

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16 - 31, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		3. DATE RECEIVED BY STATE []	State Application Identifier []
2. DATE SUBMITTED 03/10/2016	Applicant Identifier ACP	4. a. Federal Identifier []	
5. APPLICANT INFORMATION		b. Agency Routing Identifier []	
Legal Name: Association of Compost Producers		c. Previous Grants.gov Tracking ID []	
Department: [] Division: []		Organizational DUNS: 9658179140000 Governor's Office of Planning & Research	
Street1: 12645 6th Street		MAR 16 2016 STATE CLEARINGHOUSE	
Street2: []			
City: Rancho Cucamonga County / Parish: San Bernardino			
State: CA: California Province: []			
Country: USA: UNITED STATES ZIP / Postal Code: 91739-9223			
Person to be contacted on matters involving this application			
Prefix: [] First Name: Dan Middle Name: []			
Last Name: Noble Suffix: []			
Position/Title: Executive Director			
Street1: PO Box 3155			
Street2: []			
City: Santa Rosa County / Parish: Sonoma			
State: CA: California Province: []			
Country: USA: UNITED STATES ZIP / Postal Code: 95402-3155			
Phone Number: 619-992-8389 Fax Number: []			
Email: danwyldernoble@gmail.com			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 33-0749177			
7. TYPE OF APPLICANT: N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)			
Other (Specify): []			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION:			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		If Revision, mark appropriate box(es).	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
		<input type="checkbox"/> E. Other (specify): []	
Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? []			
9. NAME OF FEDERAL AGENCY: National Institute of Food and Agriculture		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.307	
		TITLE: Organic Agriculture Research and Extension Initiative	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Healthy Soil Metrics - A Defined Analytical System to Better Serve Organic Growers and Organic Input Material Producers			
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Start Date: 01/01/2017	Ending Date: 12/31/2018	CA-031	

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County/Parish:
 State: Province:
 Country: ZIP/Postal Code:
 Phone Number: Fax Number:
 Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

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

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE:
 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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 18, 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County/Parish:
 State: Province:
 Country: ZIP/Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment

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): _____
<i>Governor's Office of Planning & Research</i>		
* 3. Date Received: 03/16/2016	4. Applicant Identifier: _____	MAR 17 2016
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698050	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: STEVE	
Middle Name:	_____	
* Last Name: WONG	_____	
Suffix:	_____	
Title: GRANT ADMINISTRATOR		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320	
* Email: steve.wong@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

*** 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.):

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

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

ESSENTIAL FISHERY INFORMATION-EFI

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-005

* b. Program/Project: CA-ALL

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

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	485,886.00
* b. Applicant	0.00
* c. State	161,962.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	647,848.00

*** 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 03/16/2016
- 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: Ms. * First Name: LISA

Middle Name:

* Last Name: BAYS

Suffix:

* Title: MANAGER

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

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

* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/16/2016

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____ Governor's Office of Planning & Research
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* 3. Date Received: 03/17/2016	4. Applicant Identifier: _____	MAR 17 2016 STATE CLEARINGHOUSE
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698042
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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:	1831 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95811-7011

e. Organizational Unit:

Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION
--	--

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

Prefix: Mr.	* First Name: STEVE
Middle Name: _____	
* Last Name: WONG	
Suffix: _____	

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
------------------------------------	----------------------------

* Email: steve.wong@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

FLATWATER FISHERY MANAGEMENT AND RESEARCH: STATEWIDE

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="987,786.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="329,262.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,317,048.00"/>

*** 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): _____
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* 3. Date Received: 03/16/2016	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698054	Governor's Office of Planning & Research
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8. APPLICANT INFORMATION:

MAR 17 2016

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

d. Address:

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

e. Organizational Unit:

Department Name: CDFW	Division Name: Federal Assistance Section
------------------------------	--

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

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

Organizational Affiliation: _____

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

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Wildlife Habitat Inventories and Research: Desert Bighorn Sheep Management 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 Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal:	<input type="text" value="220,048.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="73,349.00"/>
* 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="293,397.00"/>

*** 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: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 03/15/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: G1698027	MAR 17 2016 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): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: FEDERAL ASSISTANCE SECTION	
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		

Application for Federal Assistance SF-424

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

A: State Government

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

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

* Other (specify):
[Empty field]

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:
Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F16AS00077

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

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

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

CENTRAL COAST NATIVE TROUT CONSERVATION AND FISHERIES ENHANCEMENT

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="93,142.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="31,047.00"/>
* 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="124,189.00"/>

*** 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): _____
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*3. Date Received: 03/16/2016	4. Applicant Identifier: _____
----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: Governor's Office of Planning & Research
---	---

State Use Only: **MAR 17 2016**

6. Date Received by State: _____	7. State Application Identifier: 01698041	STATE CLEARINGHOUSE
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8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

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

e. Organizational Unit:

Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION
--	--

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

Prefix: Mr.	* First Name: STEVE
Middle Name: _____	
* Last Name: WONG	
Suffix: _____	

Title: GRANT ADMINISTRATOR

Organizational Affiliation: _____

* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320
------------------------------------	----------------------------

* Email: steve.wong@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

STATEWIDE HERITAGE AND WILD TROUT RESOURCE ASSESSMENT MANAGEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-006

* b. Program/Project: CA-ALL

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	226,557.00
* b. Applicant	0.00
* c. State	75,519.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	302,076.00

*** 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: 03/16/2016
- 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: Ms. * First Name: LISA
Middle Name:
* Last Name: BAYS
Suffix:
* Title: MANAGER
* Telephone Number: (916) 445-3701 Fax Number:
* Email: lisa.baysewildlife.ca.gov
* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/16/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
		Governor's Office of Planning & Research
* 3. Date Received: 03/16/2016	4. Applicant Identifier: _____	MAR 17 2016
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698047	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: STEVE	
Middle Name:	_____	
* Last Name: WONG	_____	
Suffix:	_____	
Title: GRANTS ADMINISTRATOR		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320	
* Email: steve.wong@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

MANAGEMENT OF MARINE SPORT FISH UNDER FEDERAL OR MIXED JURISDICTION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-ALL

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	292,565.00
* b. Applicant	0.00
* c. State	97,522.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	390,087.00

* 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 03/16/2016.
- 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: Ms. * First Name: LISA
Middle Name:
* Last Name: BAYS
Suffix:
* Title: MANAGER
* Telephone Number: (916) 445-3701 Fax Number:
* Email: lisa.bays@wildlife.ca.gov
* Signature of Authorized Representative: Lisa Bays * Date Signed: 03/16/2016

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):**

Governor's Office of Planning & Research

*** 3. Date Received:**

03/16/2016

4. Applicant Identifier:

MAR 17 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1698048

8. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

*** c. Organizational DUNS:**

8083223580000

d. Address:

*** Street1:**

1831 9TH STREET

Street2:

*** City:**

SACRAMENTO

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811-7011

e. Organizational Unit:

Department Name:

CA DEPT OF FISH AND WILDLIFE

Division Name:

FEDERAL ASSISTANCE SECTION

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

Prefix:

Mr.

*** First Name:**

STEVE

Middle Name:

*** Last Name:**

WONG

Suffix:

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

*** Telephone Number:**

(916) 445-3694

Fax Number:

(916) 327-6320

*** Email:**

steve.wong@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

*** 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.):

Add Attachment

Delete Attachment

View Attachment

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

FISHERY DEPENDENT DATA COLLECTION-CALIFORNIA RECREATIONAL FISHERIES SURVEY (CRFS)

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="2,559,603.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="853,200.00"/>
* 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="3,412,803.00"/>

*** 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: 03/16/2016	4. Applicant Identifier: STATE CLEARINGHOUSE	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698049	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: STEVE	
Middle Name:	_____	
* Last Name: WONG	_____	
Suffix:	_____	
Title: _____		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320	
* Email: steve.wong@wildlife.ca.gov		

Governor's Office of Planning & Research
MAR 17 2016

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* 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.):

Add Attachment

Delete Attachment

View Attachments

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

OCEAN RESOURCES ENHANCEMENT AND HATCHERY PROGRAM-OREHP

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="763,530.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="254,510.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,018,040.00"/>

*** 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

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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: 03/16/2016	4. Applicant Identifier: Governor's Office of Planning & Research	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: MAR 17 2016 STATE CLEARINGHOUSE	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698050	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CA DEPT OF FISH AND WILDLIFE	Division Name: FEDERAL ASSISTANCE SECTION	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: STEVE	
Middle Name: _____	* Last Name: WONG	
Suffix: _____	Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3694	Fax Number: (916) 327-6320	
* Email: steve.wong@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

ESSENTIAL FISHERY INFORMATION-EFI

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="485,886.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="161,962.00"/>
* 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="647,848.00"/>

*** 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

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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):

* 3. Date Received:

03/16/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

MAR 17 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1698051

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CA DEPT OF FISH AND WILDLIFE

Division Name:

FEDERAL ASSISTANCE SECTION

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

Prefix:

Mr.

* First Name:

STEVE

Middle Name:

* Last Name:

WONG

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

(916) 445-3694

Fax Number:

(916) 327-6320

* Email:

steve.wong@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F16AS00078

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

ASSESSMENT OF STATE MANAGED FINFISH SPECIES

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="274,003.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="91,334.00"/>
* 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="365,337.00"/>

*** 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):**

*** 3. Date Received:**

4. Applicant Identifier:

MPI

Governor's Office of Planning & Research

MAR 22 2010

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

County of Mariposa

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

94-6000880

*** c. Organizational DUNS:**

6232580270000

d. Address:

*** Street1:**

4639 Ben Hur Road

Street2:

*** City:**

Mariposa

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95338-xxxx

e. Organizational Unit:

Department Name:

Department of Public Works

Division Name:

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

Prefix:

*** First Name:**

Tony

Middle Name:

*** Last Name:**

Stobbe

Suffix:

Title:

Director of Public Works

Organizational Affiliation:

County of Mariposa

*** Telephone Number:**

209-966-5356

Fax Number:

209-966-2828

*** Email:**

tstobbe@mariposacounty.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:

Type of Applicant 3: Select Applicant Type:

* 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:**

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Airport Layout Plan Narrative Report with updated drawing set and Airport GIS (AGIS)

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="125,000.00"/>
* b. Applicant	<input type="text" value="13,889.00"/>
* 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="138,889.00"/>

*** 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: <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): []		
<i>Governor's Office of Planning & Research</i>		
* 3. Date Received: []	4. Applicant Identifier: MPI []	MAR 22 2016
5a. Federal Entity Identifier: []	5b. Federal Award Identifier: []	STATE CLEARINGHOUSE
State Use Only:		
6. Date Received by State: []	7. State Application Identifier: []	
8. APPLICANT INFORMATION:		
* a. Legal Name: County of Mariposa		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000880	* c. Organizational DUNS: 6232580270000	
d. Address:		
* Street1:	4639 Ben Hur Road	
Street2:	[]	
* City:	Mariposa	
County/Parish:	[]	
* State:	CA: California	
Province:	[]	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95338-xxxx	
e. Organizational Unit:		
Department Name: Department of Public Works	Division Name: []	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: []	* First Name: Tony	[]
Middle Name: []	[]	
* Last Name: Stobbe	[]	
Suffix: []	[]	
Title: Director of Public Works	[]	
Organizational Affiliation: County of Mariposa		
* Telephone Number: 209-966-5356	Fax Number: 209-966-2828	[]
* Email: tstobbe@mariposacounty.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:

Type of Applicant 3: Select Applicant Type:

* 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:**

N/A

* Title:

N/A

13. Competition Identification Number:

N/A

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Pavement Maintenance/Management Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000.00"/>
* b. Applicant	<input type="text" value="2,778.00"/>
* 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="27,778.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
*2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify): _____	
*3. Date Received:	
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
*5b. Federal Award Identifier:	
State Use Only:	
6. Date Received by State:	
7. State Application Identifier:	
8. APPLICANT INFORMATION:	
*a. Legal Name: Northern California Council of the International Federation of Fly Fishers Governor's Office of Planning & Research	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3124970 *c. Organizational DUNS: 014408970 MAR 23 2016 STATE CLEARINGHOUSE	
d. Address:	
*Street 1: <u>677 Ecuador Pl</u>	
Street 2: _____	
*City: <u>Davis</u>	
County/Parish: _____	
*State: <u>California</u>	
Province: _____	
*Country: <u>United States of America</u>	
*Zip / Postal Code: <u>95616-0124</u>	
e. Organizational Unit:	
Department Name: Conservation Committee	
Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Mr.</u> *First Name: <u>Lowell</u>	
Middle Name: _____	
*Last Name: <u>Ashbaugh</u>	
Suffix: _____	
Title: Conservation VP	
Organizational Affiliation: _____	
*Telephone Number: 530-758-6722	
Fax Number: _____	
*Email: ashbaugh.lowell@gmail.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.665

CFDA Title:

Secure Rural Schools - Resource Advisory Committee (RAC)

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Del Norte County, California

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

Complete writing a Smith River Fisheries Management Plan

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-003	*b. Program/Project: CA-002
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: June 1, 2016	*b. End Date: May 31, 2017
18. Estimated Funding (\$):	
*a. Federal	\$ 15,000
*b. Applicant	\$ 17,500
*c. State	\$
*d. Local	\$
*e. Other	\$ 3,000
*f. Program Income	\$ 35,500
*g. TOTAL	\$
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on March 24, 2016 <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach.	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001) <input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Lowell
Middle Name:	
*Last Name: Ashbaugh	
Suffix:	
*Title: Vice President, Conservation	
*Telephone Number: 530-758-6722	Fax Number:
* Email: ashbaugh,lowell@gmail.com	
*Signature of Authorized Representative:	*Date Signed: March 24, 2016

MAR 23 2016

Application for Federal Assistance SF-424 STATE CLEARINGHOUSE

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6001796"/>	* c. Organizational DUNS: <input type="text" value="0305772410000"/>
--	---

d. Address:

* Street1:	<input type="text" value="306 3rd Street"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Laguna Beach"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="92652-0987"/>

e. Organizational Unit:

Department Name: <input type="text" value="Engineering"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="David"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Youngblood"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="(949) 342-1440"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email:

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

BOR-MP-16-0002

* Title:

Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants

13. Competition Identification Number:

BOR-MP-16-0002

Title:

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

LBCWD Application #14. Areas Affected by Pr

Add Attachment

Delete Attachment

View Attachment

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

Laguna Beach County Water District's Advanced Metering Infrastructure to Enhance Water and Energy Efficiency 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 CA-048

* b. Program/Project CA-048

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2015

* b. End Date: 11/15/2017

18. Estimated Funding (\$):

* a. Federal	375,000.00
* b. Applicant	2,655,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,030,000.00

* 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 03/25/2016
- 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: David
Middle Name:
* Last Name: Youngblood
Suffix:

* Title: Manager of Engineering and Operations

* Telephone Number: (949) 342-1440 Fax Number:

* Email: dyoungblood@lbcwd.org

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

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: _____	Governor's Office of Planning & Research
---	-----------------------------------	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	MAR 23 2016 STATE CLEARINGHOUSE
---	--	------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Salvation Army, a California corporation (Bell Shelter)

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-1156347</u>	* c. Organizational DUNS: <u>074629460000</u>
--	--

d. Address:

* Street1: 180 East Ocean Boulevard, Suite 500
Street2: _____
* City: Long Beach
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 90802-4708

e. Organizational Unit:

Department Name: <u>Bell Shelter</u>	Division Name: <u>Southern California</u>
---	--

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

Prefix: Mr. * First Name: Steve
Middle Name: _____
* Last Name: Lytle
Suffix: _____

Title: Director

Organizational Affiliation:

* Telephone Number: (323) 263-1206 x203 Fax Number: (323) 263-8543

* Email: Steve.Lytle@usw.salvationarmy.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:

Veterans Employment and Training Service

11. Catalog of Federal Domestic Assistance Number:

17.805

CFDA Title:

Homeless Veterans Reintegration Project

* 12. Funding Opportunity Number:

FOA-VETS-16-01

* Title:

Urban and Non-Urban Homeless Veterans' Reintegration Program (HVRP) and Incarcerated Veterans Transition Program (IVTP) (referred together throughout this funding opportunity announcement as HVRP)

13. Competition Identification Number:

FOA-VETS-16-01

Title:

Urban and Non-Urban Homeless Veterans' Reintegration Program (HVRP) and Incarcerated Veterans Transition Program (IVTP) (referred together throughout this funding opportunity announcement as HVRP)

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

The Salvation Army Homeless Veterans' Reintegration Program at Bell Shelter

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-047

* b. Program/Project CA-040

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2016

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	300,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	300,000.00

* 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 03/23/2016.
- 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: Lt. Colonel * First Name: Kyle
Middle Name:
* Last Name: Smith
Suffix:

* Title: Divisional Commander

* Telephone Number: (562) 264-3618 Fax Number: (562) 264-3718

* Email: Alen.Davtian@usw.salvationarmy.org

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

Application for Federal Assistance SF-424

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

Governor's Office of Planning & Research

* a. Legal Name: Biggs-West Gridley Water District	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2166009	* c. Organizational DUNS: 0000956717771
---	---	--

MAR 25 2016
STATE CLEARINGHOUSE

d. Address:

* Street1: 1713 W Biggs Gridley Road
Street2: _____
* City: Gridley
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95948-9400

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: Eugene
Middle Name: _____	
* Last Name: Massa	
Suffix: Jr.	
Title: General Manager	
Organizational Affiliation: _____	
* Telephone Number: (530) 846-3317	Fax Number: _____
* Email: emassa@bwgwater.com	

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

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

11. Catalog of Federal Domestic Assistance Number:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

BOR-MP-16-0002

*** Title:**

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

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:**

Infrastructure Modernization and Canal Operations Decision Support

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="747,311.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="747,311.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,494,622.00"/>

*** 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:

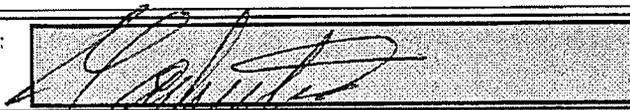
* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

Application for Federal Assistance SF-424

Version 02

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

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

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

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): 68-030-3606	*c. Organizational DUNS: 172070807
--	--

d. Address:

*Street 1: P.O. Box 942896	Governor's Office of Planning & Research MAR 25 2016 STATE CLEARINGHOUSE
Street 2: _____	
*City: Sacramento	
County: Sacramento	
*State: CA	
Province: _____	
*Country: USA	
*Zip / Postal Code 91296-0001	

e. Organizational Unit:

Department Name: Department of Parks and Recreation	Division Name: Office Of Historic Preservation
---	--

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

Prefix: Mr.	*First Name: John
Middle Name: _____	
*Last Name: Thomas	
Suffix: _____	

Title: Associate Park and Recreation Specialist

Organizational Affiliation:
Office of Historic Preservation

*Telephone Number: (916) 445-7024	Fax Number: (916) 445-7053
--	-----------------------------------

***Email:** John.Thomas@parks.ca.gov

Application for Federal Assistance SF-424

Version 02

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

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund, Grants in Aid

***12 Funding Opportunity Number:**

P16AAS00039

*Title:

FY2016 Historic Preservation Fund-State Historic Preservation

13. Competition Identification Number:

N/A

Title:

N/A

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

State of California

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

20 State Historic Preservation Office Operations Grant

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant:		*b. Program/Project: See #15 Above
17. Proposed Project:		
*a. Start Date: October 1, 2015		*b. End Date: September 30, 2017
18. Estimated Funding (\$):		
*a. Federal	\$1,494,237.00	
*b. Applicant	\$787,134.00	
*c. State	\$123,339.00	
*d. Local	\$85,685.00	
*e. Other		
*f. Program Income		
*g. TOTAL	\$2,490,395.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>3/25/2016</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: Ms		*First Name: Julianne
Middle Name:		
*Last Name: Polanco		
Suffix:		
*Title: State Historic Preservation Officer		
*Telephone Number: (916)445-7050		Fax Number: (916) 445-7053
* Email: Julianne.Polanco@parks.ca.gov		
*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: 03/28/2016	4. Applicant Identifier: _____	Governor's Office of Planning & Research MAR 28 2016 STATE CLEARINGHOUSE
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Los Angeles Department of Water and Power		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000736	* c. Organizational DUNS: 6030801360000	
d. Address:		
* Street1: 111 N. Hope Street, Room 1460	Street2: _____	
* City: Los Angeles	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 90012-2607	
e. Organizational Unit:		
Department Name: Water and Power	Division Name: Water Resources	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Theresa	Middle Name: _____
* Last Name: Kim	Suffix: _____	
Title: Civil Engineering Associate		
Organizational Affiliation: _____		
* Telephone Number: 213-367-1491	Fax Number: 213-367-5285	
* Email: Theresa.Kim@ladwp.com		

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

BOR-MP-16-0002

* Title:

Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants

13. Competition Identification Number:

BOR-MP-16-0002

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Technical Assistance Program

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="634,871.00"/>
* b. Applicant	<input type="text" value="634,871.00"/>
* 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="1,269,742.00"/>

*** 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

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

Governor's Office of Planning & Research

MAR 28 2016

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

STATE CLEARINGHOUSE

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

State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1642214"/>	* c. Organizational DUNS: <input type="text" value="0000071555965"/>
--	---

d. Address:

* Street1:	<input type="text" value="P.O. Box 147"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Richvale"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95974-0147"/>

e. Organizational Unit:

Department Name:	Division Name:
<input type="text"/>	<input type="text"/>

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

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Sean"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Earley"/>		
Suffix:	<input type="text"/>		

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

11. Catalog of Federal Domestic Assistance Number:

15.533

CFDA Title:

California Water Security and Environmental Enhancement

*** 12. Funding Opportunity Number:**

BOR-MP-16-0002

*** Title:**

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Phase I Distribution System Modernization

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-001

* b. Program/Project CA-001

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2016

* b. End Date: 12/31/2018

18. Estimated Funding (\$):

* a. Federal	748,319.00
* b. Applicant	0.00
* c. State	748,319.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,496,638.00

* 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 03/28/2016
- 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.

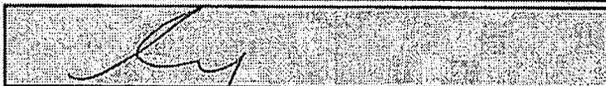
Authorized Representative:

Prefix: Mr. * First Name: Sean
Middle Name:
* Last Name: Earley
Suffix:

* Title: General Manager

* Telephone Number: (530) 882-4243 Fax Number:

* Email: rid@pulsarco.com

* Signature of Authorized Representative: 

* Date Signed: 03/25/2016

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: Control Number: 1384-1692
-------------------------------------	--

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: Prospect Silicon Valley	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-0220018	* c. Organizational DUNS: 0797966500000
<i>Governor's Office of Planning & Research</i>	

d. Address:	MAR 30 2016
* Street1: 1608 Las Plumas Ave	STATE CLEARINGHOUSE
Street2: _____	
* City: San Jose	
County/Parish: _____	
* State: CA: California	
Province: _____	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 95133	

e. Organizational Unit:	
Department Name: Department of Energy	Division Name: EERE

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	* First Name: Rafael
Middle Name: _____	
* Last Name: Reyes	
Suffix: _____	
Title: Deputy Director	
Organizational Affiliation: _____	
* Telephone Number: 408-409-5534	Fax Number: _____
* Email: rafael.reyes@prospectsv.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:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001384

* Title:

Fiscal Year (FY) 2016 Vehicle Technologies Program Wide Funding Opportunity Announcement

13. Competition Identification Number:

Title:

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

Best.Ride.EVer_CA_AffectedAreas.txt

Add Attachment

Delete Attachment

View Attachment

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

Best.Ride.EVer, California! is an electric vehicle promotion program which includes physical facilities in San Jose and Los Angeles, as well as events throughout the state of California

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="997,374.00"/>
* b. Applicant	<input type="text" value="1,138,173.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="85,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,220,547.00"/>

*** 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: 1384-1821
Governor's Office of Planning & Research		
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: MAR 30 2016
STATE CLEARINGHOUSE		
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: Plug In America, LLC		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-1799615		* c. Organizational DUNS: 0223481820000
d. Address:		
* Street1: 2370 Market Street, Suite 419		
Street2: _____		
* City: San Francisco		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94114-1521		
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: Erin
Middle Name: _____		
* Last Name: Tator		
Suffix: _____		
Title: Director, Operations		
Organizational Affiliation: _____		
* Telephone Number: 707-554-2773		Fax Number: _____
* Email: etator@pluginamerica.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:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001384

* Title:

FY 2016 Vehicle Technologies Program Wide Funding Opportunity Announcement

13. Competition Identification Number:

to be determined

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Advancing PEV Adoption in New England

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="1,000,000.00"/>
* b. Applicant	<input type="text" value="325,460.00"/>
* c. State	<input type="text" value="187,000.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="487,540.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,000,000.00"/>

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

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

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