

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16 - 31, 2012**. 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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="03/15/2012"/>	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAR 16 2012 </div>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> STATE CLEARING HOUSE </div>
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="The University Corporation"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-1992732"/>	* c. Organizational DUNS: <input type="text" value="0557523310000"/>	
d. Address:		
* Street1: <input type="text" value="1811 Nordhoff Street"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="Northridge"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="91330-8232"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Geography"/>	Division Name: <input type="text" value="Social & Behavioral Sciences"/>	
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="Scott"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Perez"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Director, Research & Sponsored Projects"/>		
Organizational Affiliation: <input type="text" value="California State University, Northridge"/>		
* Telephone Number: <input type="text" value="818-677-2901"/>	Fax Number: <input type="text" value="818-677-4691"/>	
* Email: <input type="text" value="scott.perez@csun.edu"/>		

Application for Federal Assistance SF-424

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

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-12

*** Title:**

FY12 Region 9 Wetland Program Development Grants

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:**

Development of a Sustainable Educational Pathway for Training in the California Rapid Assessment Method for Wetlands (CRAM)

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

Allach 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="361,735.00"/>
* b. Applicant	<input type="text" value="100,581.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="20,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="482,316.00"/>

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier: 09ch0027	
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: Amador-Tuolumne Community Action Agency		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2765408		*c. Organizational DUNS: 105920748
*d. Address:		
*Street 1:	935 S. State Highway 49	
Street 2:	_____	
*City:	Jackson	
County:	Amador and Tuolumne	
*State:	CA	
Province:	_____	
*Country:	USA	
*Zip / Postal Code	95642	
*e. Organizational Unit:		
Department Name: Early Childhood Services		Division Name:
*f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Ms	*First Name: Shelly
Middle Name:	_____	
*Last Name:	Hance	
Suffix:	_____	
Title:	Executive Director	
Organizational Affiliation: Amador Tuolumne Community Action Agency		
*Telephone Number: 209-533.1397 x236		Fax Number: 209-533-1034
*Email: shance@atcaa.org		

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**
N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)
Public

***10 Name of Federal Agency:**
USDA

11. Catalog of Federal Domestic Assistance Number:
10-767

CFDA Title:
Rural Development Facilities Grants and Loans

***12 Funding Opportunity Number:**

*Title:
Rural Development Facilities Grants and Loans

13. Competition Identification Number:

Title:

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

Sonora, Tuolumne County

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

Request to borrow funds for the purchase of a building to house Early Head Start and Head Start classrooms, plus other programs serving low-income families.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 4

*b. Program/Project: 4

17. Proposed Project:

*a. Start Date: 6/1/12

*b. End Date: 5/31/12

18. Estimated Funding (\$):

*a. Federal	_____	373,244
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$373,244

***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: Ms.

Middle Name: _____

*Last Name: Webb

Suffix: _____

*First Name: Launie

*Title: Board Chair

*Telephone Number: 209.223.0442

Fax Number: 209.2230471

* Email: barefootwitch@yahoo.com

*Signature of Authorized Representative: *Launie Webb*

*Date Signed: 3/6/2012

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

12-9706-2135-CA Avian



State Use Only:

6. Date Received by State: 3/14/2012

7. State Application Identifier: PCA 21053

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture

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

68-0325104

*c. Organizational DUNS:

807-487-665

d. Address:

*Street 1: 1220 "N" Street

Street 2: _____

*City: Sacramento Place: 6400

County: Sacramento County: 067

*State: CA 06

Province: _____

*Country: USA GSA:3150

*Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: _____

*First Name: Sarah

Middle Name: _____

*Last Name: Mize

Suffix: _____

Title: Veterinarian Specialist

Organizational Affiliation:

*Telephone Number: 916-900-5002

Fax Number: 916-900-5333

*Email: sarah.mize@cdfa.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:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025

CFDA Title:

Avian Health

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

Avian Health

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 05

*b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: April 1, 2012

*b. End Date: March 31, 2013

18. Estimated Funding (\$):

*a. Federal	_____	795,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	795,000

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

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

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

- Yes
- No

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: Kathy
Middle Name: _____
*Last Name: Alameda
Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: 916-403-6525

Fax Number: _____

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative: *Kathy Alameda*

*Date Signed: 3/16/12

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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

12-9706-2137-CA wIBDV

State Use Only:

6. Date Received by State: 3/14/2012

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture

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

68-0325104

*c. Organizational DUNS:

807-487-665

d. Address:

*Street 1: 1220 "N" Street

Street 2: _____

*City: Sacramento Place: 6400

County: Sacramento County: 067

*State: CA 06

Province: _____

*Country: USA GSA:3150

*Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Animal Health and Food Safety Services

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

Prefix: _____

*First Name: Maurice

Middle Name: _____

*Last Name: Pitesky

Suffix: _____

Title: Veterinarian General

Organizational Affiliation:

*Telephone Number: 916-900-5044

Fax Number: 916-900-5333

*Email: Maurice.Pitesky@cdfa.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:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025 _____

CFDA Title:

Avian Health - vvIBDV _____

***12 Funding Opportunity Number:**

10-025 _____

*Title:

Plant Pest and Animal Disease _____

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

vvIBDV - Avian Health

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 05

*b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: April 1, 2012

*b. End Date: March 31, 2013

18. Estimated Funding (\$):

*a. Federal	_____	80,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	80,000

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

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

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

- Yes No

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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: 916-403-6525

Fax Number: _____

* Email: Kathy.Alameda@cdfa.ca.gov

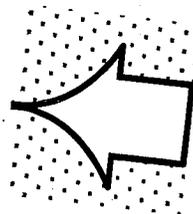
*Signature of Authorized Representative: *Kathy Alameda*

*Date Signed: 3/16/12

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102



**SIGN
HERE**

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: MST Veterans Assistance		5. Date Received by State:	
		4a. Federal Entity Identifier: 942222398		6. State Application Identifier:	
		4b. Federal Award Identifier: FTA-2012-006-TPM-VTCL			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: Monterey-Salinas Transit		* c. Organizational DUNS: 073957813	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2222398		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 19 2012 STATE CLEARING HOUSE </div>	
d. Address: * Street1: One Ryan Ranch Road		Street2:	
* City: Monterey		County: Monterey	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 93940	
e. Organizational Unit:			
Department Name: Administration		Division Name: CTSA	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Mr.	* First Name: Tom	Middle Name:	
* Last Name: Hicks		Suffix:	
Title: CTSA Manager			
Organizational Affiliation: Monterey-Salinas Transit			
* Telephone Number: 8313938166		Fax Number: 8316410907	
* Email: thicks@msc.org			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

Public Transit District

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

Monterey County

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-17

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

09/01/2012

b. End Date:

08/31/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

197,736.00

b. Match (\$):

49,434.00

*** 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/19/2012
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

Version 01.1

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No 

17. 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

** This 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:

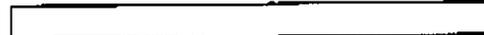
Prefix:

Mr.

