

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16 - 31, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

13-8506-1317-CA

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

MAR 18 2013

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State: March 7, 2013

7. State Application Identifier: 12-0402-FR

8. APPLICANT INFORMATION:

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

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

68-0325104

*** c. Organizational DUNS:**

807487665

d. Address:

*** Street1:** 1220 N Street, Room 315

Street2:

*** City:** Sacramento

County:

*** State:** California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:** 95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

*** First Name:**

Jason

Middle Name:

K

*** Last Name:**

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

*** Telephone Number:** (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 1

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 1/2/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal 1,000,000

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 1,000,000

*** 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

March 18, 2013

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED March 20, 2013
3. DATE RECEIVED BY STATE
4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier:
State Application Identifier:
Federal Identifier: AIP No. 3-06-0305-08

1. TYPE OF SUBMISSION:

Application:

Construction
 Non-Construction

Preapplication:

Construction
 Non-Construction

5. APPLICANT INFORMATION

Legal Name:
City of Healdsburg

Organizational DUNS: **09-7992291**

Address:
Street: **401 Grove St.**

City: **Healdsburg**

County: **Sonoma**

State: **CA** Zip Code: **95448**

Country: **USA**

Organizational Unit: **City of Healdsburg**

Department: **Healdsburg Municipal Airport**

Division: **Airport**

Name and telephone number of person to be contacted on matters involving this application (give area code):

Prefix: **Mrs.** First Name: **Tina**

Middle Name:

Last Name: **Kirchner**

Suffix: **Administrative Services Manager**

Email: **tindenberg@ci.healdsburg.ca.us**

RECEIVED
MAR 20 2013
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	6	0	0	0	0	3	4	7
---	---	---	---	---	---	---	---	---	---

Phone number (give area code): **707-431-3160**

FAX number (give area code): **707-431-3181**

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)

C

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

2	0	1	0	6
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TITLE: **Airport Improvement Program**

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

a) **Pavement rehabilitation of primary runway pavement.**

b) **Replace runway edge lights and cables in conduit, upgrade from direct buried system.**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of Healdsburg and County of Sonoma

13. PROPOSED PROJECT

Start Date March 2013	Ending Date December 2013
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 2nd District	b. Project 2nd District
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16. ESTIMATED FUNDING:

a. Federal	\$	530,816	.00
b. Applicant	\$	58,979	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	589,796	.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. Authorized Representative

Prefix **Ms.** First Name **Marjie** Middle Name **E.**

Last Name **Pettus** Suffix

b. Title **City Manager** c. Telephone number (give area code)
707-431-3319

d. Signature of Authorized Representative e. Date Signed **3-20-13**

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entry Identifier: _____	* 5b. Federal Award Identifier: _____	
RECEIVED		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
STATE CLEARING HOUSE		
* a. Legal Name: Sacramento-San Joaquin Delta Conservancy		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-0967313	* c. Organizational DUNS: 964989193	
d. Address:		
* Street1: 1450 Halyard Drive, Suite 6	Street2: _____	
* City: West Sacramento	County/Parish: _____	
* State: California	Province: _____	
* Country: _____	USA: UNITED STATES	
* Zip / Postal Code: 95691	_____	
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: Kristal	
Middle Name: _____	_____	
* Last Name: Davis Fadtke	_____	
Suffix: _____	_____	
Title: Staff Environmental Scientist		
Organizational Affiliation: Sacramento-San Joaquin Delta Conservancy		
* Telephone Number: 916-375-4994	Fax Number: 916-375-4948	
* Email: kmdavis@deltaconservancy.ca.gov		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:

(USDA) Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

* 12. Funding Opportunity Number:

USDA-NRCS-NHQ-13-03

* Title:

Not provided

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

[Empty text box]

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Demonstrating Environmental and Economic Benefits from Land-Use Conversion in the Sacramento-San Joaquin Delta's Organic Soils

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 CA-011

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="\$999,392"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$3,650,000"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$4,649,392"/>

*** 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

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify)

[Redacted]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

RECEIVED

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

MAR 22 2013

[Redacted]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

A. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California

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

94-6002123

* c. Organizational DUNS:

124726725

d. Address:

* Street1:

2150 Shattuck Ave., Suite 300

Street2:

[Redacted]

* City:

Berkeley

County:

Alameda

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94704-5940

e. Organizational Unit:

Department Name:

Sponsored Projects Office

Division Name:

[Redacted]

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

Prefix:

[Redacted]

* First Name:

Kate

Middle Name:

[Redacted]

* Last Name:

Lewis

Suffix:

[Redacted]

Title:

Contract and Grant Officer

Organizational Affiliation:

The Regents of the University of California

* Telephone Number:

(510) 642-8117

Fax Number:

(510) 642-8236

* Email:

kate_lewis@berkeley.edu

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

Version 02

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:

California State Office

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

* 12. Funding Opportunity Number:

USDA-NRCS-CA-13-0007

* Title:

CA State Conservation Innovation Grant

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Farming for Native Bees: Technology Transfer

Attach supporting documents as specified in agency instructions.

Add Attachments

Remove Attachments

New Attachments

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

Version 02

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="74,908.00"/>
* b. Applicant	<input type="text" value="51,840.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="11,200.00"/>
* e. Other	<input type="text" value="19,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="156,948.00"/>

* 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:

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]

* Other (Specify):

[]

RECEIVED

* 3. Date Received:

03/22/2013

4. Applicant Identifier:

[]

MAR 22 2013

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

G139B032

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

B003223580000

d. Address:

* Street1:

1831 9TH STREET

* Street2:

[]

* City:

SACRAMENTO

* County/Parish:

[]

* State:

CA: California

* Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

Khanh

Middle Name:

[]

* Last Name:

Nguyen

Suffix:

[]

Title:

Associate Governmental Program Analyst

Organizational Affiliation:

[]

* Telephone Number:

(916) 445-3525

Fax Number:

[]

* Email:

khanh.nguyen@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

ES (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

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:

LOWER SACRAMENTO RIVER ANADROMOUS FISH RESTORATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	CA-006
b. Program/Project	CA
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:	07/01/2013
* b. End Date:	06/30/2014
18. Estimated Funding (\$):	
* a. Federal	381,573.00
* b. Applicant	0.00
* c. State	127,191.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	508,764.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	03/22/2013
<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:	
* First Name:	LISA
Middle Name:	
* Last Name:	BAYS
Suffix:	
* Title:	SSML
* Telephone Number:	(916) 445-3701
Fax Number:	
* Email:	lisa.bays@wildlife.ca.gov
* Signature of Authorized Representative:	Lisa Bays
* Date Signed:	03/22/2013

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(a): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="03/22/2013"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="MAR 22 2013"/>	
State Use Only: <input type="text"/>	STATE CLEARING HOUSE	
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="G1398031"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	* c. Organizational DUNS: <input type="text" value="8063223580000"/>	
d. Address:		
* Street1: <input type="text" value="1831 9TH STREET"/>	<input type="text"/>	
Street2: <input type="text"/>	<input type="text"/>	
* City: <input type="text" value="SACRAMENTO"/>	<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="95811-7011"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="CDFW"/>	Division Name: <input type="text" value="Grants Management Branch"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Khanh"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Nguyen"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Associate Governmental Program Analyst"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(916) 445-3525"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="khanh.nguyen@wildlife.ca.gov"/>		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

RE (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

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:

TECHNICAL GUIDANCE FOR INLAND TROUT FISHERIES ENHANCEMENT

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="131,669.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="43,890.00"/>
* 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="175,559.00"/>

*** 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 28, Section 1001)

** I AGREE

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

Authorized Representative:

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

Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

[Empty field]

*** Other (Specify):**

[Empty field]

*** 3. Date Received:**

03/22/2013

4. Applicant Identifier:

[Empty field]

RECEIVED

MAR 22 2013

5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

[Empty field]

STATE CLEARING HOUSE

State Use Only:

6. Data Received by State:

[Empty field]

7. State Application Identifier:

01398027

8. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

*** c. Organizational DUNS:**

8083223500000

d. Address:

*** Street1:**

1831 9TH STREET

Street2:

[Empty field]

*** City:**

SACRAMENTO

County/Parish:

[Empty field]

*** State:**

CA: California

Province:

[Empty field]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Grants Management Branch

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

Prefix:

[Empty field]

*** First Name:**

Khanh

Middle Name:

[Empty field]

*** Last Name:**

Nguyen

Suffix:

[Empty field]

Title:

Associate Governmental Program Analyst

Organizational Affiliation:

[Empty field]

*** Telephone Number:**

(916) 445-3525

Fax Number:

[Empty field]

*** Email:**

khanh.nguyen@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00001

* Title:

R0 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

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:

LAHONTAN CUTTHROAT TROUT BROODSTOCK POPULATION MONITORING

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

CA-006

b. Program/Project

CA

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2013

* b. End Date:

06/30/2014

18. Estimated Funding (\$):

* a. Federal	130,032.00
* b. Applicant	0.00
* c. State	43,344.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	173,376.00

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

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

03/22/2013

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

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

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

 Yes

 No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 ** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

LISA

Middle Name:

* Last Name:

BAYS

Suffix:

* Title:

SSMI

* Telephone Number:

(916) 445-3701

Fax Number:

* Email:

lisa.bays@wildlife.ca.gov

* Signature of Authorized Representative:

Lisa Bays

* Date Signed:

03/22/2013

Application for Federal Assistance SF-424

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

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

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

RECEIVED
MAR 22 2013

State Use Only:

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

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:	City of Mendota	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	94-6000369	* c. Organizational DUNS:
		036785228

d. Address:

* Street 1:	643 Quince Street
* Street 2:	
* City:	Mendota
County/Parish:	
* State:	California
Province:	
* Country:	USA; UNITED STATES
* Zip / Postal Code:	93640

e. Organizational Unit:

Department Name:	Division Name:
Public Works	Water

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

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

Title: City Manager

Organizational Affiliation:

* Telephone Number:	(559) 655-3291	Fax Number:	(559) 655-4064
---------------------	----------------	-------------	----------------

* Email: citymanager@cityofmendota.com

Application for Federal Assistance SF-424

9. Type of Applicant 1- Select Applicant Type:

Municipality

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

United States Department of Agriculture-Rural Utilities

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal System for Rural Communities

* 12. Funding Opportunity Number:

1780

* Title:

Water and Waste Loans and Grants

13. Competition Identification Number:

Title:

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

City of Mendota

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Smart Water Meter System Installation

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 21
b. Program/Project 21

Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachments Delete Attachments View Attachments

17. Proposed Project:
a. Start Date: 04-01-2014
b. End Date: 09-01-2014

18. Estimated Funding (\$):
Table with 2 columns: Category (a. Federal, b. Applicant, c. State, d. Local, e. Other, f. Program Income, g. TOTAL) and Amount (\$572,140.00, \$0.00, \$0.00, \$0.00, \$0.00, \$0.00, \$572,140.00)

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
a. This application was made available to the State under the Executive Order 12372 Process for review on 03-25-2013
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
No
If "Yes, provide explanation and attach.
Add Attachments Delete Attachments View Attachments

21. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)
I AGREE
The list of certifications and assurances, or an internet site where you may obtain this list is contained in the announcement or agency specific instructions.

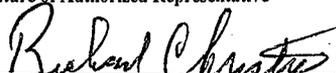
Authorized Representative:
Prefix: First Name: Bryce
Middle Name:
Last Name: Atkins
Suffix:
Title: City Manager
Telephone Number: (559) 655-3291 Fax Number: (559) 655-4064
Email: citymanager@cityofmendota.com
Signature of Authorized Representative: Completed by Grants.gov upon submission. Date Signed: Completed by Grants.gov upon submission.

Handwritten signature and date 3/23/2013

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 03/20/13	Agency Identifier
1. 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 Grants 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 CLEARING HOUSE State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		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 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Z054	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 7/1/12	Ending Date 6/30/13	a. Applicant Districts 25 – 39, 42 and 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 76,132,160.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>3/20/13</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	\$ 19,033,040.00	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	\$ 95,165,200.00		

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

a 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 03/20/13	

()

7

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

[]

*** Other (Specify):**

[]

RECEIVED

MAR 25 2013

*** 3. Date Received:**

03/22/2013

4. Applicant Identifier:

[]

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

G1398004

8. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

*** c. Organizational DUNS:**

8083223580000

d. Address:

*** Street1:**

1831 9TH STREET

Street2:

[]

*** City:**

SACRAMENTO

County/Parish:

[]

*** State:**

CA: California

Province:

[]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

*** First Name:**

JASON

Middle Name:

[]

*** Last Name:**

WILLIAMS

Suffix:

[]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[]

*** Telephone Number:**

916-327-0062

Fax Number:

[]

*** Email:**

jason.williams@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

PL3AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 4

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-005

b. Program/Project CA

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	2,137,891.00
* b. Applicant	0.00
* c. State	712,630.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,850,521.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/22/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: STAFF SERVICES MANAGER I

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

* Email: lisa.bays@wildlife.ca.gov

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/22/2013

Application for Federal Assistance SF-424

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

RECEIVED

* 3. Date Received: 03/22/2013	4. Applicant Identifier: MAR 25 2013
-----------------------------------	---

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1398003
----------------------------------	---

8. APPLICANT INFORMATION:

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

d. Address:

* Street1: 1831 9TH STREET
Street2: _____
* City: SACRAMENTO
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	---

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

Prefix: Mr.	* First Name: JASON
Middle Name: _____	
* Last Name: WILLIAMS	
Suffix: _____	
Title: GRANT ADMINISTRATOR	

Organizational Affiliation:

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

* Email: jason.williams@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F13AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 3

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,334,823.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="444,941.00"/>
* 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="1,779,764.00"/>

* 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 in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - 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:**

Resource Conservation District of Santa Cruz County

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

80-0700832

*** c. Organizational DUNS:**

1462098740000

d. Address:

*** Street1:**

820 Bay Ave, Suite 136

Street2:

RECEIVED

*** City:**

Capitola

County:

MAR 26 2013

*** State:**

CA: California

Province:

STATE CLEARING HOUSE

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95010-0000

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:**

Sacha

Middle Name:

*** Last Name:**

Lozano

Suffix:

Title: Project Manager

Organizational Affiliation:

Resource Conservation District of Santa Cruz County

* Telephone Number: 831-464-2950 ext.11

Fax Number: 831-575-3215

* Email: slozano@rcdsantacruz.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:**

Natural Resources Conservation Service

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Santa Cruz and Monterey Counties, CA.

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

17

b. Program/Project:

17

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

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2013

b. End Date:

08/31/2016

14. ESTIMATED FUNDING:

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

679,935.00

b. Match (\$):

691,770.00

*** 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:

03/21/2013

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:

Mrs.

* First Name:

Karen

Middle Name:

* Last Name:

Christensen

Suffix:

* Title:

Executive Director

Organizational Affiliation:

Executive Director - RCD Santa Cruz County

* Telephone Number:

831 464-2950

* Fax Number:

831 475-3215

* Email:

kchristensen@rcdsantacruz.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 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):

RECEIVED

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

_____ MAR 26 2013

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:**

Wild Farm Alliance

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

20-0195670

*** c. Organizational DUNS:**

1112986700000

d. Address:

*** Street1:**

PO Box 2570

Street2:

*** City:**

Watsonville

County/Parish:

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95077-2570

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Jo Ann

Middle Name:

*** Last Name:**

Baumgartner

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

831-761-8408

Fax Number:

831-761-8103

*** Email:**

wildfarms@earthlink.net

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Non-profit with 501C3 Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Natural Resource Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-13-03

* Title:

Conservation Innovation 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:**

Using Conservation Practices to Address Food Safety (Instillation and monitoring of conservation practices to limit the movement and survival of manure-born zoonotic pathogens moving through a specialty-crop producing operation.)

Attach supporting documents as specified in agency instructions.

Add Attachments

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For the project summary please see the summary document that is attached to the same e-mail as this SF424.

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="\$43,156.75"/>
* b. Applicant	<input type="text" value="\$18,881.00"/>
* c. State	<input type="text" value="\$24,276.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$86,313.75"/>

*** 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

*** 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 28 2013

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

West Valley College

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

770-268786

*** c. Organizational DUNS:**

076301530000

d. Address:

*** Street1:**

14000 Fruitvale Ave.

Street2:

*** City:**

Saratoga

County/Parish:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95070-5640

e. Organizational Unit:

Department Name:

Advanced Trans Tech & Energy (ATTE)

Division Name:

Economic Workforce Development

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

Prefix:

*** First Name:**

Frank

Middle Name:

*** Last Name:**

Kobayashi

Suffix:

Ph.D.

Title:

Dean, Career Program and Workforce Development

Organizational Affiliation:

West Valley College

*** Telephone Number:**

408-741-4084

Fax Number:

408-867-2522

*** Email:**

frank.kobayashi@westvalley.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:**

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-13-03

* Title:

2013 Conservation Innovation 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:**

Sustainable Agriculture & Natural Resources Conservation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

1. 2. 3. 4.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="199,487"/>
* b. Applicant	<input type="text" value="99,900 cash match"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="99,960 in-kind"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="399,347"/>

*** 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.
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Yes No

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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:

