER		c. Telephone Number (give area code): (209) 754-3061		Last Name: DION Suffix:	
d. Signature of Authorized Representative		e. Date Signed: 9 Mar 14			

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

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"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: RECEIVED <input type="text"/>	
State Use Only: MAR 10 2014		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
STATE CLEARING HOUSE		
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="City of Los Angeles Harbor Department"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000735	* c. Organizational DUNS: <input type="text" value="13-833-2585"/>	
d. Address:		
* Street1:	<input type="text" value="425 South Palos Verdes Street"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="San Pedro"/>	
County:	<input type="text"/>	
* 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="90731"/>	
e. Organizational Unit:		
Department Name:	<input type="text" value="City of Los Angeles Harbor Department"/>	Division Name:
		<input type="text" value="Environmental Management Division"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text" value="Ms."/>	* First Name:
		<input type="text" value="Rene"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Spencer"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Environmental Specialist"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	<input type="text" value="310-732-3950"/>	Fax Number:
		<input type="text" value="310-547-4643"/>
* Email:	<input type="text" value="rspencer@portla.org"/>	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:**

Environmental Protection Agency (EPA)

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-02

* Title:

Projects to Improve Air Quality at Ports 2013

13. Competition Identification Number:

Title:

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

Wilmington, San Pedro, Los Angeles County, California, South Coast Air Basin

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

Port of Los Angeles Emission Reduction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-044	* b. Program/Project CA-044
Attach an additional list of Program/Project Congressional Districts if needed. <input style="width:100%; height:20px;" type="text"/>	
17. Proposed Project:	
* a. Start Date: 4/1/14	* b. End Date: 12/31/15
18. Estimated Funding (\$):	
* a. Federal \$469,000	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL \$469,000	
* 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 3/10/14	
<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.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix: <input style="width:100%;" type="text"/>	* First Name: Gary
Middle Name: Lee	
* Last Name: Moore	
Suffix: P.E.	
* Title: Interim Executive Director	
* Telephone Number: 310-732-3456	Fax Number: 310-547-4643
* Email: <input style="width:100%;" type="text"/>	
* Signature of Authorized Representative: <i>Gary Lee Moore</i>	* Date Signed: 3-10-14

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: Oxnard Harbor District, Port of Hueneme	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002317	* c. Organizational DUNS: 6269534750000
d. Address:	
* Street1: 333 Ponomo Street	
Street2: _____	
* City: Port Hueneme	
County/Parish: _____	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 93044-0608	
e. Organizational Unit:	
Department Name: Port of Hueneme	Division Name: Engineering
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mrs.	* First Name: Kristin
Middle Name: _____	
* Last Name: Decaa	
Suffix: _____	
Title: Port Director	
Organizational Affiliation: _____	
* Telephone Number: 805-488-3677, ext 2235	Fax Number: 805-488-2620
* Email: KDecaa@portofhueneme.org	

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MAR 10 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

D: Special District Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-02

* Title:

Projects to Improve Air Quality at Ports 2013 Diesel Emissions Reduction Act (DERA) Funding Opportunity

13. Competition Identification Number:

Title:

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

Ventura County

Add Attachment

Delete Attachment

View Attachment

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

Phase II - Port of Hueneke Shore Power Infrastructure Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	1,700,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,200,000.00

*** 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
- 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:

24

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

Application for Federal Assistance SF-424		
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
*3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: RECEIVED	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: MAR 11 2014	
State Use Only: STATE CLEARING HOUSE		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Oxnard Harbor District, Port of Hueneme		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002317	* c. Organizational DUNS: 6269534750000	
d. Address:		
* Street1: PO Box 608	Street2: 333 Ponomo Street	
* City: Port Hueneme	County/Parish: Ventura	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 93044-0608	
e. Organizational Unit:		
Department Name: Port of Hueneme	Division Name: Engineering	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Kristin	
Middle Name: _____	* Last Name: Decas	
Suffix: _____	Title: CEO & Port Director	
Organizational Affiliation: _____		
* Telephone Number: 805-488-2677, ext 2235	* Fax Number: 805-488-2620	
* Email: kDecas@portofhueneme.org		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

