

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1 - 15, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify)

[Empty field]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

RECEIVED

MAR 03 2015

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

Sonoma County Water Agency

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

946000539

* c. Organizational DUNS:

074662503

d. Address:

* Street1:

404 Aviation Boulevard

Street2:

[Empty field]

* City:

Santa Rosa

County:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95403-9073

e. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

Ms.

* First Name:

Lynne

Middle Name:

[Empty field]

* Last Name:

Rosselli

Suffix:

[Empty field]

Title:

[Empty field]

Organizational Affiliation:

[Empty field]

* Telephone Number:

707-524-3771

Fax Number:

707-524-3787

* Email:

Lynne.Rosselli@scwa.ca.gov

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:

15.504

CFDA Title:
Title XVI Water Reclamation and Reuse Program

*** 12. Funding Opportunity Number:**

R15A00015

* Title:
WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program for Fiscal Year 2015

13. Competition Identification Number:

Title:

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

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

North Bay Water Reuse Program: Phase 2 Feasibility Study

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-002

* b. Program/Project CA-002

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

NBWR Congressonal District: Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	450,000.00
* b. Applicant	1,236,316.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,686,316.00

* 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 03/02/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No 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)

** 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: Grant
Middle Name:
Last Name: Davis
Suffix:

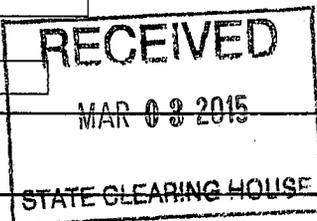
* Title: General Manager

* Telephone Number: 707-547-1911 Fax Number: 707-524-3707

* Email: grant.davis@scwa.ca.gov

* Signature of Authorized Representative: Completed by Grant.gov upon submission. * Date Signed: 3/26/15 Completed by Grant.gov upon submission.

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 03/03/2015	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Town of Apple Valley, CA"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="330338303"/>	* c. Organizational DUNS: <input type="text" value="6222152160000"/>	
d. Address:		
* Street1: <input type="text" value="14955 Dale Evans Parkway"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Apple Valley"/>	County: <input type="text" value="San Bernardino"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="92307-5061"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Planning"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Dennis"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Cron"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Assistant Town Manager"/>	
Organizational Affiliation: <input type="text" value="Assistant Town Manager"/>		
* Telephone Number: <input type="text" value="(760) 240-7000 ext. 7520"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="DCron@applevalley.org"/>		



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Title XVI Water Reclamation and Reuse Program

* 12. Funding Opportunity Number:

R15AS00015

* Title:

WaterSMART: Development of Feasibility Studies under the Title XVI Water Reclamation and Reuse Program for Fiscal Year 2015

13. Competition Identification Number:

Title:

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

Town of Apple Valley, San Bernardino County, CA

* 15. Descriptive Title of Applicant's Project:

Apple Valley Water Reclamation Pipelines Feasibility Study

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

* 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="73,600.00"/>
* b. Applicant	<input type="text" value="74,467.00"/>
* 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="148,067.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):			
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 03 2015 STATE CLEARING HOUSE </div>			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation				* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision					
*3. Date Received:		4. Application Identifier: Southern California Regional Rail Authority					
5a. Federal Entity Identifier: 5802		*5b. Federal Award Identifier: FTA Section 5337					
State Use Only:							
6. Date Received by State:			7. State Application Identifier:				
8. APPLICANT INFORMATION:							
* a. Legal Name: Southern California Regional Rail Authority							
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663			*c. Organizational DUNS: 8361404750000				
d. Address:							
*Street1: One Gateway Plaza, 12th Floor							
Street 2:							
*City: Los Angeles							
County:							
*State: California							
Province:							
Country: USA							
*Zip/ Postal Code: 90012							
e. Organizational Unit:							
Department Name: Grants & Planning			Division Name: Planning & Development				
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix:		First Name: Karen					
Middle Name:							
*Last Name: Sakoda							
Suffix:							
Title: Planning Manager							
Organizational Affiliation:							
*Telephone Number: (213) 452-0264							
Fax Number: (213) 452-0422							
*Email: sakodak@scrra.net							

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 *a. Applicant Southern California Regional Rail *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 6/1/2015 *b. End Date: 11/30/2017

18. Estimated Funding (\$):

*a. Federal	\$3,638,406.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$3,638,406.00

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

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Sam

Middle Name:

*Last Name: Joumblat

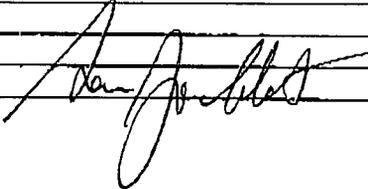
Suffix:

*Title: Interim Chief Executive Officer

*Telephone Number: (213) 452-0285

Fax Number: (213) 452-0422

*Email: joumblats@scrra.net

*Signature of Authorized Representative: 

Date Signed: 3/2/15

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): BC: Decrease Award, Increase Duration * Other (Specify): []
* 3. Date Received: []	4. Applicant Identifier: []	
5a. Federal Entity Identifier: []	5b. Federal Award Identifier: 06-01571.5	
RECEIVED MAR 04 2015 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: []	7. State Application Identifier: []	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	[]	
Street2:	[]	
* City: Sacramento	[]	
County/Parish:	[]	
* State: CA: California	[]	
Province:	[]	
* Country: USA: UNITED STATES	[]	
* Zip / Postal Code: 94296-0001	[]	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Cristelle	[]
Middle Name:	[]	
* Last Name: Erickson	[]	
Suffix:	[]	
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-654-8686	Fax Number: []	
* Email: Cristelle.Erickson@parks.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

P14AS00001

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

13. Competition Identification Number:

Title:

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

GNIS Detail - Chino Hills State Park.htm

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

Chino Hills State Park - Entrance Road and Facilities
Department of Parks and Recreation
GNIS #1844317

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="-3,809,735.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="+3,809,735.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="0.00"/>

*** 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:

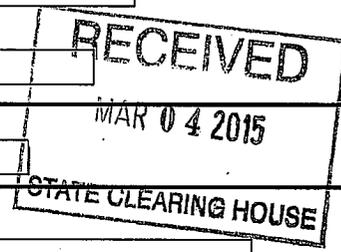
* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/> </td> </tr> </table>			<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):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
<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):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>			
* 3. Date Received: 03/03/2015		* 4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>			
State Use Only:					
8. Date Received by State: <input type="text"/>		7. State Application Identifier: G1598048			
6. APPLICANT INFORMATION:					
* a. Legal Name: STATE OF CALIFORNIA					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567		* c. Organizational DUNS: 8083223580000			
d. Address:					
* Street1:	1416 9TH STREET				
Street2:	SUITE 1211				
* City:	SACRAMENTO				
County:	<input type="text"/>				
* State:	CA: California				
Province:	<input type="text"/>				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95914-5515				
e. Organizational Unit:					
Department Name: CDFW		Division Name: Grants Management Branch			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.	* First Name: Melissa	<input type="text"/>			
Middle Name:	<input type="text"/>				
* Last Name: Jones	<input type="text"/>				
Suffix:	<input type="text"/>				
Title:	Grant Administrator				
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 916-327-0062	Fax Number: <input type="text"/>				
* Email: Melissa.Jones@wildlife.ca.gov	<input type="text"/>				



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:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2),
Mendocino (2), and Trinity (2)

* 15. Descriptive Title of Applicant's Project:

WILDLIFE INVENTORIES AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

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	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-1&2"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="147,166.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="49,055.00"/>	
* 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="196,221.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		<input type="text" value="03/03/2015"/>
<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		<input type="text" value="Explanation"/>
<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 216, 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 type="text"/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSEMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="Lisa.Bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="03/03/2015"/>

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

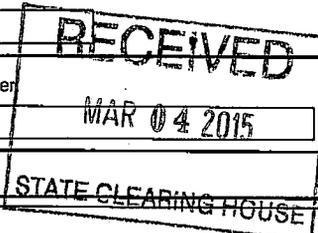
* 3. Date Received:

03/03/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

01598048

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

SUITE 1211

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814-5515

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Grants Management Branch

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

Prefix:

Ms.

* First Name:

Melissa

Middle Name:

* Last Name:

Jones

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

* Email:

Melissa.Jones@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

*** Title:**

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

13. Competition Identification Number:

Title:

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

Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2), and Trinity 92)

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

WILDLIFE INVENTORIES AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006

* b. Program/Project: CA-1&2

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	147,166.00
* b. Applicant	0.00
* c. State	49,055.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	196,221.00

* 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 03/03/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title: SSMT

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

* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/03/2015

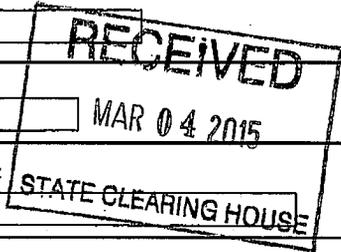
Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 02/19/2015	4. Applicant Identifier: _____
--	--

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



State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1498057
---	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** STATE OF CALIFORNIA

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

d. Address:

* Street1:	1416 9TH STREET
Street2:	SUITE 1211
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5515

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

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

Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	

Title: Grant Administrator

Organizational Affiliation:

* Telephone Number: (916) 327-0062	Fax Number: _____
---	--------------------------

*** Email:** melissa.jones@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

Sonoma (2), Napa (5), San Mateo (14), Santa Clara (19), Santa Cruz (18), Alameda (15), and Marin (13)

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

Bay Delta Region Wildlife and Game Survey Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-a11

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	127,351.00
* b. Applicant	0.00
* c. State	42,450.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	169,801.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 02/19/2015
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title: Assistant Chief, Grants Management Branch

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

* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 02/19/2015

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 *a. Applicant Southern California Regional Rail *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 6/1/2015 *b. End Date: 11/30/2017

18. Estimated Funding (\$):

*a. Federal	\$3,638,406.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$3,638,406.00

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

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

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Sam

Middle Name:

*Last Name: Joumblat

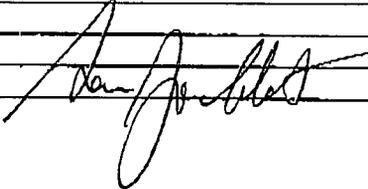
Suffix:

*Title: Interim Chief Executive Officer

*Telephone Number: (213) 452-0285

Fax Number: (213) 452-0422

*Email: joumblats@scrra.net

*Signature of Authorized Representative: 

Date Signed: 3/2/15

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): BC: Decrease Award, Increase Duration * Other (Specify): []
* 3. Date Received: []	4. Applicant Identifier: []	
5a. Federal Entity Identifier: []	5b. Federal Award Identifier: 06-01571.5	
RECEIVED MAR 04 2015 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: []	7. State Application Identifier: []	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	[]	
Street2:	[]	
* City: Sacramento	[]	
County/Parish:	[]	
* State: CA: California	[]	
Province:	[]	
* Country: USA: UNITED STATES	[]	
* Zip / Postal Code: 94296-0001	[]	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Cristelle	
Middle Name:	[]	
* Last Name: Erickson	[]	
Suffix:	[]	
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-654-8686	Fax Number: []	
* Email: Cristelle.Erickson@parks.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

P14AS00001

* Title:

Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:

Title:

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

GNIS Detail - Chino Hills State Park.htm

Add Attachment

Delete Attachment

View Attachment

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

Chino Hills State Park - Entrance Road and Facilities
Department of Parks and Recreation
GNIS #1844317

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="-3,809,735.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="+3,809,735.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="0.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

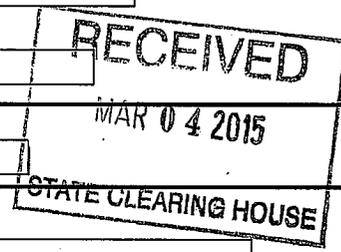
* Email:

* Signature of Authorized Representative:

* Date Signed:

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

Application for Federal Assistance SF-424		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s): <input type="text"/> <p>* Other (Specify) <input type="text"/></p> </p></td> </tr> </table>			<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"/> <p>* Other (Specify) <input type="text"/></p> </p>
<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"/> <p>* Other (Specify) <input type="text"/></p> </p>			
* 3. Date Received: 03/03/2015		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>			
State Use Only:					
8. Date Received by State: <input type="text"/>	7. State Application Identifier: G1598048				
6. APPLICANT INFORMATION:					
* a. Legal Name: STATE OF CALIFORNIA					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567		* c. Organizational DUNS: 8083223580000			
d. Address:					
* Street1:	1416 9TH STREET				
Street2:	SUITE 1211				
* City:	SACRAMENTO				
County:	<input type="text"/>				
* State:	CA: California				
Province:	<input type="text"/>				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95914-5515				
e. Organizational Unit:					
Department Name: CDFW		Division Name: Grants Management Branch			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	Ms.	* First Name: Melissa			
Middle Name:	<input type="text"/>				
* Last Name:	Jones				
Suffix:	<input type="text"/>				
Title:	Grant Administrator				
Organizational Affiliation: <input type="text"/>					
* Telephone Number:	916-327-0062	Fax Number: <input type="text"/>			
* Email:	Melissa.Jones@wildlife.ca.gov				



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:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2),
Mendocino (2), and Trinity (2)

* 15. Descriptive Title of Applicant's Project:

WILDLIFE INVENTORIES AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

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	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-1&2"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="147,166.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="49,055.00"/>	
* 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="196,221.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		<input type="text" value="03/03/2015"/>
<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		<input type="text" value="Explanation"/>
<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 216, 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 type="text"/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSEMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="Lisa.Bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="03/03/2015"/>

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

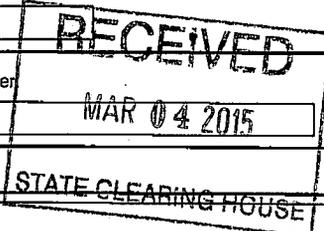
* 3. Date Received:

03/03/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

01598048

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

SUITE 1211

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814-5515

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Grants Management Branch

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

Prefix:

Ms.

* First Name:

Melissa

Middle Name:

* Last Name:

Jones

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

* Email:

Melissa.Jones@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

*** Title:**

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

13. Competition Identification Number:

Title:

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

Lassen (1), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2), and Trinity 92)

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

WILDLIFE INVENTORIES AND RESEARCH: NORTHERN REGION SPECIES CONSERVATION (NON-GAME)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="147,166.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="49,055.00"/>
* 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="196,221.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

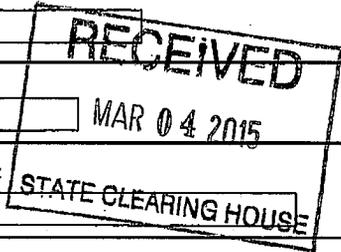
Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 02/19/2015	4. Applicant Identifier: _____
--	--

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



State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1498057
--	---

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000
--	--	---

d. Address:

* Street1:	1416 9TH STREET
Street2:	SUITE 1211
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5515

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

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

Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	

* Telephone Number: (916) 327-0062	Fax Number: _____
* Email: melissa.jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

Sonoma (2), Napa (5), San Mateo (14), Santa Clara (19), Santa Cruz (18), Alameda (15), and Marin (13)

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

Bay Delta Region Wildlife and Game Survey Project

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="127,351.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="42,450.00"/>
* 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="169,801.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

*** Title:**

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE INVENTORIES & RESEARCH: Comprehensive Wetlands Habitat Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	189,447.00
* b. Applicant	0.00
* c. State	63,149.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	252,596.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 02/23/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Lisa

Middle Name:

* Last Name: Bays

Suffix:

* Title: SSMI

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

* Email: Lisa.Bays@wildlife.ca.gov

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

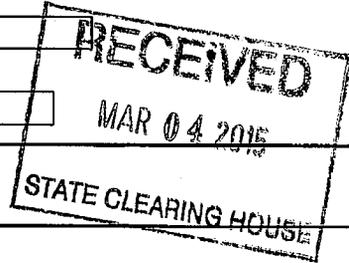
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

02/27/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1598010

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

SUITE 1211

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814-5515

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Grants Management Branch

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

Prefix:

Ms.

* First Name:

Melissa

Middle Name:

* Last Name:

Jones

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

* Email:

Melissa.Jones@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

Lassen (1), Modoc(1), Siskiyou(1), Shasta, (1) Tehama (1), Humboldt(2), Del Norte(2), Mendocino(2), Trinity(2)

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

Northern Region Wildlife Management & Resource Assessment: Game Species

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-1&2

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	513,295.00
* b. Applicant	0.00
* c. State	171,098.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	684,393.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 02/27/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title: SSMI

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

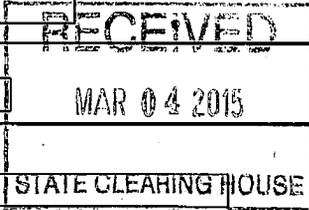
* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 02/27/2015

Application for Federal Assistance SF-424

Version 02

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



* 3. Date Received: 03/02/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598003
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

* Street1:	1416 9TH STREET
Street2:	SUITE 1211
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5515

e. Organizational Unit:

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

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

Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	
Title: Grant Administrator	

Organizational Affiliation:

* Telephone Number: 916-327-0062	Fax Number: _____
----------------------------------	-------------------

* Email: melissa.jones@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH: Elk and Antelope Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	295,946.00
* b. Applicant	0.00
* c. State	98,649.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	394,595.00

* 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 03/02/2015.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Lisa

Middle Name:

* Last Name: Bays

Suffix:

* Title: SSMI

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

* Email: Lisa.Bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/02/2015

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED February 11, 2015	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 5830

5. APPLICANT INFORMATION

Legal Name: Andre Colaiaice		Organizational Unit: Department: Access Services	
Organizational DUNS: 883300121		Division: Access Services	
Address: Street: 3449 Santa Anita Ave, 2nd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: El Monte		Prefix:	First Name: Andre
County: Los Angeles		Middle Name	
State: CA		Last Name Colaiaice	
Zip Code 91731	Suffix:		
Country: USA		Email: colaiaice@accessla.org	

RECEIVED
MAR 06 2015
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4489711	Phone Number (give area code) 2132706000	Fax Number (give area code) 2132706055
---	---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. NAME OF FEDERAL AGENCY: DOT, FTA
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ADA complementary paratransit services on behalf of fixed route transit operators in Los Angeles County. The service is purchased transportation through Third Party Contracted Services (Elderly & Persons with Disabilities only).
--	--

13. PROPOSED PROJECT Start Date: 7/1/2015 Ending Date: 6/30/2015	14. CONGRESSIONAL DISTRICTS OF: 37-40, 43-49
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
-------------------------------	---

a. Federal \$ 62,000,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/11/2015
b. Applicant \$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$. ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 8,032,757 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 \$ 70,032,757 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	First Name Andre	Middle Name
Last Name Colaiaice		Suffix
b. Title Deputy Executive Director, Planning & Governmental Affairs		c. Telephone Number (give area code) 2132706000
d. Signature of Authorized Representative		e. Date Signed 2/11/2015

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 03/09/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 6b. Federal Award Identifier: _____
---	--

State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: G1598002

RECEIVED
MAR 12 2015
STATE CLEARING HOUSE

8. APPLICANT INFORMATION:	
* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:	
* Street1: 1416 9TH STREET	
Street2: SUITE 1211	
* City: SACRAMENTO	
County: _____	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 95814-5515	

e. Organizational Unit:	
Department Name: CDFW	Division Name: Grants Management Branch

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	

* Telephone Number: 916-327-0062	Fax Number: _____
* Email: Melissa.Jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE HABITAT INVENTORIES & RESEARCH: UPLAND GAME

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="693,574.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="231,191.00"/>
* 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="924,765.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

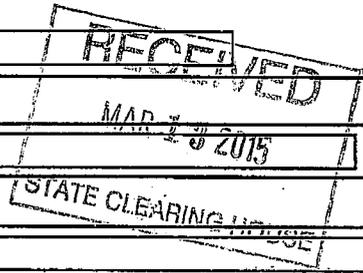
Version 02

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

* 3. Date Received: 03/12/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: G1598079



8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:	
* Street1: 1416 9TH STREET	_____
Street2: SUITE 1211	_____
* City: SACRAMENTO	_____
County: _____	_____
* State: CA: California	_____
Province: _____	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 95814-5515	_____

e. Organizational Unit:	
Department Name: CDFW	Division Name: Grants Management Branch

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Melissa
Middle Name: _____	_____
* Last Name: Jones	_____
Suffix: _____	_____
Title: Grant Administrator	_____
Organizational Affiliation: _____	

* Telephone Number: 916-327-0062	Fax Number: _____
* Email: Melissa.Jones@wildlife.ca.gov	_____

Application for Federal Assistance SF-424

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9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

Wildlife Habitat Inventories & Research; Biological Resource Assessments and Land Management Planning

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

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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="506,220.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="168,740.00"/>
* 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="674,960.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: