

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16 - 31, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

MAR 17 2014

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

G1498057

8. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

808322358

d. Address:

\* Street1:

1831 NINTH STREET

Street2:

\_\_\_\_\_

\* City:

SACRAMENTO

County:

\_\_\_\_\_

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811

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:

\_\_\_\_\_

\* First Name:

JASON

Middle Name:

\_\_\_\_\_

\* Last Name:

WILLIAMS

Suffix:

\_\_\_\_\_

Title:

WILDLIFE RESTORATION GRANT ADMINISTRATOR

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

\* Email:

JASON.WILLIAMS@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

\* 3. Date Received:

03/12/2014

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

RECEIVED

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498022

MAR 17 2014

8. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

STATE CLEARING HOUSE

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9th STREET

Street2:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

CDEW

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:

Pete

Middle Name:

[Empty field]

\* Last Name:

Marcellana

Suffix:

[Empty field]

Title:

Grant Administrator

Organizational Affiliation:

[Empty field]

\* Telephone Number:

(916) 445-4658

Fax Number:

[Empty field]

\* Email:

Pete.Marcellana@wildlife.ca.gov

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F14A800033

\* Title:

RB (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.):**

Del Norte County

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

SMITH RIVER SALMONID MONITORING AND SALMONID SCALE ARCHIVE

Attach supporting documents as specified in agency instructions.

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="195,306.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="65,102.00"/>
* 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="260,408.00"/>

\* 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: 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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

F14A900033

RECEIVED

MAR 17 2014

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

G1498050

STATE CLEARINGHOUSE

B. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1931 9TH STREET

Street2:

\_\_\_\_\_

\* City:

SACRAMENTO

County:

\_\_\_\_\_

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

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:

PETE

Middle Name:

\_\_\_\_\_

\* Last Name:

MARCELLANA

Suffix:

\_\_\_\_\_

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

916-445-4658

Fax Number:

\_\_\_\_\_

\* Email:

PETE.MARCELLANA@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F14AS00033

\* Title:

R8 (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.):**

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

NORTHERN REGION STREAM AND LAKE IMPROVEMENT: NORTHERN FISHERIES ASSESSMENT

Attach supporting documents as specified in agency instructions.

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="225,334.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="75,111.00"/>
* 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="300,445.00"/>

\* 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: 01/31/2009

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify)  <input type="text"/> </p>		
<b>RECEIVED</b>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.       </p>		<p>4. Applicant Identifier:  <input type="text"/> </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> STATE CLEARING HOUSE  <input type="text"/> F14AS00033       </p>
<b>State Use Only:</b>		
<p>6. Date Received by State:  <input type="text"/> </p>	<p>7. State Application Identifier: <input type="text"/> G1498009</p>	
<b>8. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text"/> STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 94-1697567       </p>	<p>* c. Organizational DUNS:  <input type="text"/> 8083223580000       </p>	
<b>d. Address:</b>		
<p>* Street1:  <input type="text"/> 1831 9TH STREET       </p>	<p>Street2:  <input type="text"/> </p>	
<p>* City:  <input type="text"/> SACRAMENTO       </p>	<p>County:  <input type="text"/> </p>	
<p>* State:  <input type="text"/> CA: California       </p>	<p>Province:  <input type="text"/> </p>	
<p>* Country:  <input type="text"/> USA: UNITED STATES       </p>	<p>* Zip / Postal Code:  <input type="text"/> 95811-7011       </p>	
<b>e. Organizational Unit:</b>		
<p>Department Name:  <input type="text"/> </p>	<p>Division Name:  <input type="text"/> </p>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<p>Prefix:  <input type="text"/> </p>	<p>* First Name:  <input type="text"/> PETE       </p>	
<p>Middle Name:  <input type="text"/> </p>	<p>* Last Name:  <input type="text"/> MARCELLANA       </p>	
<p>Suffix:  <input type="text"/> </p>	<p>Title:  <input type="text"/> GRANTS ADMINISTRATOR       </p>	
<p>Organizational Affiliation:  <input type="text"/> </p>		
<p>* Telephone Number:  <input type="text"/> 916-445-4658       </p>	<p>Fax Number:  <input type="text"/> </p>	
<p>* Email:  <input type="text"/> PSTE.MARCELLANA@WILDLIFE.CA.GOV       </p>		

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

**Application for Federal Assistance SF-424**

**Version 02**

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

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:**

F14AS00033

\* Title:

R8 (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.):**

MENDOCINO COUNTY

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

REGION 1 ANADROMOUS SPORT FISH MANAGEMENT AND RESEARCH: NORTH CENTRAL DISTRICT SALMON AND STEELHEAD MANAGEMENT

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-01

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

[Attachment area with buttons: Add Attachment, Delete Attachment, View Attachment]

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	266,947.00
* b. Applicant	0.00
* c. State	95,649.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	382,596.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/12/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [Explanation]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: SSMT

\* Telephone Number: 916-445-3701 Fax Number: [ ]

\* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify):

[Empty field]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

RECEIVED

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

MAR 17 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498000

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:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

95811-7011

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:

Grant Administrator

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-445-3525

Fax Number:

[Empty field]

\* Email:

KHANH.NGUYEN@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

**\* 12. Funding Opportunity Number:**

F14A800033

\* Title:

RB (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.):**

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

North Central Region Fish Habitat Shop

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-006

\* b. Program/Project CA-all

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

[Attachment area with buttons: Add Attachment, Delete Attachment, View Attachment]

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	611,086.00
* b. Applicant	0.00
* c. State	203,695.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	814,781.00

\* 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 03/13/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [Explanation]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: Lisa

Middle Name: [ ]

\* Last Name: Bays

Suffix: [ ]

\* Title: SSMI

\* Telephone Number: (916) 445-3701 Fax Number: [ ]

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

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

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission <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)
--	--	--

**RECEIVED**

*3. Date Received:	4. Application Identifier: <b>MAR 17 2014</b>
--------------------	--

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: <b>STATE CLEARING HOUSE</b>
--------------------------------	---

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: California State University, Fresno Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003272	*c. Organizational DUNS: 1508370030000
---	---

**d. Address:**

\*Street1: 4910 N Chestnut Avenue, MS OF123  
Street 2:  
\*City: Fresno  
County:  
\*State: CA  
Province:  
Country:  
\*Zip/ Postal Code: 93726-1852

**e. Organizational Unit:**

Department Name: Academic Affairs	Division Name: Office of Community and Economic Development
--------------------------------------	--

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

Prefix: Mr First Name: Mike  
Middle Name:  
\*Last Name: Dozier  
Suffix:

Title: Executive Director, Office of Community and Economic Development

Organizational Affiliation:  
California State University, Fresno

\*Telephone Number: (559) 294-6021 Fax Number: (559) 294-6024

\*Email: mdozier@csufresno.edu

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

H. Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

S. Hispanic-serving Institution

\*Other (specify):

\*10. Name of Federal Agency:

United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10.783

CFDA Title:

USDA RBEG

\*12. Funding Opportunity Number:

\*Title:

Rural Business Enterprise Grants and Television Demonstration Grants

13. Competition Identification Number:

N/A

Title:

N/A

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

Orange Cove, CA

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

Orange Cove Emerging Small Businesses – Technical Assistance Training Program

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-022

\*b. Program/Project: CA-022

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

17. Proposed Project:

\*a. Start Date: 07/01/14

\*b. End Date: 06/30/15

**18. Estimated Funding (\$):**

\*a. Federal 50,000.00

\*b. Applicant 51,000.00

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$101,000.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 03/14/14

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

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

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Dr

\*First Name: Thomas

Middle Name:

\*Last Name: McClanahan

Suffix:

\*Title: Associate Vice President

\*Telephone Number: (559) 278-0840

Fax Number: (559) 278-0992

\*Email: tommcc@csufresno.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:	4. Application Identifier:
---------------------	----------------------------

RECEIVED

5a. Federal Entity Identifier: MAE - 3-06-0144-	* 5b. Federal Award Identifier:  MAR 17 2014
--	--

STATE CLEARING HOUSE

<b>State Use Only:</b> 6. Date Received by State:	7. State Application Identifier:
--	----------------------------------

**8. APPLICANT INFORMATION:**

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

**d. Address:**  
\* Street1: 4020 Aviation Drive  
Street 2:  
\* City: Madera  
County: Madera  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93637

e. Organizational Unit: Department Name: Public Works	Division Name: Madera Municipal Airport
---	--

f. Name and contact information of person to be contacted on matters involving this application:  
Prefix: Mr. First Name: Dave  
Middle Name:  
\* Last Name: Randall  
Suffix:  
Title: Public Works Operations Director

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

* Telephone Number: 559-661-5466	Fax Number: 559-674-7165
----------------------------------	--------------------------

* Email: drandall@cityofmadera.com
------------------------------------

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Madera, Madera County, California

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

Madera Municipal Airport, Madera, Madera County, California: Engineering Design: Reconstruction of General Aviation Apron Phase II; Runway, Taxiway, and Apron Crack Seal; and Tee Hangar Development Phase 1 - Collector Taxiway and Tee Hangar Taxilanes

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-019

\* a. Applicant CA-019

\* b. Program/Project: CA-019

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$175,500.00
*b. Applicant	\$10,725.00
*c. State	\$8,775.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$195,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 2-28-14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: David

Middle Name: R.

\*Last Name: Tooley

Suffix:

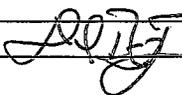
\*Title: City Administrator

\*Telephone Number: 559-661-5400

Fax Number:

\*Email: dtooley@cityofmadera.com

\*Signature of Authorized Representative:



Date Signed:

3/10/14

**Application for Federal Assistance SF-424**

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

**RECEIVED**  
**MAR 17 2014**

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

**STATE CLEARING HOUSE**

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

<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
------------------------	----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

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

<b>d. Address:</b> * Street1: 4020 Aviation Drive Street 2: * City: Madera County: Madera * State: California Province: Country: USA	*Zip/ Postal Code: 93637
---	--------------------------

e. Organizational Unit: Department Name: Public Works	Division Name: Madera Municipal Airport
---	--

f. Name and contact information of person to be contacted on matters involving this application: Prefix: Mr. First Name: Dave Middle Name: * Last Name: Randall Suffix: Title: Public Works Operations Director
--

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

* Telephone Number: 559-661-5466	Fax Number: 559-674-7165
----------------------------------	--------------------------

* Email: drandall@cityofmadera.com
------------------------------------

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Madera, Madera County, California

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

Madera Municipal Airport, Madera, Madera County, California: Reconstruction of General Aviation Apron Phase II

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-019

\* a. Applicant CA-019

\* b. Program/Project: CA-019

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$738,000.00
*b. Applicant	\$45,100.00
*c. State	\$36,900.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$820,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 2-28-14
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: David

Middle Name: R.

\*Last Name: Tooley

Suffix:

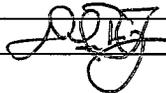
\*Title: City Administrator

\*Telephone Number: 559-661-5400

Fax Number:

\*Email: dtooley@cityofmadera.com

\*Signature of Authorized Representative:



Date Signed: 3/10/14

**Application for Federal Assistance SF-424**

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

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

5a. Federal Entity Identifier: LHM 3-06-0120-	* 5b. Federal Award Identifier: <b>RECEIVED</b>
--	--

<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier: <i>June 2014</i>

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Lincoln	<b>STATE CLEARINGHOUSE</b>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	*c. Organizational DUNS: 004949160

<b>d. Address:</b>	
* Street1: 600 6th Street Street 2:	
* City: Lincoln County: Placer * State: California Province: Country: USA	*Zip/ Postal Code: 95648

<b>e. Organizational Unit:</b>	
Department Name: Department of Public Services	Division Name: Lincoln Regional Airport

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr. Middle Name: * Last Name: Leftwich Suffix:	First Name: Ray
Title: Airport Manager	

Organizational Affiliation:  City of Lincoln, Department of Public Services
---

* Telephone Number: 916-434-2457	Fax Number: 916-543-8516
* Email: rleftwich@ci.lincoln.ca.us	

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Lincoln, Placer County, California

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

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

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

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

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Ray

Middle Name:

\*Last Name: Leftwich

Suffix:

\*Title: Airport Manager

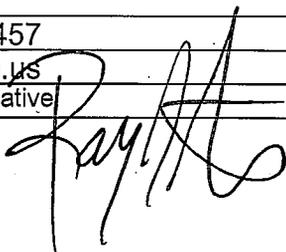
\*Telephone Number: 916-434-2457

Fax Number: 916-543-8516

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

\*Signature of Authorized Representative

Date Signed: 3/10/14



**Application for Federal Assistance SF-424**

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

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

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

<b>State Use Only:</b> 6. Date Received by State:	7. State Application Identifier:
--	----------------------------------

**MAR 17 2014**

<b>8. APPLICANT INFORMATION:</b>	
* a. Legal Name: City of Lincoln	* c. Organizational DUNS: STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	004949160

<b>d. Address:</b>	
* Street1: 600 6th Street Street 2:	
* City: Lincoln County: Placer * State: California Province: Country: USA	* Zip/ Postal Code: 95648

<b>e. Organizational Unit:</b>	
Department Name: Department of Public Services	Division Name: Lincoln Regional Airport

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: Mr. Middle Name: * Last Name: Leftwich Suffix:	First Name: Ray
Title: Airport Manager	

Organizational Affiliation:  City of Lincoln, Department of Public Services	
---	--

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

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

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Lincoln, Placer County, California

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

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

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

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

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

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

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

- Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Ray

Middle Name:

\*Last Name: Leftwich

Suffix:

\*Title: Airport Manager

\*Telephone Number: 916-434-2457

Fax Number: 916-543-8516

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

\*Signature of Authorized Representative:

Date Signed: 3/10/14



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 17 2014

\* 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:

GL498058

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:

\* 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:

\* First Name:

JASON

Middle Name:

\* Last Name:

WILLIAMS

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

\* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

\* Email:

JASON.WILLIAMS@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.611

**CPDA Title:**

Wildlife Restoration and Basic Hunter Education

**\* 12. Funding Opportunity Number:**

F14AS00058

**\* 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.):**

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

WILDLIFE INVENTORIES AND RESEARCH: BIG HORN SHEEP COORDINATION AND POPULATION ASSESSMENTS

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="103,986.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="34,662.00"/>
* 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="138,648.00"/>

**\* 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 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:  \* 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 19 2014**

\* 3. Date Received:

4. Applicant Identifier:

N/A

**STATE CLEARING HOUSE**

5a. Federal Entity Identifier:

94-6003558

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

City of Huron

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

94-6003558

\* c. Organizational DUNS:

122472640

d. Address:

\* Street1:

36311 S. Lassen Ave

Street2:

\* City:

Huron

County:

Fresno

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93234

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

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

Prefix:

Mr

\* First Name:

Jack

Middle Name:

\* Last Name:

Castro

Suffix:

Title:

Finance Director

Organizational Affiliation:

N/A

\* Telephone Number:

559-945-2241

Fax Number:

559-945-2609

\* Email:

jcastro00@yahoo.com

**Application for Federal Assistance SF-424**

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

City

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 (USDA)

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

N/A

CFDA Title:

**\* 12. Funding Opportunity Number:**

N/A

\* Title:

**13. Competition Identification Number:**

N/A

Title:

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

City of Huron

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

Emergency Community Water Assistance - Purchase of raw water

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 21ST

\* b. Program/Project 21ST

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

**17. Proposed Project:**

\* a. Start Date: 4/1/14

\* b. End Date: 2/28/215

**18. Estimated Funding (\$):**

\* a. Federal \$500,000

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$500,000

**\* 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.) 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: Jack

Middle Name:

\* Last Name: Castro

Suffix:

\* Title: Finance Director

\* Telephone Number: 559-945-2241

Fax Number: 559-945-2609

\* Email: jcastro00@yahoo.com

\* Signature of Authorized Representative:

\* Date Signed:

3-13-14

**Application for Federal Assistance SF-424**

*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"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
<b>RECEIVED</b>					
<b>MAR 19 2014</b>					
State Use Only:			7. State Application Identifier:		
6. Date Received by State:					
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: California Department of Toxic Substances Control					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381			*c. Organizational DUNS 949010870		
<b>d. Address:</b>					
*Street1: 1001 I Street					
Street 2:					
*City: Sacramento					
County:					
*State: California					
Province:					
Country:					
*Zip/ Postal Code: 95814					
<b>e. Organizational Unit:</b>					
Department Name: Department of Toxic Substances Control			Division Name: Safer Products and Workplaces Program		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Bob			
Middle Name:					
*Last Name: Boughton					
Suffix:					
Title: Senior Hazardous Substances Engineer					
Organizational Affiliation: Department of Toxic Substances Control					
*Telephone Number: (916)323-9586			Fax Number: (916)327-4494		
*Email: Bob.Boughton@dtsc.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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.708

CFDA Title:

FY 2014 Pollution Prevention Grant Program

\*12. Funding Opportunity Number: EPA-HQ-OPPT-2014-002

\*Title: Fiscal Year 2014 Pollution Prevention Grant Program

13. Competition Identification Number:

Title:

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

Statewide and Nationwide

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

Developing Core Competencies for Alternatives Assessment for Safer Consumer Products

**Attach supporting documents as specified in agency instructions.**

### Application for Federal Assistance SF-424

16. Congressional Districts Of:

\*a. Applicant CA-all

\*b. Program/Project: US-all

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

17. Proposed Project:

\*a. Start Date: October 1, 2014

\*b. End Date: September 30, 2017

#### 18. Estimated Funding (\$):

*a. Federal	\$175,000.00
*b. Applicant	\$175,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$350,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 03/19/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

#### Authorized Representative:

Prefix: Dr. \*First Name: Meredith

Middle Name:

\*Last Name: Williams

Suffix:

\*Title: Deputy Director, Safer Products and Workplaces Program

\*Telephone Number: (916)322-3804

Fax Number: (916)327-4494

\*Email: Meredith.Williams@dtsc.ca.gov

\*Signature of Authorized Representative: 

Date Signed: 3/19/14

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

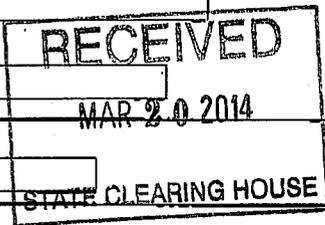
- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify):

\_\_\_\_\_



\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

5b. Federal Award Identifier:

\_\_\_\_\_

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

8. APPLICANT INFORMATION:

\* a. Legal Name:

SONOMA STATE UNIVERSITY

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

68-0338225

\* c. Organizational DUNS:

0925544840000

d. Address:

\* Street1:

1801 EAST COTATI AVE

Street2:

\_\_\_\_\_

\* City:

ROHNERT PARK

County/Parish:

\_\_\_\_\_

\* State:

CA: California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94928-3609

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:

JEFF

Middle Name:

\_\_\_\_\_

\* Last Name:

WILSON

Suffix:

\_\_\_\_\_

Title:

SR DIRECTOR SPONSORED PROGRAMS ADMINISTRATION

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

7076643715

Fax Number:

\_\_\_\_\_

\* Email:

JEFF.WILSON@SONOMA.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:**

Environmental Protection Agency

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

66.708

CFDA Title:

Pollution Prevention Grants Program

**\* 12. Funding Opportunity Number:**

EPA-HQ-OPPT-2014-002

\* Title:

Fiscal Year 2014 Pollution Prevention Grant Program

**13. Competition Identification Number:**

NONE

Title:

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

SONOMA COUNTY CALIFORNIA

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

An Academic-Winegrower Partnership to Reduce Pollution in Sonoma County

Attach supporting documents as specified in agency instructions.

PROJECT DESCRIPTIONS

**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="143,692.00"/>
* b. Applicant	<input type="text" value="144,173.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="288,065.00"/>

**\* 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:

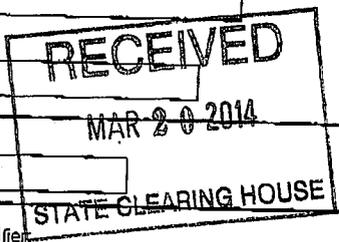
\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

* 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: _____
----------------------------------	--

**B. APPLICANT INFORMATION:**

* a. Legal Name: Santa Barbara County Water Agency	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-600283	* c. Organizational DUNS: 1205579670000

**d. Address:**

* Street1:	130 East Victoria St.
* Street2:	Suite 200
* City:	Santa Barbara
* County/Parish:	_____
* State:	CA: California
* Province:	_____
* Country:	USA: UNITED STATES
* Zip/Postal Code:	93101-2019

**e. Organizational Unit:**

Department Name: Public Works Department	Division Name: Water Resources Division
--	---

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

Prefix: Mr.	* First Name: Leonard
Middle Name: _____	_____
* Last Name: Fleckenstein	_____
Suffix: _____	_____
Title: Water Conservation Coordinator	_____

**Organizational Affiliation:**

Santa Barbara County Water Agency	
Telephone Number: 805-568-3545	Fax Number: 805-568-3434
Email: LFlecken@cosbpw.net	_____

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

**\* 10: Name of Federal Agency:**

U.S. Department of the Interior, Bureau of Reclamation

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

15.507

CFDA Title:

WaterSMART Grants

**\* 12: Funding Opportunity Number:**

RI42900001

Title:

WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2014

**13. Competition Identification Number:**

Title:

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

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

Water Wise Landscape Rebate Program in Santa Barbara County

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="179,000.00"/>
* b. Applicant	<input type="text" value="80,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="316,310.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="575,310.00"/>

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:

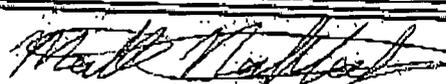
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier: SCK - 3-06-0250-	* 5b. Federal Award Identifier:	
<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAR 20 2014</b>  <b>STATE CLEARING HOUSE</b> </div>		
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: County of San Joaquin		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531	*c. Organizational DUNS: 08722 6056	
* d. Address:		
* Street1: 5000 South Airport Way		
Street 2:		
* City: Stockton		
County: San Joaquin		
* State: California		
Province:		
Country: USA		*Zip/ Postal Code: 95206
e. Organizational Unit:		
Department Name: Department of Aviation		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.		First Name: Harry
Middle Name:		
* Last Name: Mavrogenes		
Suffix:		
Title: Airport Director		
Organizational Affiliation: County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport		
* Telephone Number: (209) 468-4700		Fax Number: (209) 468-4730
* Email: hmavrogenes@sigov.org		

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

San Joaquin County, California

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

Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Pavement  
Maintenance/Management Program**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-009

\* a. Applicant CA-009

\* b. Program/Project: CA-009

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$180,000.00
*b. Applicant	\$20,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$200,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Robert

Middle Name: V.

\*Last Name: Elliott

Suffix:

\*Title: Chairman, Board of Supervisors

\*Telephone Number: (209) 468-3113

Fax Number: (209) 468-3694

\*Email: bellott@sjgov.org

\*Signature of Authorized Representative: *Robert V. Elliott*Date Signed: *3/13/2014*

<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s):  * Other (Specify)
* 3. Date Received:	4. Application Identifier:	<b>RECEIVED</b> MAR 20 2014 <b>STATE CLEARING HOUSE</b>
5a. Federal Entity Identifier: SCK - 3-06-0250-	* 5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: County of San Joaquin		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531	*c. Organizational DUNS: 08722 6056	
<b>d. Address:</b>		
* Street1: 5000 South Airport Way Street 2: * City: Stockton County: San Joaquin * State: California Province: Country: USA		
*Zip/ Postal Code: 95206		
<b>e. Organizational Unit:</b>		
Department Name: Department of Aviation	Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr. Middle Name: * Last Name: Mavrogenes Suffix:	First Name: Harry	
Title: Airport Director		
Organizational Affiliation: County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport		
* Telephone Number: (209) 468-4700	Fax Number: (209) 468-4730	
* Email: hmavrogenes@sjgov.org		

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
**Federal Aviation Administration**

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**San Joaquin County, California**

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

**Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Construction: Reconstruct Terminal Parking Ramp**

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-009

\* a. Applicant CA-009

\* b. Program/Project: CA-009

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$2,700,000.00
*b. Applicant	\$300,000.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$3,000,000.00

**\*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 3-14-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes       No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr.      \*First Name: Robert

Middle Name: V

\*Last Name: Elliott

Suffix:

\*Title: Chairman, Board of Supervisors

\*Telephone Number: (209) 468-3113

Fax Number: (209) 468-3694

\*Email: bellioth@sigov.org

\*Signature of Authorized Representative: *Robert V. Elliott*

Date Signed: 3/18/2014

## Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: SCK - 3-06-0250-			* 5b. Federal Award Identifier: STATE CLEARING HOUSE		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of San Joaquin					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531			* c. Organizational DUNS: 08722 6056		
* d. Address:					
* Street 1: 5000 South Airport Way					
Street 2:					
* City: Stockton					
County: San Joaquin					
* State: California					
Province:					
Country: USA			* Zip/ Postal Code: 95206		
e. Organizational Unit:					
Department Name: Department of Aviation			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Harry			
Middle Name:					
* Last Name: Mavrogenes					
Suffix:					
Title: Airport Director					
Organizational Affiliation: County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport					
* Telephone Number: (209) 468-4700			Fax Number: (209) 468-4730		
* Email: hmavrogenes@sjgov.org					

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
**Federal Aviation Administration**

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**San Joaquin County, California**

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

**Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Construction: Rehabilitate Runway and Taxiway Lighting and Signage**

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-009

\* a. Applicant CA-009

\* b. Program/Project: CA-009

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$1,044,000.00
*b. Applicant	\$116,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,160,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Robert

Middle Name: V

\*Last Name: Elliott

Suffix:

\*Title: Chairman, Board of Supervisors

\*Telephone Number: (209) 468-3113

Fax Number: (209) 468-3694

\*Email: bellott@sjgov.org

\*Signature of Authorized Representative: *Robert V. Elliott*

Date Signed: *3/18/2014*

**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input 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: O81 - 3-06-0264-			* 5b. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: County of Modoc					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000522			*c. Organizational DUNS: 07-611-8678		
* d. Address:					
* Street1: 202 W. 4th Street					
Street 2:					
* City: Alturas					
County: Modoc					
* State: California					
Province:					
Country: USA			*Zip/ Postal Code: 96101		
e. Organizational Unit:					
Department Name: Modoc County Road Department			Division Name: Airports		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Mitch			
Middle Name:					
* Last Name: Crosby					
Suffix:					
Title: Road Commissioner					
Organizational Affiliation:  Modoc County Roads Department - Airports					
* Telephone Number: 530-233-6412			Fax Number:		
* Email: mitchcrosby@co.modoc.ca.us					

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MAR 20 2014

STATE CLEARINGHOUSE

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Tulelake, Modoc County, California

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

Tulelake Municipal Airport, Cedarville, Modoc County, California: Airport Layout Plan Narrative including Updated ALP Plans

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$103,500.00
*b. Applicant	\$6,325.00
*c. State	\$5,175.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$115,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-6-14  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Mitch

Middle Name:

\*Last Name: Crosby

Suffix:

\*Title: Road Commissioner, Modoc County Road Department

\*Telephone Number: 530-233-6412

Fax Number:

\*Email: mitchcrosby@co.modoc.ca.us

\*Signature of Authorized Representative: *Mitch Crosby*

Date Signed: 3/13/14

**Application for Federal Assistance SF-424**

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

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

5a. Federal Entity Identifier: O59 - 3-06-0039-	* 5b. Federal Award Identifier:
--	---------------------------------

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MAR 20 2014  
STATE CLEARING HOUSE

<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
------------------------	----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Modoc
----------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000522	*c. Organizational DUNS: 07-611-8678
---	---

**d. Address:**

* Street1: 202 W. 4th Street Street 2: * City: Alturas County: Modoc * State: California Province: Country: USA	*Zip/ Postal Code: 96101
---	--------------------------

**e. Organizational Unit:**

Department Name: Modoc County Road Department	Division Name: Airports
--	----------------------------

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

Prefix: Mr. Middle Name: * Last Name: Crosby Suffix:	First Name: Mitch
---	-------------------

Title: Road Commissioner
-----------------------------

**Organizational Affiliation:**

Modoc County Road Department - Airports
---

* Telephone Number: 530-233-6412	Fax Number:
----------------------------------	-------------

* Email: mitchcrosby@co.modoc.ca.us
-------------------------------------

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$129,780.00
*b. Applicant	\$7,931.00
*c. State	\$6,489.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$144,200.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-6-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- 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: Mitch

Middle Name:

\*Last Name: Crosby

Suffix:

\*Title: Road Commissioner, Modoc County Road Department

\*Telephone Number: 530-233-6412

Fax Number:

\*Email: mitchcrosby@co.modoc.ca.us

\*Signature of Authorized Representative: *Mitch Crosby*

Date Signed: 3/13/14

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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MAR 20 2014

<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> STATE CLEARING HOUSE
--	---

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> STATE OF CALIFORNIA	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68030-3606	<b>* c. Organizational DUNS:</b> 1720708070000

**d. Address:**

<b>* Street1:</b> P.O. BOX 942896
<b>Street2:</b> _____
<b>* City:</b> SACRAMENTO
<b>County/Parish:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 91926-0001

**e. Organizational Unit:**

<b>Department Name:</b> PARKS AND RECREATION	<b>Division Name:</b> OFFICE OF HISTORIC PRESERVATIO
--	--

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> JOHN
<b>Middle Name:</b> _____	
<b>* Last Name:</b> THOMAS	
<b>Suffix:</b> _____	

<b>Title:</b> Associate Parks and Recreation Specialist
---

<b>Organizational Affiliation:</b> Office of Historic Preservation
--

<b>* Telephone Number:</b> (916) 445-7024	<b>Fax Number:</b> _____
---	--------------------------

<b>* Email:</b> John.Thomas@parks.ca.gov
--

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Park Service

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

15.904

CFDA Title:

Historic Preservation Fund Grants-In-Aid

**\* 12. Funding Opportunity Number:**

P14AS00012

\* Title:

FY2014 SHPO Historic Preservation Fund Grants in Aid

**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:**

STATE OF CALIFORNIA

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: ALL		*b. Program/Project: See #1 Above
<b>17. Proposed Project:</b>		
*a. Start Date: October 1, 2013		*b. End Date: September 30, 2015
<b>18. Estimated Funding (\$):</b>		
*a. Federal	<u>1,494,237.00</u>	
*b. Applicant	<u>787,134.00</u>	
*c. State	<u>114,808.00</u>	
*d. Local	<u>94,216.00</u>	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	<u>2,490,395.00</u>	
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<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		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<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		
<b>Authorized Representative:</b>		
Prefix: _____	*First Name: <u>Carol</u>	
Middle Name: _____		
*Last Name: <u>Roland-Nawi</u>		
Suffix: <u>PhD</u>		
*Title: State Historic Preservation Officer		
*Telephone Number: (916)445-7050		Fax Number: (916) 445-7053
* Email: Carol.Roland-Nawi@parks.ca.gov		
*Signature of Authorized Representative: 		*Date Signed: 03/17/2014

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:**

03/20/2014

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_

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**MAR 24 2014**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**STATE CLEARING HOUSE**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Inland Empire Utilities Agency employee

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

956004609

**\* c. Organizational DUNS:**

043656206

**d. Address:**

**\* Street1:**

6075 Kimball Avenue 91708-5174

**Street2:**

**\* City:**

Chino

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

91708-5174

**e. Organizational Unit:**

**Department Name:**

Accounting&Fiscal Management

**Division Name:**

Grants Administration

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

**Prefix:**

Mr.

**\* First Name:**

Jason

**Middle Name:**

R.

**\* Last Name:**

Gu

**Suffix:**

**Title:**

Grants Officer

**Organizational Affiliation:**

Inland Empire Utilities Agency Employee

**\* Telephone Number:**

909 993-1636

**Fax Number:**

909 993-1986

**\* Email:**

jgu@ieua.org

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

**Application for Federal Assistance SF-424**

Version 02

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

D: Special District Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

Bureau of Reclamation

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

15.507

**CFDA Title:**

WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

**\* 12. Funding Opportunity Number:**

R14AS00021

**\* Title:**

Agricultural Water Conservation and Efficiency Grants

**13. Competition Identification Number:**

NONE

**Title:**

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

Chino, San Bernardino County, California

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

Inland Empire Utilities Agency Local Lateral Recycled Water Farm Connection

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant

CA-035

\* b. Program/Project

CA-035

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

List of Congressional Districts

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date:

07/01/2014

\* b. End Date:

09/30/2016

## 18. Estimated Funding (\$):

* a. Federal	210,000.00
* b. Applicant	210,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	420,000.00

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

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

03/24/2014

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

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

 Yes No

Explanation

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:

Mr.

\* First Name:

P.

Middle Name:

Joseph

\* Last Name:

Grindstaff

Suffix:

\* Title:

General Manager

\* Telephone Number:

909 993-1600

Fax Number:

909 993-1985

\* Email:

jgrindstaff@ieua.org

\* Signature of Authorized Representative:

Jaron Gu

\* Date Signed:

03/20/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

### Application for Federal Assistance SF-424

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ • Other (Specify) _____	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> _____			
<b>5a. Federal Entity Identifier:</b> _____			<b>* 5b. Federal Award Identifier:</b> _____		
<b>RECEIVED</b>					
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>MAR 25 2014</b>					
<b>8. APPLICANT INFORMATION:</b>					
<b>STATE CLEARING HOUSE</b>					
<b>* a. Legal Name:</b> BIG PINE PAIUTE TRIBE OF THE OWENS VALLEY					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-3059258			<b>* c. Organizational DUNS:</b> 01-0708634		
<b>d. Address:</b>					
• Street 1: P.O. BOX 700					
Street 2: 825 SOUTH MAIN STREET					
• City: BIG PINE					
County/Parish: INYO					
• State: CALIFORNIA					
Province: _____					
• Country: USA: UNITED STATES					
• Zip / Postal Code: 93513					
<b>e. Organizational Unit:</b>					
Department Name: _____			Division Name: _____		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: MS.		• First Name: GENEVIEVE			
Middle Name: _____					
• Last Name: JONES					
Suffix: _____					
Title: TRIBAL CHAIRWOMAN					
Organizational Affiliation: TRIBAL GOVERNMENT					
* Telephone Number: (760) 938-2003			Fax Number: (760) 938-2942		
* Email: g,jones@bigpinepaiute.org					

**Application for Federal Assistance SF-424**

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

TRIBAL GOVERNMENT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

RURAL DEVELOPMENT

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

CFDA Title:

COMMUNITY FACILITIES GRANT

**\* 12. Funding Opportunity Number:**

\* Title:

FIRE/RESCUE EQUIPMENT

**13. Competition Identification Number:**

Title:

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

BIG PINE, INYO COUNTY, CALIFORNIA

Add Attachments

Delete Attachments

View Attachments

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

THE RESERVATION IS SERVED BY THE BIG PINE FIRE DEPARTMENT FOR FIRE PROTECTION AND AMBULANCE SERVICE. THIS EQUIPMENT WILL HELP FURNISH THE TOOLS NEEDED BY THE DEPARTMENT.

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 Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$9,353.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$7,652.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$17,005.00"/>

**\* 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

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 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:

*Genevieve Jones*

3/21/14

**Application for Federal Assistance SF-424**

**RECEIVED**

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

* 3. Date Received:	4. Application Identifier: <b>MAR 25 2014</b>
---------------------	--

5a. Federal Entity Identifier: OVE - 3-06-0178-	* 5b. Federal Award Identifier: <b>STATE CLEARING HOUSE</b>
--	--

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Oroville

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387	*c. Organizational DUNS: 086123437
---	---------------------------------------

**d. Address:**

\* Street1: 1735 Montgomery Street  
Street 2:  
\* City: Oroville  
County: Butte  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 95965

**e. Organizational Unit:**

Department Name: Department of Public Works	Division Name: Oroville Municipal Airport
--	--

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

Prefix: Mr. First Name: Richard  
Middle Name: H  
\* Last Name: Walls  
Suffix:

Title:  
Airport Manager

**Organizational Affiliation:**

Department of Public Works - Oroville Municipal Airport

* Telephone Number: 530-538-2507	Fax Number: 530-538-2426
----------------------------------	--------------------------

\* Email: wallsr@cityoforoville.org

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Oroville, Butte County, California

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

Oroville Municipal Airport, Oroville, Butte County, California. Engineering Design: Grade Safety Area Near Runway 2-20, Construct Drainage Improvements for Runway 2-20

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$68,850.00
*b. Applicant	\$4,208.00
*c. State	\$3,442.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$76,500.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Richard

Middle Name: H.

\*Last Name: Walls

Suffix:

\*Title: Airport Manager

\*Telephone Number: 530-538-2507

Fax Number: 530-538-2426

\*Email: wallsr@cityoforoville.org

\*Signature of Authorized Representative: *R Walls*

Date Signed: *3/20/2014*

**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	* Other (Specify)
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Revision		
<input type="checkbox"/> Changed/Corrected Application			
* 3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier: OVE - 3-06-0178-		* 5b. Federal Award Identifier:	
<b>RECEIVED</b> <b>MAR 25 2014</b> <b>STATE CLEARINGHOUSE</b>			
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: City of Oroville			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387		*c. Organizational DUNS: 086123437	
<b>d. Address:</b>			
* Street1: 1735 Montgomery Street Street 2:			
* City: Oroville County: Butte * State: California Province:			
Country: USA		*Zip/ Postal Code: 95965	
e. Organizational Unit:			
Department Name: Department of Public Works		Division Name: Oroville Municipal Airport	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr. Middle Name: H * Last Name: Walls Suffix:		First Name: Richard	
Title: Airport Manager			
Organizational Affiliation:  Department of Public Works - Oroville Municipal Airport			
* Telephone Number: 530-538-2507		Fax Number: 530-538-2426	
* Email: wallsr@cityoforoville.org			

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Oroville, Butte County, California

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

Oroville Municipal Airport, Oroville, Butte County, California. Construction: 2-box PAPI Runway 02, Grade Safety Area Near Runway 2-20

**Attach supporting documents as specified in agency instructions.**



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

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

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

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**

0001-1712

**5a. Federal Entity Identifier:**

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

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:** Wildcat Discovery Technologies, Inc.

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

205595019

**\* c. Organizational DUNS:**

793865788

**d. Address:**

**\* Street1:**

8985 Flanders Drive

**Street2:**

**\* City:**

San Diego

**County:**

San Diego

**\* State:**

California

**Province:**

**\* Country:**

United States of America

**\* Zip / Postal Code:**

92121

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Mr.

**\* First Name:**

Ross

**Middle Name:**

**\* Last Name:**

Russo

**Suffix:**

**Title:**

Business Development Manager

**Organizational Affiliation:**

Wildcat Discovery Technologies, Inc.

**\* Telephone Number:**

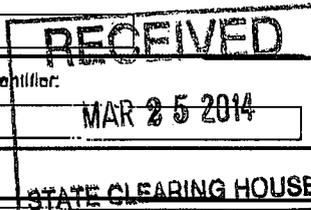
(858) 753-7873

**Fax Number:**

(858) 830-7533

**\* Email:**

rrusso@wildcatdiscovery.com



**Application for Federal Assistance SF-424**

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

M. Profit Organization

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

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

U.S. Department of Energy

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

01000

**CFDA Title:**

Conservation Research and Development

**\* 12. Funding Opportunity Number:**

DE-FOA-0000991

**\* Title:**

Fiscal Year 2014 Vehicle Technologies Program-Wide Funding Opportunity Announcement

**13. Competition Identification Number:**

**Title:**

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

City of San Diego, County of San Diego, State of California

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

Novel Compositions of Solid State Lithium Ion Conductors and Cell Implementation

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-050

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date: 10/01/2014

\* b. End Date: 00/30/2016

18. Estimated Funding (\$):

* a. Federal	1,246,539.00
* b. Applicant	311,635.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,558,174.00

\* 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 03/25/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\* Title: Chief Executive Officer

\* Telephone Number: (858) 550-1980 Fax Number:

\* Email: mgrosser@wildcatdiscovery.com

\* Signature of Authorized Representative: [Signature] \* Date Signed: March 25, 2014

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<b>RECEIVED</b> <b>MAR 25 2014</b> <b>STATE CLEARING HOUSE</b>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: State Water Resources Control Board		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281986	* c. Organizational DUNS: 8083219130000	
d. Address:		
* Street1: 1001 I Street	Street2: _____	
* City: Sacramento	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95812-2815	
e. Organizational Unit:		
Department Name: Water Resources Control Board	Division Name: Water Quality	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: William	
Middle Name: _____	* Last Name: Orme	
Suffix: _____	Title: Senior Environmental Scientist	
Organizational Affiliation: Division of Water Quality		
* Telephone Number: 916-341-5464	Fax Number: _____	
* Email: william.orme@waterboards.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:**

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-WF-14

\* Title:

FY14 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:**

Science and policy development support wetland area protection 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="300,000.00"/>
* b. Applicant	<input type="text" value="101,105.00"/>
* 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="401,105.00"/>

\* 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**

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

**RECEIVED**

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/> MAR 26 2014

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	SU835533

**STATE CLEARING HOUSE**

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

**8. APPLICANT INFORMATION:**

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

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

**d. Address:**

* Street1:	200 University Office Building
Street2:	University of California, Riverside
* City:	Riverside
County:	Riverside
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92521-0001

**e. Organizational Unit:**

Department Name:	Division Name:
Sponsored Programs Admin.	Research & Economic Develop.

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

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

Title:	Principal Contract & Grant Officer
--------	------------------------------------

Organizational Affiliation:
The Regents of the University of California

* Telephone Number:	(951) 827-4808	Fax Number:	(951) 827-4483
---------------------	----------------	-------------	----------------

* Email:	ursulap@ucr.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:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency

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

86.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

**\* 12. Funding Opportunity Number:**

EPA-G2013-P3-PHASE2

\* Title:

2013-2014 P3 PROJECT REPORTS

**13. Competition Identification Number:**

Title:

Test Protocol for Evaluating Smog Eating Roof Tiles

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

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

Test Protocol for Evaluating Smog Eating Roof Tiles

Attach supporting documents as specified in agency instructions:

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="89,920.00"/>
* 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="89,920.00"/>

**\* 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 and attach.)**

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:

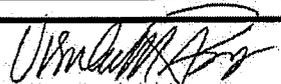
\* Title:

\* Telephone Number:       Fax Number:

\* Email:

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

Authorized for Local Reproduction

  
Ursula N. Prins  
Principal Contract & Grant Officer

3/25/2014

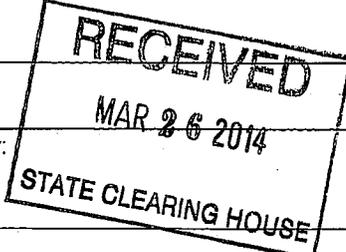
Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

**Application for Federal Assistance SF-424**

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

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

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



<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Lincoln

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

**d. Address:**

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

**e. Organizational Unit:**

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

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

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

Title: Airport Manager

**Organizational Affiliation:**

City of Lincoln, Department of Public Services

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

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

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Lincoln, Placer County, California

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

Lincoln Regional Airport, Lincoln, Placer County, California - Engineering Design of Crack Seal - Runway, Taxiway, and Apron; Pavement Maintenance/Management Program (PMMP) Update

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$99,000.00
*b. Applicant	\$6,050.00
*c. State	\$4,950.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$110,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-26-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review..
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Ray

Middle Name:

\*Last Name: Leftwich

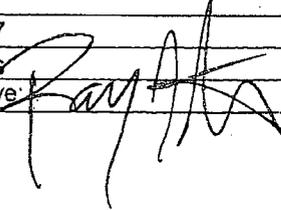
Suffix:

\*Title: Airport Manager

\*Telephone Number: 916-434-2457

Fax Number: 916-543-8516

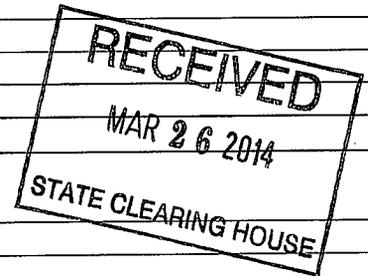
\*Email: rleftwich@ci.lincoln.ca.us

\*Signature of Authorized Representative: 

Date Signed: 3/25/14

**Application for Federal Assistance SF-424**

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier: MMH - 3-06-0146-			* 5b. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			* c. Organizational DUNS: 144603339		
d. Address:					
* Street1: 1300 Airport Road					
Street 2:					
* City: Mammoth Lakes					
County: Mono					
* State: California					
Province:					
Country: USA			* Zip/ Postal Code: 93546		
e. Organizational Unit:					
Department Name: Public Works			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Brian			
Middle Name:					
* Last Name: Picken					
Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: 760-934-3813			Fax Number: 760-934-3119		
* Email: bpicken@ci.mammoth-lakes.ca.us					



**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Construction: Reconstruct  
General Aviation Aircraft Parking Apron Phase 1

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$1,500,300.00
*b. Applicant	\$166,700.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$1,667,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Peter

Middle Name:

\*Last Name: Bernasconi

Suffix:

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

\*Telephone Number: 760-934-8989

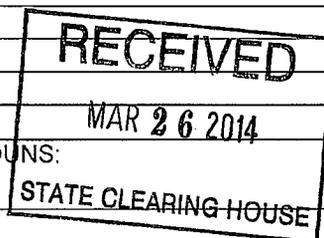
Fax Number: 760-934-8608

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

\*Signature of Authorized Representative: *Peter Bernasconi*

Date Signed: 3/21/14

Application for Federal Assistance SF-424		
* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Town of Mammoth Lakes		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	* c. Organizational DUNS: 144603339	
d. Address:		
* Street1: 1300 Airport Road	Street 2:	
* City: Mammoth Lakes	County: Mono	
* State: California	Province:	
Country: USA	* Zip/ Postal Code: 93546	
e. Organizational Unit:		
Department Name: Public Works	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	First Name: Brian	
Middle Name:		
* Last Name: Picken	Suffix:	
Title: Assistant Airport Manager		
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport		
* Telephone Number: 760-934-3813	Fax Number: 760-934-3119	
* Email: bpicken@ci.mammoth-lakes.ca.us		



**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Construction: Pavement Marking, Joint Seal Apron and Taxilane

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$355,500.00
*b. Applicant	\$39,500.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$395,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Peter

Middle Name:

\*Last Name: Bernasconi

Suffix:

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

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

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

\*Signature of Authorized Representative: *Peter Bernasconi*

Date Signed: 3/21/14

**Application for Federal Assistance SF-424**

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

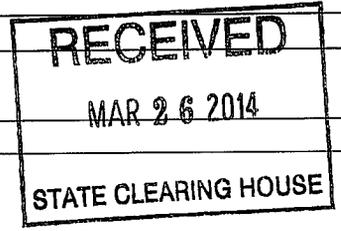
* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

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

<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
------------------------	----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: Town of Mammoth Lakes	* c. Organizational DUNS: 144603339
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	



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

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

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

Title: Assistant Airport Manager
-------------------------------------

Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport
--

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

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

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Engineering Design:  
Reconstruct GA Apron Phase 1

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$135,000.00
*b. Applicant	\$15,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$150,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Peter

Middle Name:

\*Last Name: Bernasconi

Suffix:

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

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

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

\*Signature of Authorized Representative:

*P. Bernasconi*

Date Signed: 3/21/14

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s):  * Other (Specify)	
* 3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier: MMH - 3-06-0146-			* 5b. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: Town of Mammoth Lakes					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067			* c. Organizational DUNS: 144603339		
<b>d. Address:</b>					
* Street1: 1300 Airport Road Street 2: * City: Mammoth Lakes County: Mono * State: California Province: Country: USA					
* Zip/ Postal Code: 93546					
<b>e. Organizational Unit:</b>					
Department Name: Public Works			Division Name:		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr.		First Name: Brian			
Middle Name:					
* Last Name: Picken					
Suffix:					
Title: Assistant Airport Manager					
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
* Telephone Number: 760-934-3813			Fax Number: 760-934-3119		
* Email: bpicken@ci.mammoth-lakes.ca.us					



**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Obstruction Light Row - North Side, Relocate Wind Socks and Segmented Circle, Install Obstruction Lights on Street Light Pole and Power Pole at Benton Crossing Road

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$24,390.00
*b. Applicant	\$2,710.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$27,100.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372.

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

- Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Peter

Middle Name:

\*Last Name: Bernasconi

Suffix:

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

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

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

\*Signature of Authorized Representative: *Peter Bernasconi*

Date Signed: 3/21/14

**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Town of Mammoth Lakes

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

**d. Address:**

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

**e. Organizational Unit:**

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

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

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

Title:  
Assistant Airport Manager

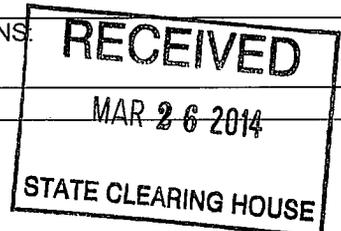
**Organizational Affiliation:**

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

**Telephone and Fax Numbers:**

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

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



**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Engineering Design:  
Pavement Marking

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$25,110.00
*b. Applicant	\$2,790.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$27,900.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Peter

Middle Name:

\*Last Name: Bernasconi

Suffix:

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

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

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

\*Signature of Authorized Representative:

*Peter Bernasconi*

Date Signed:

3/21/14

### Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

MAR 27 2014

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

#### 8. APPLICANT INFORMATION:

\* a. Legal Name:

Lake Madrone Water District

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

94-2495918

\* c. Organizational DUNS:

079332443

d. Address:

\* Street 1:

12 Star Road

Street 2:

\* City:

Berry Creek

County/Parish:

Butte

\* State:

California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95916

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:

Dennis

Middle Name:

Edwin

\* Last Name:

Nay

Suffix:

Title:

Treasurer

Organizational Affiliation:

\* Telephone Number:

(530) 864-7927

Fax Number:

(530) 891-1574

\* Email:

Dnaykid@aol.com

**Application for Federal Assistance SF-424**

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

Special district, local government

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

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

**\* Other (specify):**

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

**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.):**

Lake Madrone, Berry Creek

Add Attachments

Delete Attachments

View Attachments

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

Lake Madrone Dam Outlet Repair Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$350,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$350,000.00"/>

**\* 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

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 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:  Completed by Grants.gov upon submission.

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: 03/19/2014	4. Applicant Identifier: _____	<b>RECEIVED</b> <b>MAR 27 2014</b>
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	<b>STATE CLEARING HOUSE</b>
<b>State Use Only:</b>		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name:	Yuba-Sutter Economic Development Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0342145	* c. Organizational DUNS: 1203215960000	
<b>d. Address:</b>		
* Street1:	1227 Bridge Street, Suite C	
Street2:	_____	
* City:	Yuba City	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95991-3618	
<b>e. Organizational Unit:</b>		
Department Name: _____	Division Name: _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.	* First Name: Brynda	
Middle Name: _____		
* Last Name: Stranix		
Suffix: _____		
Title: President/Chief Operating Officer		
Organizational Affiliation: _____		
* Telephone Number: 530-751-8555 x 103	Fax Number: 530-751-8515	
* Email: bstranix@ysedc.org		

**Application for Federal Assistance SF-424****\* 9. Type of Applicant 1: Select Applicant Type:**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA, Rural Development

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

10.769

CFDA Title:

Rural Business Enterprise Grants

**\* 12. Funding Opportunity Number:**

unknown

\* Title:

USDA, Rural Development, Rural Business Enterprise Grant

**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:**

California Finance Consortium multi-agency capital access corporation formation

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="50,000.00"/>
* 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="25,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="75,000.00"/>

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

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

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

 Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

## Authorized Representative:

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

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative: \* Date Signed:

Application for Federal Assistance SF-424.

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_

RECEIVED

\* 3. Date Received:

\_\_\_\_\_

4. Applicant Identifier:

Department of Food and Agriculture

MAR 28 2014

5a. Federal Entity Identifier:

United States Forest Service

\* 5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

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 341

Street2:

\_\_\_\_\_

\* City:

Sacramento

County:

Sacramento

\* State:

California

Province:

\_\_\_\_\_

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

\_\_\_\_\_

Division Name:

\_\_\_\_\_

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

Prefix:

Dr.

\* First Name:

Dean

Middle Name:

\_\_\_\_\_

\* Last Name:

Kelch

Suffix:

\_\_\_\_\_

Title:

Senior Plant Taxonomist

Organizational Affiliation:

\_\_\_\_\_

\* Telephone Number:

916-403-6650

Fax Number:

916-653-2403

\* Email:

dean.kelch@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Forest Service

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

10-680

CFDA Title:

Cooperative Forestry Assistance

**\* 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:**

Eradication of Noxious Weeds in California

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant California

\* b. Program/Project California

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

**17. Proposed Project:**

\* a. Start Date: 7/1/14

\* b. End Date: 6/30/16

**18. Estimated Funding (\$):**

\* a. Federal 300,000

\* b. Applicant:

\* c. State 300,000

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 600,000

**\* 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.) 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 216, 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

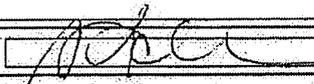
Suffix:

\* Title: Federal Funds Manager

\* Telephone Number: 916-403-6533

Fax Number:

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

\* Signature of Authorized Representative: 

\* Date Signed: 3/28/14

**Application for Federal Assistance SF-424**

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

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

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

<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Lincoln

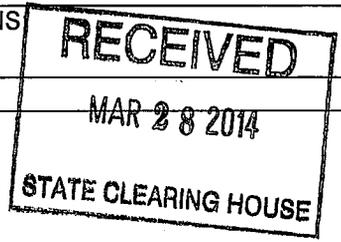
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	*c. Organizational DUNS 004949160
---	--------------------------------------

d. Address:

\* Street1: 600 6th Street  
Street 2:

\* City: Lincoln  
County: Placer  
\* State: California  
Province:  
Country: USA

\*Zip/ Postal Code: 95648



e. Organizational Unit:

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

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

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

Title: Airport Manager

Organizational Affiliation:

City of Lincoln, Department of Public Services

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

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

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Lincoln, Placer County, California

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

Lincoln Regional Airport, Lincoln, Placer County, California - Engineering Design of Crack Seal - Runway, Taxiway, and Apron; Pavement Maintenance/Management Program (PMMP) Update

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-004

\* a. Applicant CA-004

\* b. Program/Project: CA-004

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

17. Proposed Project:

\* a. Start Date: 2014

\* b. End Date: 2014

**18. Estimated Funding (\$):**

*a. Federal	\$99,000.00
*b. Applicant	\$6,050.00
*c. State	\$4,950.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$110,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 3-26-2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: Mr. \*First Name: Ray

Middle Name:

\*Last Name: Leftwich

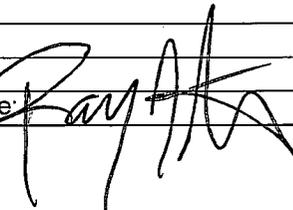
Suffix:

\*Title: Airport Manager

\*Telephone Number: 916-434-2457

Fax Number: 916-543-8516

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

\*Signature of Authorized Representative: 

Date Signed: 3/25/14

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> March 28, 2014	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction		S-14-UC-06-0005

**5. APPLICANT INFORMATION**

Legal Name: County of Sacramento		<b>Organizational Unit:</b> Department: Housing Authority of the County of Sacramento	
Organizational DUNS: 137351164		Division:	
<b>Address:</b> Street: 801 12th Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Sacramento		Prefix: Mr.	First Name: Geoffrey
County: Sacramento		Middle Name	
State: California		Last Name Ross	
Zip Code 95814	Suffix:		
Country: USA	Email: gross@shra.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6300529		Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655

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**MAR 28 2014**  
**STATE CLEARING HOUSE**

**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)

Municipal

Other (specify)

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

14-231

TITLE (Name of Program):  
Emergency Solutions Grant

**9. NAME OF FEDERAL AGENCY:**  
U. S. Department of Housing and Urban Development

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
2014 Emergency Solutions Grant

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
County of Sacramento

**13. PROPOSED PROJECT**

Start Date: January 1, 2014    Ending Date: December 31, 2014

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant 3rd, 4th, 5th, and 11th    b. Project 3rd, 4th, 5th, and 11th

**15. ESTIMATED FUNDING:**

a. Federal	\$	392,047 <sup>00</sup>
b. Applicant	\$	0 <sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local	\$	596,316 <sup>00</sup>
e. Other	\$	90,338 <sup>00</sup>
f. Program Income	\$	
g. TOTAL	\$	1,078,701 <sup>00</sup>

**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: March 28, 2014

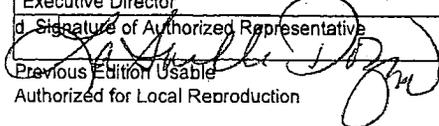
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**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**

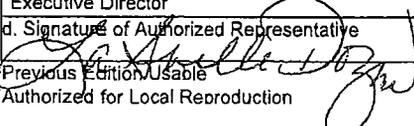
Prefix Ms.	First Name LaShelle	Middle Name
Last Name Dozier		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319
d. Signature of Authorized Representative		e. Date Signed 3/26/14

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**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> March 28, 2014	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier B -14-UC-06-0005
<b>5. APPLICANT INFORMATION</b>				
Legal Name: County of Sacramento		Organizational Unit: Department: Housing Authority of the County of Sacramento		
Organizational DUNS: 137351164		Division:		
Address: Street: 801 12th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Mr.	First Name: Geoffrey	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p><b>MAR 28 2014</b></p> <p><b>STATE CLEARING HOUSE</b></p> </div>
County: Sacramento		Middle Name		
State: California		Last Name Ross		
Zip Code 95814	Suffix:			
Country: USA		Email: gross@shra.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6300529		Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)		
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2014 Community Development Block Grant Projects		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Sacramento				
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2014		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th		
Ending Date: December 31, 2014		b. Project 3rd, 4th, 5th, and 11th		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 4,815,600 <sup>00</sup>	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, 2014		
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 148,765 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 2,071,937 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 141,929 <sup>00</sup>			
g. TOTAL	\$ 7,178,231 <sup>00</sup>			
<b>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.</b>				
a. Authorized Representative				
Prefix Ms.	First Name La Shelle	Middle Name		
Last Name Dozier		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative 		e. Date Signed 3/26/14		

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**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> March 28, 2014	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
	<input type="checkbox"/> Non-Construction		S-14-MC-06-0003

**5. APPLICANT INFORMATION**

Legal Name: City of Sacramento	<b>Organizational Unit:</b> Department: Housing Authority of the City of Sacramento
Organizational DUNS: 137351016	Division:
<b>Address:</b> Street: 801 12th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr.
City: Sacramento	First Name: Geoffrey
County: Sacramento	Middle Name:
State: California	Last Name: Ross
Zip Code: 95814	Suffix:
Country: USA	Email: gross@shra.org

**RECEIVED**  
**MAR 28 2014**  
**STATE CLEARING HOUSE**

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 9 4 - 6 0 0 0 7 5 9

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
 Municipal  
 Other (specify)

**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)

**9. NAME OF FEDERAL AGENCY:**  
 U. S. Department of Housing and Urban Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 1 4 - 2 3 1

TITLE (Name of Program):  
 Emergency Solutions Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 2014 Emergency Solutions Grant

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City of Sacramento

**13. PROPOSED PROJECT**  
 Start Date: January 1, 2014    Ending Date: December 31, 2014

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: 3rd, 4th, 5th, and 11th    b. Project: 3rd, 4th, 5th, and 11th

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> 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, 2014 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 348,183 <sup>00</sup>	
b. Applicant	\$ 0 <sup>00</sup>	
c. State	\$ 0 <sup>00</sup>	
d. Local	\$ 596,316 <sup>00</sup>	
e. Other	\$ 90,338 <sup>00</sup>	
f. Program Income	\$ 0 <sup>00</sup>	
g. TOTAL	\$ 1,034,837 <sup>00</sup>	

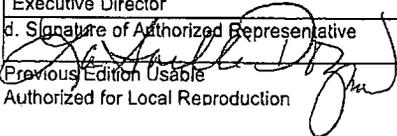
**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes If "Yes" attach an explanation.     No

**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 La Shelle	Middle Name
Last Name Dozier		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319
d. Signature of Authorized Representative		e. Date Signed 3/26/14

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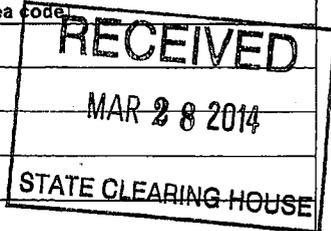
**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> March 28, 2014	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction	Non-Construction		B-14-MC-06-0003

**5. APPLICANT INFORMATION**

Legal Name: City of Sacramento	<b>Organizational Unit:</b> Department: Housing Authority of the City of Sacramento
Organizational DUNS: 137351016	Division:
<b>Address:</b> Street: 801 12th Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code):</b> Prefix: Mr. First Name: Geoffrey
City: Sacramento	Middle Name
County: Sacramento	Last Name: Ross
State: California Zip Code: 95814	Suffix:
Country: USA	Email: gross@shra.org



<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000759	Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655
---	---	---

<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" 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)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)
	<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2014 Community Development Block Grant Projects
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Sacramento
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<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2014 Ending Date: December 31, 2014	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 4,269,759 <sup>00</sup>	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, 2014
b. Applicant \$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 1,901,200 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 1,296,771 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 117,900 <sup>00</sup>	
g. TOTAL \$ 7,585,630 <sup>00</sup>	

**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.**

<b>a. Authorized Representative</b>		
Prefix: Ms.	First Name: LaShelle	Middle Name:
Last Name: Dozier		Suffix:
<b>b. Title:</b> Executive Director		<b>c. Telephone Number (give area code):</b> (916) 440-1319
<b>d. Signature of Authorized Representative:</b> <i>LaShelle Dozier</i>		<b>e. Date Signed:</b> 3/26/14