B: Special District Government

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-02

*** Title:**

Projects to Improve Air Quality at Ports 2013 Diesel Emissions Reduction Act (DERA) Funding Opportunity

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:**

Phase II - Port of Huenecho Shore Power Infrastructure Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

4/4

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,700,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,200,000.00"/>

*** 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

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 210, 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		*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 Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419		*c. Organizational DUNS 025986159	
d. Address:			
*Street1: 21865 Copley Dr.			
Street 2:			
*City: Diamond Bar			
County:			
*State: California			
Province:			
Country:			
*Zip/ Postal Code: 91765			
e. Organizational Unit:			
Department Name:		Division Name:	
Project Director e-mail: jlow@aqmd.gov		Science & Technology Advancement	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary	
Middle Name:			
*Last Name: Leonard			
Suffix:			
Title: Financial Analyst			
Organizational Affiliation: South Coast Air Quality Management District			
*Telephone Number: 909-396-2780		Fax Number: 909-396-2765	
*Email: mleonard@aqmd.gov			

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STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Special District

*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Investigations, Special Purpose Activities to the CCA

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:

S103 Research Grant: PM 2.5 Monitoring

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 42

*b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: April 1, 2014

*b. End Date: March 31, 2015

18. Estimated Funding (\$):

*a. Federal \$912,797.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$912,797.00

*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 3-12-14
- 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: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: *Barry Wallerstein* Date Signed: 3/12/2014

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL

By: *[Signature]*
Date: 3-11-14

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	

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

5a. Federal Entity Identifier: LHM 3-06-0120-	* 5b. Federal Award Identifier:
--	---------------------------------

RECEIVED

MAR 12 2014

State Use Only:

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

STATE CLEARING HOUSE**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Lincoln

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000356* c. Organizational DUNS:
004949160**d. Address:**

* Street1: 600 6th Street

Street 2:

* City: Lincoln

County: Placer

* State: California

Province:

Country: USA

* Zip/ Postal Code: 95648

e. Organizational Unit:

Department Name:

Department of Public Services

Division Name:

Lincoln Regional Airport

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

Prefix: Mr.

First Name: Ray

Middle Name:

* Last Name: Leftwich

Suffix:

Title:

Airport Manager

Organizational Affiliation:

City of Lincoln, Department of Public Services

* Telephone Number: 916-434-2457

Fax Number: 916-543-8516

* Email: rleftwich@ci.lincoln.ca.us

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

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 Lincoln, Placer County, California

* 15. Descriptive Title of Applicant's Project:

Lincoln Regional Airport, Lincoln, Placer County, California - Engineering Design of Rehabilitate Runway Safety Areas

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$51,750.00
*b. Applicant	\$3,162.00
*c. State	\$2,588.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$57,500.00

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

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

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

- Yes
- No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Ray

Middle Name:

*Last Name: Leftwich

Suffix:

*Title: Airport Manager

*Telephone Number: 916-434-2457

Fax Number: 916-543-8516

*Email: rleftwich@ci.lincoln.ca.us

*Signature of Authorized Representative:

Date Signed: 3/10/14



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)

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MAR 12 2014

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

14-8506-1721-CA

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

State Use Only:

6. Date Received by State: February 24, 2014

7. State Application Identifier: 13-0465-FR

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:**

1220 N Street, Room 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/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Oriental Fruit Fly Eradication Project (Orange/LA Co.)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2013

* b. End Date: 9/30/2014

18. Estimated Funding (\$):

* a. Federal 524,540

* b. Applicant

* c. State 524,540

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 1,049,080

*** 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 12, 2014 .

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

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

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

RECEIVED

MAR 12 2014

STATE CLEARING HOUSE

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

5a. Federal Entity Identifier: LHM 3-06-0120-	* 5b. Federal Award Identifier:
--	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Lincoln

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	* c. Organizational DUNS: 004949160
---	--

d. Address:

* Street1: 600 6th Street	* Zip/ Postal Code: 95648
Street 2:	
* City: Lincoln	
County: Placer	
* State: California	
Province:	
Country: USA	

e. Organizational Unit:

Department Name: Department of Public Services	Division Name: Lincoln Regional Airport
---	--

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

Prefix: Mr.	First Name: Ray
Middle Name:	
* Last Name: Leftwich	
Suffix:	

Title: Airport Manager

Organizational Affiliation:

City of Lincoln, Department of Public Services
--

* Telephone Number: 916-434-2457	Fax Number: 916-543-8516
----------------------------------	--------------------------

* Email: rleftwich@ci.lincoln.ca.us

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

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 Lincoln, Placer County, California

* 15. Descriptive Title of Applicant's Project:

Lincoln Regional Airport, Lincoln, Placer County, California - Crack Seal - Runway, Taxiway, and Apron

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$526,500.00
*b. Applicant	\$32,175.00
*c. State	\$26,325.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$585,000.00

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Ray

Middle Name:

*Last Name: Leftwich

Suffix:

*Title: Airport Manager

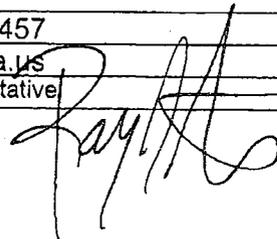
*Telephone Number: 916-434-2457

Fax Number: 916-543-8516

*Email: rleftwich@ci.lincoln.ca.us

*Signature of Authorized Representative

Date Signed: 3/10/14



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: AAT - 3-06-0003-	* 5b. Federal Award Identifier:
--	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Alturas	* c. Organizational DUNS: 15-416-1728
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000290	

RECEIVED

MAR 13 2014

d. Address:

* Street1: 200 W. North Street Street 2: * City: Alturas County: Modoc * State: California Province: Country: USA	* Zip/ Postal Code: 96101
---	---------------------------

STATE CLEARING HOUSE

e. Organizational Unit:

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

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

Prefix: Mr. Middle Name: * Last Name: Picotte Suffix:	First Name: Joe
--	-----------------

Title: Director of Public Works

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

* Telephone Number: 530-233-2377	Fax Number: 530-233-3559
----------------------------------	--------------------------

* Email: jpicotte@cityofalturas.org

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Alturas, Modoc County, California

* 15. Descriptive Title of Applicant's Project:

Alturas Municipal Airport, Alturas, Modoc County, California: Avigation Easements Runway 13 Approach; Relocate Threshold Runway 31

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$137,340.00
*b. Applicant	\$8,393.00
*c. State	\$6,867.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$152,600.00

***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 3-7-2014
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Joe

Middle Name:

*Last Name: Picotte

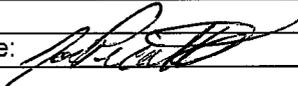
Suffix:

*Title: Director of Public Works, City of Alturas

*Telephone Number: 530-233-2377

Fax Number: 530-233-3559

*Email: jpicotte@cityofalturas.org

*Signature of Authorized Representative: 

Date Signed: 3-7-14

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: AAT - 3-06-0003-	* 5b. Federal Award Identifier:
--	---------------------------------

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Alturas

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000290	* c. Organizational DUNS: 15-416-1728
---	--

d. Address:

* Street1: 200 W. North Street
Street 2:
* City: Alturas
County: Modoc
* State: California
Province:
Country: USA

* Zip/ Postal Code: 96101

RECEIVED
MAR 13 2014
STATE CLEARING HOUSE

e. Organizational Unit:

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

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

Prefix: Mr. First Name: Joe
Middle Name:
* Last Name: Picotte
Suffix:

Title:
Director of Public Works

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

* Telephone Number: 530-233-2377	Fax Number: 530-233-3559
----------------------------------	--------------------------

* Email: jpicotte@cityofalturas.org

Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Alturas, Modoc County, California

* 15. Descriptive Title of Applicant's Project:

Alturas Municipal Airport, Alturas, Modoc County, California: Environmental Assessment: Widen Runway 13-31 to 75 feet and Add Airfield Guidance Signs; Extend Taxiway B; Expand Aircraft Parking Apron, Construct New Helipad and Access Road to Jet A Fuel Storage Tank

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding (\$):

*a. Federal	\$52,560.00
*b. Applicant	\$3,212.00
*c. State	\$2,628.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$58,400.00

***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 3-7-2014
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Joe

Middle Name:

*Last Name: Picotte

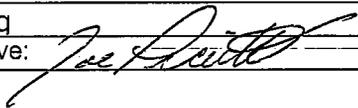
Suffix:

*Title: Director of Public Works, City of Alturas

*Telephone Number: 530-233-2377

Fax Number: 530-233-3559

*Email: jp Picotte@cityofalturas.org

*Signature of Authorized Representative: 

Date Signed: 3-7-14

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

View Burden Statement

Application for Federal Assistance SF-424

* 1. Type of Submission:

Preapplication
Application
Changed/Corrected Application

* 2. Type of Application:

CSI New
Continuation
Revision

If Revision, select appropriate letter(a):

* Other (Specify):

RECEIVED

MAR 13 2014

STATE CLEARINGHOUSE

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by state: 1.

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Watershed Research and Training Center

* b. Employer/Taxpayer Identification Number (EINITIN):

94-3116339

* c. Organizational DUNS:

1718 540520000

d. Address:

* street1: 98-B Clinic Avenue

Street2:

* City: Hayfork

County/Parish:

* state:

CA; California

131

Province:

* Country:

USA; UNITED STATES

131

* Zip / Postal Code:

96041-0000

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Angela

Middle Name:

* Last Name:

Lotres

Suffix:

131

Title: Biomass Project Manager

Organizational Affiliation:

* Telephone Number: 1314-610-2337

Fax Number:

* Email: angie@thewatershedcenter.com

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) **B**

Type of Applicant 2; Select Applicant Type:

| **B**

Type of Applicant 3; Select Applicant Type:

| **D**

* Other (specify):

|

* 10. Name of Federal Agency:

Department of Agriculture Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

* 12. Funding Opportunity Number:

|

* Title:

|

13. Competition Identification Number:

|

Title:

|

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

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

* 15. Descriptive Title of Applicant's Project:

California Forest Energy Projects Partnership for Feasibility Funding

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA 002

* b. Program/Project all

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. start Date: 08/01/2014

* b. End Date: 06/01/201

18. Estimated Funding(\$):

* a. Federal	120,000.00
* b. Applicant	0.00
* c. state	27,100.00
* d. Local	24,119.25
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	171,219.25

* 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 03/11/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes XNo

If "Yes," provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

I AGREE

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

Authorized Representative:

* Prefix: * First Name: Nick

Middle Name:

* Last Name: Goulette

Suffix:

* Title: Executive Director

* Telephone Number: (530) 628-4206

Fax Number: (530) 628-5100

* Email: nick@thewatershedcenter.com

* Signature of Authorized Representative:

* Date Signed: 03/12/2014

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): _____
---	---	--

RECEIVED

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	MAR 13 2014
---	-----------------------------------	--------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: STATE CLEARING HOUSE _____
---	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Orange Cove	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003065	* c. Organizational DUNS: 004940565

d. Address:

* Street 1: 639 Sixth Street
Street 2: _____
* City: Orange Cove
County/Parish: Fresno County
* State: CA
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 93646

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: Paul
Middle Name: _____	
* Last Name: Ashby	
Suffix: _____	

Title: Consultant

Organizational Affiliation: Adams Ashby Group
--

* Telephone Number: (916) 449-3944	Fax Number: (916) 449-3934
---	-----------------------------------

* Email: pashby@adamsashbygroup.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:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

Emergency Community Water Assistance Grant (ECWAG)

13. Competition Identification Number:

Title:

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

City of Orange Cove

Add Attachments

Delete Attachments

View Attachments

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

City of Orange Cove's drinking water purchase to supplement the City's water allocation due to drought conditions.

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: 22

* b. Program/Project: 22

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 05-01-2014

* b. End Date: 09-01-2014

18. Estimated Funding (\$):

* a. Federal	\$390,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$390,000.00

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: 03-10-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Samuel
Middle Name:
* Last Name: ESCOBAR
Suffix:

* Title: City Manager

* Telephone Number: (559) 626-4488 * Fax Number:

* Email: samescobar@cityoforangecove.com

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

 3-12-14

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
 Application Pre-application
 Construction Construction
 Non-Construction Non-Construction

2. DATE SUBMITTED
3-13-2014
3. DATE RECEIVED BY STATE
4. DATE RECEIVED BY FEDERAL AGENCY
 Applicant Identifier
FTA Recipient ID# 1658
 State Application Identifier
 Federal Identifier
CA-37-X200

5. APPLICANT INFORMATION
 Legal Name:
Sacramento Area Council of Governments
 Organizational DUNS:
555895705
Address:
 Street:
1415 L Street, Suite 300
 City:
Sacramento
 County:
Sacramento
 State:
California
 Zip Code
95814
 Country:
USA

Organizational Unit:
 Department:
 Division:
Name and telephone number of person to be contacted on matters involving this application (give area code)
 Prefix:
First Name:
Barbara
 Middle Name
Jane Evans
 Last Name
VaughanBechtold
 Suffix:
 Email:
bvaughanbechtold@sacog.org
 Phone Number (give area code)
916-321-9000
 Fax Number (give area code)
916-321-9551

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 68-0153162
B. 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:
 Federal Transit Administration (FTA)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 20-516
TITLE (Name of Program):
 Job Access Reverse Commute

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 FFY 2012 JARC Sac Urbanized Area projects

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties

13. PROPOSED PROJECT
 Start Date:
1-22-2013
 Ending Date:
6-30-2015

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant
1, 2, 3, 4, & 5
 b. Project

15. ESTIMATED FUNDING:

a. Federal	\$	950,343
b. Applicant no match required	\$	0
c. State	\$	
d. Local Subrecipients Match	\$	798,920
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,749,263

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: 12-14-2011
 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
First Name
Azadeh
 Middle Name
 Last Name
Doherty
 Suffix
 b. Title
Senior Planner
 c. Telephone Number (give area code)
916-321-9000
 d. Signature of Authorized Representative
Azadeh Doherty
 e. Date Signed
3/13/14

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):

[]

RECEIVED

* 3. Date Received:

03/14/2014

4. Applicant Identifier:

[]

MAR 14 2014

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

* a. Legal Name:

California Asian Pacific Chamber of Commerce

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

38-3737264

* c. Organizational DUNS:

9621979970000

d. Address:

* Street1:

2012 H St, Suite 101

* Street2:

N/A

* City:

Sacramento

* County/Parish:

Sacramento

* State:

CA: California

* Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-3100

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:

Mrs

* First Name:

Pat

Middle Name:

[]

* Last Name:

Fong Kushida

Suffix:

[]

Title:

President and CEO

Organizational Affiliation:

N/A

* Telephone Number:

916-446-7883

Fax Number:

916-446-7098

* Email:

pat.fongkushida@calasiancc.org

Application for Federal Assistance SF-424

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Nonprofit 501c6 w/ 501c3

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

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

*** 12. Funding Opportunity Number:**

N/A

*** Title:**

Rural Business Enterprise Grant

13. Competition Identification Number:

N/A

Title:

Rural Business Enterprise Grant

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

SF424 - attachment 14 & 16.docx

Add Attachment

Delete Attachment

View Attachment

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

Pipeline to Success Program: Building economic security and sustainable rural communities through Asian Pacific Islander-centric small business and economic development technical assistance.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-006	* b. Program/Project: CA-003
Attach an additional list of Program/Project Congressional Districts if needed.	
SF424 - attachment 14 & 16.docx	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: 07/01/2014	* b. End Date: 06/30/2015
18. Estimated Funding (\$):	
* a. Federal	79,983.00
* b. Applicant	153,577.00
* c. State	0.00
* d. Local	0.00
* e. Other	400.00
* f. Program Income	25,000.00
* g. TOTAL	258,960.00
* 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	03/14/2014
<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="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 28, 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: Mrs.	* First Name: Pat
Middle Name:	
* Last Name: Fong Kushida	
Suffix:	
* Title: President / CEO	
* Telephone Number: 916-446-7883	Fax Number: 916-446-7098
* Email: patfongkushida@calasiancc.org	
* Signature of Authorized Representative: 	* Date Signed: 03/14/2014