* First Name:

Carl

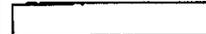
Middle Name:



* Last Name:

Sedoryk

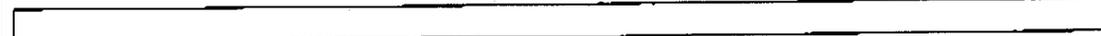
Suffix:



* Title:

General Manager/CEO

Organizational Affiliation:



* Telephone Number:

8318993954

* Fax Number:

8318993954

* Email:

csedoryk@mst.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

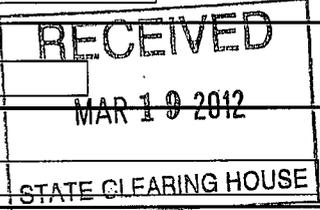




Application for Federal Assistance SF-424

* 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: 03/15/2012	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:** Western Shasta Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680285373	* c. Organizational DUNS: 1877540360000
---	---

d. Address:

* Street1:	6270 Parallel Road
Street2:	_____
* City:	Anderson
County/Parish:	Shasta
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	96007-4833

e. Organizational Unit:

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

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

Prefix: Mrs.	* First Name: Mary
Middle Name: Esther	
* Last Name: Mitchell	
Suffix:	

Title: District Manager

Organizational Affiliation:

* Telephone Number: 530-365-7332 x 202	Fax Number: 530-365-7271
---	---------------------------------

*** Email:** mary@westernshastarc.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-12

*** Title:**

FY12 Region 9 Wetland Program Development Grants

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:**

Wetland Management Plan for 200-acre urban wetland area based on past and current restoration activities.

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="109,626.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="49,990.00"/>
* 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="159,616.00"/>

*** 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**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Preapplication <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: **FALL RIVER VALLEY COMMUNITY SERVICES DISTRICT** Organizational Unit:

Address (give city, county, State, and zip code):
**PO BOX 427
FALL RIVER MILLS, SHASTA, CA 96028**

Name and telephone number of person to be contacted on matters involving this application (give area code):
JOHN VAN DEN BERGH 805-689-5550

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1579081

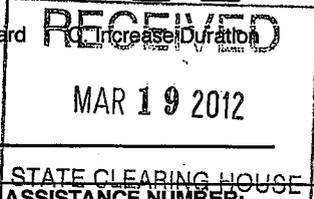
7. TYPE OF APPLICANT: (enter appropriate letter in box) **G**

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:
 New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration Other(specify): _____



9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-766

TITLE: **CFDA**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
HYDRO-ELECTRIC PLANT

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
FALL RIVER MILLS SHASTA CA

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date: **2/13** Ending Date: **10/13** a. Applicant: **CA2** b. Project: **CA2**

15. ESTIMATED FUNDING:

a. Federal	\$	980,000 ⁰⁰
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	980,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

a. Type Name of Authorized Representative JOHN VAN DEN BERGH	b. Title GENERAL MANAGER	c. Telephone Number 530-336-5263
d. Signature of Authorized Representative <i>John van den Bergh</i>	e. Date Signed 3-17-12	

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		
<p>* 1.a. Type of Submission:</p> <input type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input checked="" type="checkbox"/> Other <p>* Other (specify)</p> <p>Proposal FTA-2012-004-TEM-SGR</p>	<p>* 1.b. Frequency:</p> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <p>* Other (specify)</p>	<p>* 1.d. Version:</p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update <p>* 2. Date Received: 03/19/2012</p> <p>3. Applicant Identifier:</p> <p>4a. Federal Entity Identifier: 1690</p> <p>4b. Federal Award Identifier:</p>
<p>1.c. Consolidated Application/Plan/Funding Request?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explanation:</p>	<p>STATE USE ONLY:</p> <p>5. Date Received by State:</p> <p>6. State Application Identifier:</p>	
<p>7. APPLICANT INFORMATION:</p> <p>* a. Legal Name: North County Transit District</p> <p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-300-9680</p> <p>* c. Organizational DUNS: 020518361</p> <p>d. Address:</p> <p>* Street1: 810 Mission Avenue</p> <p>* City: Oceanside</p> <p>* State: CA: California</p> <p>* Country: USA: UNITED STATES</p> <p>Street2:</p> <p>County: San Diego</p> <p>Province:</p> <p>* Zip / Postal Code: 92054</p> <p>e. Organizational Unit:</p> <p>Department Name:</p> <p>Division Name:</p> <p>f. Name and contact information of person to be contacted on matters involving this submission:</p> <p>Prefix: Ms. * First Name: Heidi Middle Name: L.</p> <p>* Last Name: Rockey Suffix:</p> <p>Title: Grant Specialist</p> <p>Organizational Affiliation: North County Transit District</p> <p>* Telephone Number: 760-966-6560 Fax Number: 760-967-0941</p> <p>* Email: hrockey@nctd.org</p>		

RECEIVED
MAR 19 2012
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

*** 8a. TYPE OF APPLICANT:**

Other (specify)

*** Other (specify):**

Local Government - Public Transit Agency

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

San Diego

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-49

b. Program/Project:

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

Additional_Congressional_Dist

13. FUNDING PERIOD:

a. Start Date:

11/01/2012

b. End Date:

12/31/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

6,400,000.00

b. Match (\$):

1,600,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/19/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1
<p>* 16. Is The Applicant Delinquent On Any Federal Debt?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="button" value="Explanation"/></p>		
<p>17. 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>** I Agree <input checked="" type="checkbox"/></p> <p>** This 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:	* First Name:	
Mr.	Matthew	
Middle Name:		
O.		
* Last Name:		
Tucker		
Suffix:	* Title:	
	Executive Director	
Organizational Affiliation:		
North County Transit District		
* Telephone Number:		
760-967-2867		
* Fax Number:		
760-433-0166		
* Email:		
mtucker@nctd.org		
* Signature of Authorized Representative:		
Heidi Rockey		
* Date Signed:		
03/19/2012		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY*** Consolidate Application/Plan/Funding Request Explanation**

Opportunity Title: State of Good Repair Initiative: Solicitation of Project Proposals
Offering Agency: DOT/Federal Transit Administration
CFDA Number: 20.500
CFDA Description: Federal Transit_Capital Investment Grants
Opportunity Number: FTA-2012-004-TPM-SGR
Competition ID: FTA-2012-004-TPM-SGR

This application for Federal Assistance includes the following:

SF424 Mandatory Form

Attachments:

- SF424Supplemental Form - Bus and Bus Facilities: State of Good Repair
- Congressional Districts (Additional)
- Certifications and Assurances
- Service Area Map
- Letter of Support
- Letter of Confirmation of Local Match

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: City of Fresno, Department of Transportation/FAX					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338			* c. Organizational DUNS: 169204872		
d. Address:					
* Street1: 2223 G Street			Street2: <input type="text"/>		
* City: Fresno			County: <input type="text"/>		
* State: CA: California			Province: <input type="text"/>		
* Country: USA: UNITED STATES			* Zip / Postal Code: 93706		
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: <input type="text"/>		* First Name: Darlene		Middle Name: <input type="text"/>	
* Last Name: Christiansen			Suffix: <input type="text"/>		
Title: Grants Analyst					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 5596211469			Fax Number: <input type="text"/>		
* Email: darlene.christiansen@fresno.gov					

RECEIVED
MAR 19 2012
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

C: City or Township Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA020

b. Program/Project:

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

Add Attachment

Delete Attachment

Print Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2012

b. End Date:

09/30/2014

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

4,412,100.00

b. Match (\$):

903,900.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/19/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No



17. 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

** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 9, 2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
6. APPLICANT INFORMATION			
Legal Name: CITY OF MADERA		Organizational Unit: Department: MADERA MUNICIPAL AIRPORT	
Organizational DUNS: 142988646		Division:	
Address: Street: 4020 AVIATION DRIVE		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: MADERA		Prefix:	First Name: DAVE
County: MADERA		Middle Name:	
State: CA Zip Code: 93637		Last Name: RANDALL	
Country: USA		Suffix:	
		Email: drandall@cityofmadera.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-6000365		Phone Number (give area code): (559) 661-3687	Fax Number (give area code): (559) 674-7165
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) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MADERA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Madera Municipal Airport, Madera, California: Pavement Maintenance/Management Program Engineering Design of: Reconstruct General Aviation Apron - Phases I & II Tee Hangar Development - Phase I	
13. PROPOSED PROJECT Start Date: 2012 Ending Date: 2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 216,000 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 13, 2012	
b. Applicant	\$ 18,600 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 5,400 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 240,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name: DAVID	Middle Name: R	
Last Name: TOOLEY		Suffix:	
b. Title: CITY ADMINISTRATOR		c. Telephone Number (give area code): (559) 661-5400	
d. Signature of Authorized Representative		e. Date Signed: 3/15/12	

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"/> Application	<input checked="" type="checkbox"/> New	<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: MT-Energie USA, Inc.	*c. Organizational DUNS: 047106036
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-3551110	

d. Address:

*Street 1: **4915 Calloway Drive, suite 102**

Street 2:

*City: **Bakersfield**

County: **Kern**

*State: **CA**

Province:

Country: **USA**

*Zip/ Postal Code: **93312**

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: **Jawad**

Middle Name: **Esam**

*Last Name: **Meerza**

Suffix:

Title: **Project Manager**

Organizational Affiliation:

*Telephone Number: (661) 829-6900	Fax Number: (661) 829-6901
*Email: jawad.meerza@mt-energie.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One - *a. For Profit Organization*

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: *Natural Resources Conservation Services*

11. Catalog of Federal Domestic Assistance Number: *10.912*

CFDA Title:

*12. Funding Opportunity Number: *USDA NRCS NHQ 1201*

*Title: *CIG*

13. Competition Identification Number:

Title:

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

Bakersfield, Kern, California

*15. Descriptive Title of Applicant's Project:

Hybrid design anaerobic digester (HDAD) for flush dairies.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

22

*b. Program/Project:

22

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

17. Proposed Project:

*a. Start Date:

9/01/2012

*b. End Date:

12/31/2013

18. Estimated Funding (\$):

1,000,000.00

*a. Federal

\$ 1,000,000.00

*b. Applicant

\$ 500,000.00

*c. State

*d. Local

*e. Other

\$ 12,500,000.00

*f. Program Income

*g. TOTAL

\$ 14,000,000.00 \$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.)

- 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:

Jawad

Middle Name: Esam

*Last Name: Meerza

Suffix:

*Title:

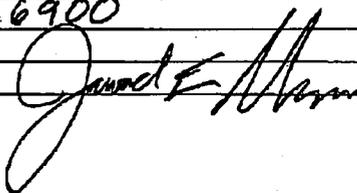
Project Manager

*Telephone Number: (661) 829-6900

Fax Number: (661) 829-6901

*Email:

*Signature of Authorized Representative:



Date Signed:

03/19/2012

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	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	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: President and Board of Trustees of Santa Clara College dba Santa Clara University		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156617	* c. Organizational DUNS: 054800214	
d. Address:		
* Street1: 500 El Camino Real	Street2: _____	
* City: Santa Clara	County: Santa Clara	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 95053-0250		
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Prof.	* First Name: Hohyun	Middle Name: _____
* Last Name: Lee	Suffix: _____	
Title: Assistant Professor		
Organizational Affiliation: _____		
* Telephone Number: 408-554-5283	Fax Number: 408-554-5474	
* Email: hlee@scu.edu		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Private 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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2011-P3-Q1

* Title:

**8th Annual P3 Awards: A National Student Design Competition for Sustainability
Focusing on People, Prosperity and the Planet**

13. Competition Identification Number:

Title:

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

Santa Clara, Santa Clara County, California

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

Enhanced Solar Thermal Energy Harvest for Power Generation from Brayton Cycle

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-15

* b. Program/Project CA-15

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: 8/15/12

* b. End Date: 8/14/14

18. Estimated Funding (\$):

* a. Federal 89,921
 * b. Applicant 0
 * c. State 0
 * d. Local 0
 * e. Other 0
 * f. Program Income 0
 * g. TOTAL 89,921

*** 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 3/18/12
- 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: Ms. * First Name: Linda
 Middle Name: [Empty]
 * Last Name: Campbell
 Suffix: [Empty]
 * Title: Director, Sponsored Projects
 * Telephone Number: 408-554-4806 Fax Number: 408-554-2389
 * Email: lcampbell@scu.edu
 * Signature of Authorized Representative: [Empty] * Date Signed: [Empty]

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	* 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: <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="President and Board of Trustees of Santa Clara College dba Santa Clara University"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156617.	* c. Organizational DUNS: <input type="text" value="054800214"/>	
d. Address:		
* Street1: <input type="text" value="500 El Camino Real"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Santa Clara"/>	County: <input type="text" value="Santa Clara"/>	
* State: <input type="text" value="California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95053-0250"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	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="Prof."/>	* First Name: <input type="text" value="Drazen"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Fabris"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Chair and Associate Professor"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="408-554-4985"/>	Fax Number: <input type="text" value="408-554-5474"/>	
* Email: <input type="text" value="dfabris@scu.edu"/>		

RECEIVED
 MAR 20 2012
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Private 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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2011-P3-Q1

* Title:

13. Competition Identification Number:

Title:

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

Santa Clara, Santa Clara County, California

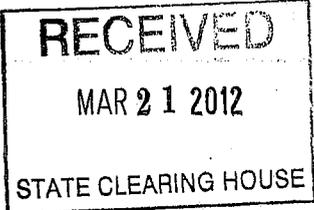
*** 16. Descriptive Title of Applicant's Project:**

Passive Unitized Regenerative Fuel Cell (PURFC) for Energy Storage in Off-grid Locations

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-15	* b. Program/Project CA-15
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 8/15/12	* b. End Date: 8/14/14
18. Estimated Funding (\$):	
* a. Federal	89,023
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	89,023
* 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	3/16/12
<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	
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: Ms.	* First Name: Linda
Middle Name:	
* Last Name: Campbell	
Suffix:	
* Title: Director, Sponsored Projects	
* Telephone Number: 408-554-4808	Fax Number: 408-554-2389
* Email: lcampbell@scu.edu	
* 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 * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 12-9706-2145-CA	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: California Department of Food and Agriculture		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104		*c. Organizational DUNS: 807-487-665
d. Address:		
*Street 1:	1220 "N" Street	
Street 2:	_____	
*City:	Sacramento Place: 6400	
County:	Sacramento County: 067	
*State:	CA 06	
Province:	_____	
*Country:	USA GSA:3150	
*Zip / Postal Code	95814	
e. Organizational Unit:		
Department Name: California Department of Food and Agriculture		Division Name: Animal Health and Food Safety Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	*First Name: Hector	
Middle Name: _____		
*Last Name: Webster		
Suffix: _____		
Title:	Research Specialist II	
Organizational Affiliation:		
*Telephone Number: 916-900-5048		Fax Number: 916-900-5333
*Email: Hector.Webster@cdfa.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:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025

CFDA Title:

Equine, Cervids & Small Ruminants (ECSR)

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

Equine, Cervids and Small Ruminants

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 05

*b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: April 1, 2012

*b. End Date: March 31, 2013

18. Estimated Funding (\$):

*a. Federal	_____	90,000
*b. Applicant	_____	
*c. State	_____	19,802
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	109,802

***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: Kathy

Middle Name: _____

*Last Name: Alameda

Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: 916-403-6525

Fax Number: _____

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative: *Kathy Alameda*

*Date Signed: 3/21/12

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

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

3. Date Received:	4. Applicant Identifier:
--------------------------	---------------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 12-9706-2146-CA
---------------------------------------	--

State Use Only:

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

8. APPLICANT INFORMATION:

*a. Legal Name: California Department of Food and Agriculture	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	*c. Organizational DUNS: 807-487-665

d. Address:

*Street 1:	<u>1220 "N" Street</u>
Street 2:	_____
*City:	<u>Sacramento Place: 6400</u>
County:	<u>Sacramento County: 067</u>
*State:	<u>CA 06</u>
Province:	_____
*Country:	<u>USA GSA:3150</u>
*Zip / Postal Code	<u>95814</u>



e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Animal Health and Food Safety Services
--	---

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

Prefix: _____	*First Name: <u>Hector</u>
Middle Name: _____	
*Last Name: <u>Webster</u>	
Suffix: _____	

Title: <u>Research Specialist II</u>

Organizational Affiliation:

*Telephone Number: 916-900-5048	Fax Number: 916-900-5333
--	---------------------------------

*Email: <u>Hector.Webster@cdfa.ca.gov</u>
--

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:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

Plant Pest and Animal Disease 10.025

CFDA Title:

Swine Health Program

***12 Funding Opportunity Number:**

10-025

*Title:

Plant Pest and Animal Disease

13. Competition Identification Number:

Title:

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

Entire State of California (06)

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

Swine Health Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 05

*b. Program/Project: Statewide

17. Proposed Project:

*a. Start Date: April 1, 2012

*b. End Date: March 31, 2013

18. Estimated Funding (\$):

*a. Federal	_____	178,000
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	178,000

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

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

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

- Yes
- No

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: Kathy
Middle Name: _____
*Last Name: Alameda
Suffix: _____

*Title: Federal Funds Manager

*Telephone Number: 916-403-6525

Fax Number: _____

* Email: Kathy.Alameda@cdfa.ca.gov

*Signature of Authorized Representative: *Kathy Alameda*

*Date Signed: *3/21/12*

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:

Application Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

03/06/12

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

12SF136299

4. DATE RECEIVED BY FEDERAL AGENCY:

03/06/12

FEDERAL IDENTIFIER:

12SFPCA005

6. APPLICATION INFORMATION

LEGAL NAME: Family Services Agency of San Francisco

DUNS NUMBER: 060128600

ADDRESS (give street address, city, state, zip code and county):

1010 Gough St
San Francisco CA 94109 - 7622
County: San Mateo

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Karen Garrison

TELEPHONE NUMBER: (415) 751-9786 236

FAX NUMBER: (415) 751-9787

INTERNET E-MAIL ADDRESS: kgarrison@faasf.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

941156530

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

NEW NEW/PREVIOUS GRANTEE
 CONTINUATION AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011

10b. TITLE: Foster Grandparent Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FGP of San Francisco

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

San Francisco (City and County), California

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 04/01/12 END DATE: 03/31/15

14. CONGRESSIONAL DISTRICT (IF: a.Applicant CA 008 b.Program CA 008

15. ESTIMATED FUNDING: Year #: 1

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 15-APR-12

NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

YES if "Yes," attach an explanation. NO

a. FEDERAL	\$ 274,363.00
b. APPLICANT	\$ 80,564.00
c. STATE	\$ 0.00
d. LOCAL	\$ 0.00
e. OTHER	\$ 79,664.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 364,917.00

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Cathy Spensley

b. TITLE:

c. TELEPHONE NUMBER:

(415) 474-7310 435

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

Cathy Spensley

e. DATE SIGNED:

03/06/12



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)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

RECEIVED

MAR 22 2012

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
12-9419-0201-CA

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-8038494

*c. Organizational DUNS:
04-712-0084

d. Address:

*Street 1: Office of Research - Sponsored Programs

Street 2: 1850 Research Park Drive, Suite 300

*City: Davis

County: Yolo

*State: CA

Province: _____

*Country: United States

*Zip / Postal Code: 95618

e. Organizational Unit:

Department Name:
CA Animal Health & Food Safety Laboratory System

Division Name:

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

Prefix: _____ *First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

Title:

Organizational Affiliation:

*Telephone Number: 530-754-8268

Fax Number: 530-754-8229

*Email:

Application for Federal Assistance SF-424

Version 02

*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:

USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal Care

*12 Funding Opportunity Number:

N/A

*Title:

13. Competition Identification Number:

N/A

Title:

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

California and any other support of NAHLN as required

*15. Descriptive Title of Applicant's Project:

Pseudorabies testing agreement

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: One *b. Program/Project:

17. Proposed Project:
*a. Start Date: 04/15/2012 *b. End Date: 03/31/2013

18. Estimated Funding (\$):

*a. Federal	4,070
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	4,070

***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/ /2012

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: 530-754-8266 Fax Number: 530-754-8229

* Email: _____

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

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)

*Other (Specify) _____

RECEIVED

MAR 22 2012

STATE CLEARING HOUSE

3. Date Received: _____

4. Applicant Identifier: _____

5a. Federal Entity Identifier: _____

*5b. Federal Award Identifier:
12-9706-2096-CA

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

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

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-8038494

*c. Organizational DUNS:
04-712-0084

d. Address:

*Street 1: Office of Research

Street 2: 1650 Research Park Drive, Suite 300

*City: Davis

County: Yolo

*State: CA

Province: _____

*Country: United States

*Zip / Postal Code: 95618

e. Organizational Unit:

Department Name:
CA Animal Health & Food Safety Laboratory System

Division Name: _____

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

Prefix: _____ *First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

Title: Contracts/Grants Analyst

Organizational Affiliation:
Regents, University of California

*Telephone Number: _____ Fax Number: _____

*Email: vcresearch@ucdavis.edu

Application for Federal Assistance SF-424

Version 02

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA, APHIS, Veterinary Services

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant Pest and Animal Disease

***12 Funding Opportunity Number:**

***Title:**

13. Competition Identification Number:

Title:

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

Entire state of California (06)

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

Federal-State cooperative brucellosis surveillance program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: One

*b. Program/Project: statewide

17. Proposed Project:

*a. Start Date: 04/01/12

*b. End Date: 03/31/13

18. Estimated Funding (\$):

*a. Federal	87,000
*b. Applicant	209,026
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	296,026

***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
- 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: Contracts and Grants Analyst

*Telephone Number: _____ Fax Number: _____

* Email: vcrsearch@ucdavis.edu

*Signature of Authorized Representative:

*Date Signed:

Application for Federal Assistance SF-424

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

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

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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: The Regents of the University of California, Berkeley		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002133	* c. Organizational DUNS: 1247267250000	

d. Address:

* Street1:	Sponsored Projects Office
Street2:	2150 Shattuck Ave, Suite 300
* City:	Berkeley
County/Parish:	Alameda
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94720-5940

e. Organizational Unit:

Department Name: Sponsored Projects Office	Division Name: _____
--	--------------------------------

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

Prefix: _____	* First Name: Ruchika
Middle Name: _____	
* Last Name: Dhussa	
Suffix: _____	
Title: Research Administrator	
Organizational Affiliation: _____	
* Telephone Number: 510-643-0961	Fax Number: 510-642-8236
* Email: rdhussa@berkeley.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:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G12AS20021

* Title:

Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:

G12AS20021

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

LandCarbon Web Application Development

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="428,664.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="428,664.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

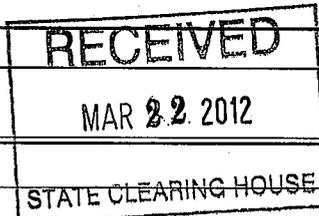
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Santa Barbara Metropolitan Transit District"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-2546247"/>	* c. Organizational DUNS: <input type="text" value="0573625350000"/>
d. Address:	
* Street1: <input type="text" value="550 Olive Street"/>	Street2: <input type="text"/>
* City: <input type="text" value="Santa Barbara"/>	County: <input type="text" value="Santa Barbara"/>
* 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="93101"/>
e. Organizational Unit:	
Department Name: <input type="text"/>	Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this submission:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Jerry"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Estrada"/>	Suffix: <input type="text"/>
Title: <input type="text" value="Assistant GM/Controller"/>	
Organizational Affiliation: <input type="text" value="Employee"/>	
* Telephone Number: <input type="text" value="(805) 963-3364 ext. 232"/>	Fax Number: <input type="text" value="(805) 963-3365"/>
* Email: <input type="text" value="jestrada@sbmtd.gov"/>	



APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit_Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-023

b. Program/Project:

CA-023

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

03/22/2012

b. End Date:

12/31/2013

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

5,229,000.00

b. Match (\$):

1,071,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/21/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

17. 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

** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 1.a. Type of Submission:**

- Application
- Plan
- Funding Request
- Other
- * Other (specify)

*** 1.b. Frequency:**

- Annual
- Quarterly
- Other
- * Other (specify)

*** 1.d. Version:**

- Initial
- Resubmission
- Revision
- Update

*** 2. Date Received:**

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes No **Explanation**

7. APPLICANT INFORMATION:

*** a. Legal Name:**

Alameda-Contra Costa Transit District

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

94-1492636

*** c. Organizational DUNS:**

043236231

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STATE CLEARING HOUSE

d. Address:

*** Street1:**

1600 Franklin St

Street2:

*** City:**

Oakland

County:

Alameda

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94612

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Kate

Middle Name:

*** Last Name:**

Miller

Suffix:

Title: Manager, Capital Development/Legis./Grants

Organizational Affiliation:

Alameda-Contra Costa Transit District

*** Telephone Number:** 510-891-4859

Fax Number: 510-891-7139

*** Email:** kmiller@actransit.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

Public Transit Provider

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

SF-Oakland Urbanized area

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-009

b. Program/Project:

CA-009

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

Attachment - Congressional D

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2012

b. End Date:

09/01/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

27,125,200.00

b. Match (\$):

13,795,300.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/22/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

Explanation

17. 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

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

Authorized Representative:

Prefix:

Mr.

* First Name:

David

Middle Name:

J

* Last Name:

Armijo

Suffix:

* Title:

General Manager

Organizational Affiliation:

Alameda-Contra Costa Transit District

* Telephone Number:

510-891-4875

* Fax Number:

510-891-7157

* Email:

darmijo@actransit.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachment

Delete Attachment

View Attachment

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1	
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)	
* 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:
		3. Applicant Identifier:	5. Date Received by State:
		4a. Federal Entity Identifier:	6. State Application Identifier:
		4b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 22 2012 </div>			
7. APPLICANT INFORMATION:			
* a. Legal Name: Santa Clara Valley Transportation Authority		* c. Organizational DUNS: STATE CLEARING HOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2186907		* c. Organizational DUNS: 0922028370000	
d. Address:			
* Street1: 3331 North First Street		Street2:	
* City: San Jose		County:	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 95134-1906	
e. Organizational Unit:			
Department Name: Programming and Grants		Division Name: Congestion Management Agency	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix: Mr.	* First Name: Jeffery	Middle Name:	
* Last Name: Ballou		Suffix:	
Title: Senior Transportation Planner			
Organizational Affiliation: Santa Clara Valley Transportation Authority			
* Telephone Number: 408 321-5628		Fax Number:	
* Email: jeffery.ballou@vta.org			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):****b. Additional Description:***** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

Santa Clara County, California

12. CONGRESSIONAL DISTRICTS OF:*** a. Applicant:**

CA-016

b. Program/Project:

CA-016

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

Congressional Districts serv

13. FUNDING PERIOD:**a. Start Date:**

10/01/2012

b. End Date:

12/30/2013

14. ESTIMATED FUNDING:*** a. Federal (\$):**

7,500,000.00

b. Match (\$):

1,875,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?** a. This submission was made available to the State under the Executive Order 12372 Process for review on:

03/22/2012

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY*** 16. Is The Applicant Delinquent On Any Federal Debt?**Yes No

17. 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

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

Authorized Representative:

Prefix:

Ms.

* First Name:

Marcella

Middle Name:

* Last Name:

Rensi

Suffix:

* Title:

Programming and Grants Manager

Organizational Affiliation:

Santa Clara Valley Transportation Authority

* Telephone Number:

408 321-5717

* Fax Number:

408 321-5723

* Email:

marcella.rensi@vta.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

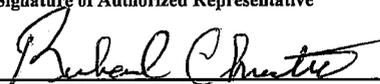
Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/21/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District 9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20509		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 Bus & Bus Facilities - State of Good Repair Initiative - Acquisition of Buses, CA-04-0232	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 3/2/12	Ending Date 06/30/2016	a. Applicant Districts 25 - 39, 42 and 46	b. Project Same as Applicant

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STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 25,000,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>03/21/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 5,120,482.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 30,120,482.00		

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

a Typed Name of Authorized Representative RICHARD CHRISTIE	b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 	e. Date Signed 03/21/12 3/22/12	

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
6. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="PARKS AND RECREATION, CA DEPT OF"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="68-0303606"/>	* c. Organizational DUNS: <input type="text" value="1720708070000"/>	
d. Address:		
* Street1: <input type="text" value="301 CASPIAN WAY"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="IMPERIAL BEACH"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="91932-91933"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	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="Chris"/>	<input type="text"/>
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Peregrin"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Acting Reserve Manager"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="619-575-3613 EX303"/>	Fax Number: <input type="text" value="619-575-6913"/>	
* Email: <input type="text" value="cpere@parks.ca.gov"/>		

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 MAR 27 2012
 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:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

*** Other (specify):**

[Empty text box]

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2012-2003313

*** Title:**

FY12 National Estuarine Research Reserve Operations July 1-Sept 1 Start Dates

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

Area Affected by Project.docx

Add Attachment

Delete Attachment

View Attachment

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

TRNERR MANAGEMENT AND OPERATIONS

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

51

b. Program/Project

51, 53

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2012

* b. End Date:

12/31/2013

18. Estimated Funding (\$):

* a. Federal	353,000.00
* b. Applicant	0.00
* c. State	152,582.04
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	505,582.04

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

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

06/15/2012

 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 21B, Section 1001)

 ** I AGREE

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

Authorized Representative:

Prefix:

Mr.

* First Name:

Chris

Middle Name:

* Last Name:

Peregrin

Suffix:

* Title:

Acting Reserve Manager

* Telephone Number:

619-575-3613 EX 303

Fax Number:

619-575-6913

* Email:

cper@parks.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 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: 03/27/2012		STATE USE ONLY:	
		3. Applicant Identifier:		5. Date Received by State:	
		4a. Federal Entity Identifier:		6. State Application Identifier:	
		4b. Federal Award Identifier:			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:					

7. APPLICANT INFORMATION:		RECEIVED MAR 28 2012	
* a. Legal Name: Alameda-Contra Costa Transit District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1492636		* c. Organizational DUNS: 043236231	

d. Address:	
* Street1: 1600 Franklin Street	Street2:
* City: Oakland	County:
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip / Postal Code: 94612

e. Organizational Unit:	
Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Ms.	* First Name: Kate	Middle Name:
* Last Name: Miller		Suffix:
Title: Manager, Capital Development/Legis./Grants		

Organizational Affiliation: Alameda-Contra Costa Transit District	
* Telephone Number: 510-891-4859	Fax Number: 510-891-7139
* Email: kmiller@actransit.org	

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

D: Special District Government

*** Other (specify):**

b. Additional Description:

Public Transit Provider

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

San Francisco, CA

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-009

b. Program/Project:

CA-008

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

Congressional Districts Affe

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

02/01/2013

b. End Date:

07/01/2016

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

4,000,000.00

b. Match (\$):

159,700,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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

03/27/2012

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

Explanation:

17. 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

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

Authorized Representative:

Prefix:

Mr.

* First Name:

David

Middle Name:

J

* Last Name:

Armijo

Suffix:

* Title:

General Manager

Organizational Affiliation:

Alameda-Contra Costa Transit District

* Telephone Number:

510-891-4875

* Fax Number:

510-891-7157

* Email:

darmijo@actransit.org

* Signature of Authorized Representative:

Christopher Andrichak

* Date Signed:

03/27/2012

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

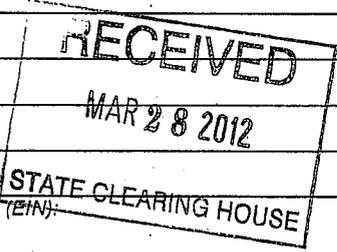
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 3/28/2012	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Mendocino County Resource Conservation District	Organizational Unit: Department:
Organizational DUNS: 141154174	Division:
Address: Street: 206 Mason Street, Suite F	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Janet
City: Ukiah	Middle Name
County: Mendocino	Last Name Olave
State: CA Zip Code 95482	Suffix:
Country:	Email: janet.olave@mcrd.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68-0060208

Phone Number (give area code) 707-462-3664	Fax Number (give area code) 707-462-5549
---	---

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant 70-769	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watershed Restoration Landscaping 101 Program
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ukiah, Willits, Boonville, Laytonville	

13. PROPOSED PROJECT Start Date: 7/1/2012	Ending Date: 9/30/2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 1	b. Project District 1
--	---------------------------	--	--------------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 92,566.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 28, 2012
b. Applicant \$ 14,082.00	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 \$ 1,960.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 108,608.00	

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

a. Authorized Representative

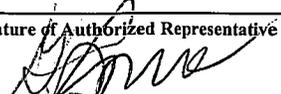
Prefix Ms	First Name Janet	Middle Name
Last Name Olave	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 707-462-3664	
d. Signature of Authorized Representative <i>Janet Olave</i>	e. Date Signed 3/26/2012	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/26/12	Applicant Identifier
TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Capital Development	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Emma Nogales (213) 922-3066	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award) If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5909 Fixed Guideway - PM Rail, CA-05-0243-02	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/09	Ending Date 6/30/12	a. Applicant Districts 26,28,31,32,34,35,37 and 38	b. Project Same as Applicant

RECEIVED
 MAR 28 2012
 STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 14,602,357.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/26/12</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 3,650,590.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 18,252,947.00		

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

a Typed Name of Authorized Representative GLADYS LOWE	b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 	e. Date Signed 3-26-2012	

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):			
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAR 28 2012 </div>			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation				* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision					
*3. Date Received:			4. Application Identifier:				
			STATE CLEARING HOUSE				
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:				
			11-DG-1105 2021-113				
State Use Only:							
6. Date Received by State:			7. State Application Identifier:				
8. APPLICANT INFORMATION:							
* a. Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA							
* b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:				
94-6036494			04-712-0084				
d. Address:							
*Street1: 1850 Research Park Drive, Suite #300							
Street 2:							
*City: Davis							
County: USA							
*State: CA							
Province:							
Country:							
*Zip/ Postal Code: 95618							
e. Organizational Unit:							
Department Name:			Division Name:				
OVCR			SPONSORED PROGRAMS				
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix:		First Name: ERICA					
Middle Name:							
*Last Name: BALLINGER							
Suffix:							
Title: CONTRACTS AND GRANTS ANALYS							
Organizational Affiliation:							
*Telephone Number: 530-754-8318			Fax Number: 530-754-8367				
*Email: eballinger@ucdavis.edu							

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

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:

USDA FOREST SERVICE PACIFIC SOUTHWEST REGION

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Forest Health Protection

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

"Sudden Oak Death Monitoring and Diagnostics in California"

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-001

*b. Program/Project: CA-001

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

17. Proposed Project:

*a. Start Date: 06/01/2011

*b. End Date: 07/31/2013

18. Estimated Funding (\$):

*a. Federal	\$197,882.00
*b. Applicant	\$197,882.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$395,764.00

***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: ERICA

Middle Name:

*Last Name: BALLINGER

Suffix:

*Title: CONTRACTS AND GRANTS ANALYST

*Telephone Number: 530-754-8318

Fax Number: 530-754-8367

*Email: eballinger@ucdavis.edu

*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 checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Application	<input type="checkbox"/> Revision		
<input type="checkbox"/> Changed/Corrected Application			
*3. Date Received:	4. Application Identifier:		
			STATE CLEARING HOUSE
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: City of Biggs			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000300		*c. Organizational DUNS: 082101346	
d. Address:			
*Street1: 3016 Sixth Street			
Street 2:			
*City: Biggs			
County: Butte			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 95917			
e. Organizational Unit:			
Department Name: Public Works		Division Name: Engineering	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Steven	
Middle Name: C.			
*Last Name: Speights			
Suffix:			
Title: City Engineer			
Organizational Affiliation:			
*Telephone Number: 916-783-4100		Fax Number: 916-783-4110	
*Email: ssneights@ben-en.com			

RECEIVED

MAR 29 2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

City of Biggs, California

*15. Descriptive Title of Applicant's Project:

City of Biggs Community Hall upgrade ADA access and HVAC system**Attach supporting documents as specified in agency instructions.**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:	
*a. Applicant California 2nd District	*b. Program/Project: California 2nd District
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: June 2012	*b. End Date: December 2012
18. Estimated Funding (\$):	
*a. Federal	\$30,000.00
*b. Applicant	\$32,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$62,000.00
*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 March 29, 2012	
<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	
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: Mr.	*First Name: Peter
Middle Name: R.	
*Last Name: Carr	
Suffix:	
*Title: City Administrator	
*Telephone Number: 530-868-0100	Fax Number:
*Email: biggs1@biggs-ca.gov	
*Signature of Authorized Representative: Peter R. Carr  Date Signed: 3/29/2012	

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)**

- A. Increase Award
- *Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

1647

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: City of Culver City

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6000701

*c. Organizational DUNS:
063833651

d. Address:

*Street 1: 4343 Duquesne Avenue
Street 2: _____
*City: Culver City
County: Los Angeles
*State: CA
Province: _____
*Country: USA
*Zip / Postal Code: 90232-3014



e. Organizational Unit:

Department Name:
Transportation

Division Name:
Transportation Administration

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

Prefix: Mrs. *First Name: Crystal
Middle Name: Czarnecki
*Last Name: Alexander
Suffix: _____

Title: Sr Mgmt-Analyst

Organizational Affiliation:

*Telephone Number: 310-253-6543

Fax Number: 310-253-6513

*Email: crystal.alexander@culvercity.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:**

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507

CFDA Title:

Federal Section 5307 Funds

***12 Funding Opportunity Number:**

76 FR 29291

***Title:**

Section 5037 S FETEA-LU

13. Competition Identification Number:

n/a

Title:

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

City of Culver City

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

Federal Funding for Preventative Maintenance of Bus Fleet; Tire Lease; COP payments for Maintenance, Operations and Administration Facility for Culver CityBus. Project ID CA-90-Y853-00

Application for Federal Assistance SF-424

Version: 02

16. Congressional Districts Of:

*a. Applicant: 33

*b. Program/Project: 33

17. Proposed Project:

*a. Start Date: 7-1-11

*b. End Date: 6-30-13

18. Estimated Funding (\$):

*a. Federal	_____	\$5,966,053
*b. Applicant	_____	
*c. State	_____	\$1,193,211
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$7,159,264

*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 3-28-12
- 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: Mrs. *First Name: Crystal

Middle Name: Czarnecki

*Last Name: Alexander

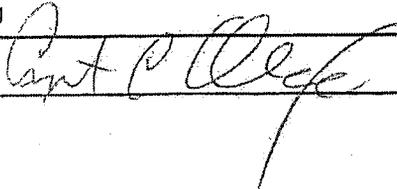
Suffix: _____

*Title: Sr Mgmt Analyst

*Telephone Number: 310-253-6543

Fax Number: 310-253-6513

* Email: crystalalexander@culvercity.org

*Signature of Authorized Representative: 

*Date Signed: 3-28-12

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: _____		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: California Department of Water Resources					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1692634			* c. Organizational DUNS: 171214307		
d. Address:					
* Street1: 1416 9th Street		_____			
Street2:		_____			
* City: Sacramento		_____			
County: Sacramento		_____			
* State: California		_____			
Province:		_____			
* Country:		USA: UNITED STATES			
* Zip / Postal Code: 95814		_____			
e. Organizational Unit:					
Department Name: FESSRO			Division Name: Riverine Ecosystems		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr		* First Name: Stefan			
Middle Name:		_____			
* Last Name: Lorenzato		_____			
Suffix:		_____			
Title: RHJV Coordinator					
Organizational Affiliation: California Department of Water Resources					
* Telephone Number: 916-651-9617			Fax Number: 916-653-9745		
* Email: stefanl@water.ca.gov					



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Agency

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66:461

CFDA Title:

FY12 Region 9 Wetland Program Development Grant

*** 12. Funding Opportunity Number:**

EPA-REG9-WP-12

* Title:

FY12 Region 9 Wetland Program Development Grant

13. Competition Identification Number:

Title:

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

California - all

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

Integrative Floodplain Design

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project

all

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

17. Proposed Project:

* a. Start Date: 9/12

* b. End Date: 10/13

18. Estimated Funding (\$):

* a. Federal \$116,450

* b. Applicant \$47,375

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$163,825

*** 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.) 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:

Stefan

Middle Name:

* Last Name:

Lorenzato

Suffix:

* Title:

Riparian Habitat Joint Venture Coordinator

* Telephone Number:

916-717-9619

Fax Number:

916-653-9745

* Email:

stefanl@water.ca.gov

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:
Computed by Grants.gov upon submission.

4. Applicant Identifier:
[Empty box]

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5a. Federal Entity Identifier:
[Empty box]

* 5b. Federal Award Identifier:
[Empty box]

State Use Only:

6. Date Received by State: [Empty box]

7. State Application Identifier: [Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):
95642721

* c. Organizational DUNS:
073371346

d. Address:

* Street1: 5250 Campanile Drive

Street2: [Empty box]

* City: San Diego

County: [Empty box]

* State: CA: California

Province: [Empty box]

* Country: USA: UNITED STATES

* Zip Postal Code: 92182-1931

e. Organizational Unit:

Department Name:
[Empty box]

Division Name:
[Empty box]

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

Prefix: Ms. * First Name: Jennie

Middle Name: [Empty box]

* Last Name: Amison

Suffix: [Empty box]

Title: Director, Sponsored Research Development

Organizational Affiliation:
[Empty box]

* Telephone Number: 6195944478

Fax Number: [Empty box]

* Email: awards@foundation.sdsu.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type Applicant 2: Select Applicant Type:

Type Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.39

CFDA Title:

Economic Development Technical Assistance

* 12. Funding Opportunity Number:

EDAF 2012UC

* Title:

FY 2012 University Center Economic Development Program Competition

13. Competition Identification Number:

FY20 UNIVERSITYCENTER

Title:

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

* 15. Descriptive Title of Applicant's Project:

The John Center Incubator for Engineering Innovation

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="1,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="1,000,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,000,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * 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		2. DATE SUBMITTED March 26, 2012	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Colonial Oak Water Company, Inc.		Organizational Unit: Department:	
Organizational DUNS: 051938996		Division:	
Address: Street: 19017 Karen Drive		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Prunedale		Prefix:	First Name: Dinah
County: Monterey		Middle Name	
State: CA		Last Name Iriño	
Zip Code 93907	Suffix:		
Country: USA	Email: flora.vista@sbcglobal.net		

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1599873		Phone Number (give area code) 831-663-3652	Fax Number (give area code) 831-663-3652
---	--	---	---

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) <input type="checkbox"/> Not for Profit Other (specify)
---	---

9. NAME OF FEDERAL AGENCY: USDA - Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace aging 70,000 gallon potable water storage system with a new 100,000 gallon potable water storage system
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): part of Prunedale, CA

13. PROPOSED PROJECT Start Date: November 2012	Ending Date: January 2012	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th	b. Project 17th
---	------------------------------	--	--------------------

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 26, 2012
b. Applicant \$ 50,000.00	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 \$ 350,000.00	

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

a. Authorized Representative		
Prefix	First Name Dinah	Middle Name
Last Name Iriño		Suffix
b. Title president		c. Telephone Number (give area code) 831-663-3652
d. Signature of Authorized Representative 		e. Date Signed March 26, 2012

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other - Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: Del Monte Corridor Enhancement		5. Date Received by State:	
		4a. Federal Entity Identifier: 942222398		6. State Application Identifier:	
		4b. Federal Award Identifier: PTA-2012-005-TPM-BLIV			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: Monterey-Salinas Transit					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942222398			* c. Organizational DUNS: 073957813		
d. Address:					
* Street1: One Ryan Ranch Road			Street2:		
* City: Monterey			County: Monterey		
* State: CA: California			Province:		
* Country: USA: UNITED STATES			* Zip / Postal Code: 93940		
e. Organizational Unit:					
Department Name: Finance & Administration			Division Name:		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: MB.		* First Name: Michelle		Middle Name:	
* Last Name: Overmeyer			Suffix:		
Title: Grants & Compliance Analyst					
Organizational Affiliation: Monterey-Salinas Transit					
* Telephone Number: (831) 393-8131			Fax Number: (831) 899-3954		
* Email: movermeyer@msmt.org					

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APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 8a. TYPE OF APPLICANT:**

a. Local Government
 b. Special District Government

*** Other (specify):**

b. Additional Description:

Public Transit District

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

Monterey County, California

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

17

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

01/01/2013

b. End Date:

05/31/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

8,800,000.00

b. Match (\$):

2,200,000.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 03/29/2012

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

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

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application	2. DATE SUBMITTED 03/29/12	Applicant Identifier 12-171
	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

6. APPLICANT INFORMATION

Legal Name: Cal Poly Corporation on behalf of California Polytechnic State University	Organizational Unit: Department: Natural Resources Management
Organizational DUNS: 02-932-6246	Division: College of Agriculture, Food & Environmental Sciences
Address: Street: 1 Grand Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Kim
City: San Luis Obispo	Middle Name: S
County: San Luis Obispo	Last Name: Camilli
State: CA Zip Code: 93407	Suffix:
Country: USA	Email: kcamilli@calpoly.edu
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1648180	Phone Number (give area code): (805) 756-2702 Fax Number (give area code): (805) 756-1402

8. TYPE OF APPLICATION:

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

7. TYPE OF APPLICANT: (See back of form for Application Types)

I: State Controlled Institution of Higher Learning
Other (specify)

9. NAME OF FEDERAL AGENCY:

USDA - Forest Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):
Forest Health Protection
10-680

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Southern Area Sudden Oak Death Monitoring Plan

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

San Luis Obispo & Monterey counties

13. PROPOSED PROJECT

Start Date:
06/01/12 Ending Date:
05/30/13

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
CA-022 b. Project
CA-022

15. ESTIMATED FUNDING:

a. Federal	\$	34,456 ⁰⁰
b. Applicant	\$	35,637 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	70,093 ⁰⁰

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: 03/29/12
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 Ms.	First Name Xenia	Middle Name E.
Last Name Bixler	Suffix	
b. Title Director, Grants Development	c. Telephone Number (give area code) 805-756-2982	
d. Signature of Authorized Representative	e. Date Signed 3/29/12	

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Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		* 3. Applicant Identifier:		5. Date Received by State:	
		* 2a. Federal Entity Identifier:		6. State Application Identifier:	
		* 4b. Federal Award Identifier:			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

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STATE CLEARING HOUSE

7. APPLICANT INFORMATION:

* a. Legal Name: San Francisco Municipal Transportation Agency		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893	* c. Organizational DUNS: 956617435	
d. Address:		
* Street1: 1 South Van Ness Avenue, 8th floor	Street2:	
* City: San Francisco	County: San Francisco	
* State: CA: California	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94103	
e. Organizational Unit:		
Department Name: Capital Grants & Budgeting	Division Name: Finance & Technology Division	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Mr.	* First Name: Joel	Middle Name: C.
* Last Name: Goldberg	Suffix:	
Title: Manager, Grants Procurement & Management		
Organizational Affiliation:		
* Telephone Number: (415) 701-4499	Fax Number:	
* Email: joel.goldberg@sfmta.com		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

b. End Date:

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

b. Match (\$):

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission 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 State for review.

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?
Yes No **EXPLANATION:**

17. 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
** This 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:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY		Version 01.1	
* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)	
* 1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: 03/29/2012	STATE USE ONLY:
		3. Applicant Identifier:	5. Date Received by State:
		4a. Federal Entity Identifier:	6. State Application Identifier:
		4b. Federal Award Identifier:	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 29 2012 </div>	
7. APPLICANT INFORMATION:			
* a. Legal Name: City of Fresno Department of Transportation/FAX		* c. Organizational DUNS: STATE CLEARING HOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000338		* c. Organizational DUNS: 169204872	
d. Address:			
* Street1: 2223 G Street		Street2:	
* City: Fresno		County:	
* State: CA: California		Province:	
* Country: USA: UNITED STATES		* Zip / Postal Code: 93706	
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this submission:			
Prefix:	* First Name: Darlene	Middle Name:	
* Last Name: Christiansen		Suffix:	
Title: Grants Analyst			
Organizational Affiliation:			
* Telephone Number: 5596211469		Fax Number:	
* Email: darlene.christiansen@fresno.gov			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

C: City or Township Government

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-020

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2012

b. End Date:

03/31/2014

14. ESTIMATED FUNDING:

* a. Federal (\$):

3,245,300.00

b. Match (\$):

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

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

03/29/2012

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

17. 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

** This 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:

Kenneth

Middle Name:

* Last Name:

Hamm

Suffix:

* Title:

Director of Transportation

Organizational Affiliation:

* Telephone Number:

5596211440

* Fax Number:

5594881065

* Email:

kenneth.hamm@fresno.gov

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

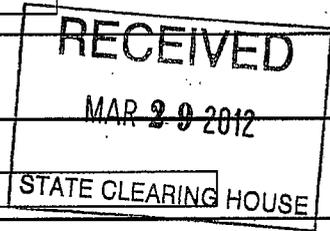
* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

03/29/2012

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:

The Regents of the University of California

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

900 University Avenue

Street2:

* City:

Riverside

County:

Riverside

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

925210001

e. Organizational Unit:

Department Name:

Winston Chung Global Energy Ce

Division Name:

Bourns College of Engineering

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

Prefix:

Dr.

* First Name:

Nosang

Middle Name:

v.

* Last Name:

Myung

Suffix:

Ph.D

Title:

Professor and Chair

Organizational Affiliation:

University of California, Riverside

* Telephone Number:

951-827-7710

Fax Number:

951-827-5696

* Email:

myung@engr.ucr.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.303

CFDA Title:

Economic Development_Technical Assistance

* 12. Funding Opportunity Number:

EDAFY2012UC

* Title:

FY 2012 University Center Economic Development Program Competition

13. Competition Identification Number:

FY2012UNIVERSITYCENTER

Title:

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

California and the West

* 15. Descriptive Title of Applicant's Project:

Economic Progress through Sustainability: A California University Economic Development Center

Attach supporting documents as specified in agency instructions.

Add Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-044

* b. Program/Project CA-044

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

CongressionalDistricts.pdf

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2012

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	815,994.00
* b. Applicant	839,375.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,655,369.00

* 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: Ms. * First Name: Teeny
Middle Name:
* Last Name: Ellis
Suffix:

* Title: Senior Contract and Grant Officer

* Telephone Number: 951-827-2205 Fax Number: 951-827-4483

* Email: teeny.ellis@ucr.edu

* Signature of Authorized Representative: Teeny Ellis * Date Signed: 03/29/2012

RECEIVED
MAR 30 2012
STATE CLEARING HOUSE

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="51"/>	b. Program/Project <input type="text" value="51, 53"/>
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="07/01/2012"/>	* b. End Date: <input type="text" value="12/31/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="353,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="152,579.00"/>
* 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="505,579.00"/>
* 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="06/15/2012"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Christopher"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Peregrin"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Acting Reserve Manager"/>	
* Telephone Number: <input type="text" value="619-575-3613 EX 303"/>	Fax Number: <input type="text" value="619-575-6913"/>
* Email: <input type="text" value="cperec@parks.ca.gov"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="03/23/2012"/>

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2012-2003313

*** Title:**

FY12 National Estuarine Research Reserve Operations July 1-Sept 1 Start Dates

13. Competition Identification Number:

Title:

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

Area Affected by Project.docx

Add Attachment

Delete Attachment

View Attachment

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

TRNERR MANAGEMENT AND OPERATIONS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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):

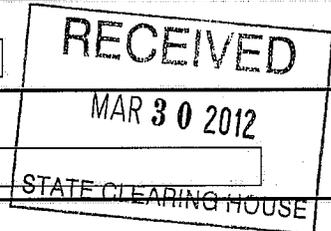
* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Water Resources

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

52:1692634

* c. Organizational DUNS:

171214307

d. Address:

* Street1: 1416 9th Street

Street2:

* City: Sacramento

County: Sacramento

* State: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

FESSRO

Division Name:

Riverine Ecosystems

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

Prefix:

Mr

* First Name:

Stefan

Middle Name:

* Last Name: Lorenzato

Suffix:

Title: RHJV Coordinator

Organizational Affiliation:

California Department of Water Resources

* Telephone Number: 916-651-9617

Fax Number: 916-653-9745

* Email: stefanl@water.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Agency

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

FY12 Region 9 Wetland Program Development Grant

* 12. Funding Opportunity Number:

EPA-REG9-WP-12

* Title:

FY12 Region 9 Wetland Program Development Grant

13. Competition Identification Number:

Title:

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

California - all

* 15. Descriptive Title of Applicant's Project:

Integrative Floodplain Design

Attach supporting documents as specified in agency instructions.