

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

Version 02

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

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

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: SELF-HELP ENTERPRISES	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676	*c. Organizational DUNS: 056179906

**d. Address:**

*Street 1:	<u>8445 WEST ELOWIN COURT</u>
Street 2:	<u>P.O. BOX 6520</u>
*City:	<u>VISALIA</u>
County:	<u>TULARE</u>
*State:	<u>CALIFORNIA</u>
Province:	_____
*Country:	<u>USA: UNITED STATES</u>
*Zip / Postal Code	<u>93290</u>

**e. Organizational Unit:**

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

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

Prefix: <u>MR</u>	*First Name: <u>PATRICK</u>
Middle Name: _____	
*Last Name: <u>ISHERWOOD</u>	
Suffix: _____	
Title: <u>FISCAL ANALYST</u>	

Organizational Affiliation:
-----------------------------

*Telephone Number: (559) 802 - 1696	Fax Number: (559) 651-3634
-------------------------------------	----------------------------

*Email: <u>patricki@selfhelpenterprises.org</u>
---

**RECEIVED**  
**MAY 01 2013**  
**STATE CLEARING HOUSE**

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**  
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu  
Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:  
  
\*Other (Specify)

**\*10 Name of Federal Agency:**  
USDA RURAL DEVELOPMENT

**11. Catalog of Federal Domestic Assistance Number:**  
10.433 \_\_\_\_\_  
CFDA Title:  
RURAL HOUSING PRESERVATION GRANTS \_\_\_\_\_

**\*12 Funding Opportunity Number:**  
USDA-RD-HCFP-HPG-2013: HOUSING PRESERVATION GRANTS \_\_\_\_\_  
  
\*Title:  
NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2013  
\_\_\_\_\_

**13. Competition Identification Number:**  
\_\_\_\_\_  
  
Title:  
\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**  
HPG-application target areas and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.

**\*15. Descriptive Title of Applicant's Project:**  
THE PRESERVATION OF HOUSING FOR LOW INCOME TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: 21

\*b. Program/Project: 18-21

**17. Proposed Project:**

\*a. Start Date: 09/30/2013

\*b. End Date: 9/30/2014

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

*a. Federal	_____	85,000
*b. Applicant	_____	
*c. State	_____	100,000
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	185,000

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 4/26/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

Yes       No

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

\*\* I AGREE

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

**Authorized Representative:** \_\_\_\_\_

Prefix: MR.      \*First Name: PETER

Middle Name: NUGENT

\*Last Name: CAREY

Suffix: \_\_\_\_\_

\*Title: PRESIDENT & CEO

\*Telephone Number: (559) 651-1000

Fax Number: (559) 651-3634

\* Email: peterc@selfhelpenterprises.org

\*Signature of Authorized Representative: 

\*Date Signed: 4.26.13

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	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: Yuba-Sutter Economic Development Corporation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): [6][8][0][3][4][2][1][4][5]	* c. Organizational DUNS: 120321596	
d. Address:		
* Street1: 1227 Bridge Street, Suite C	_____	
Street2: _____	_____	
* City: Yuba City	_____	
County: Sutter	_____	
* State: California	_____	
Province: _____	_____	
* Country: USA	_____	
* Zip / Postal Code: 95991	_____	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Brynda	
Middle Name: _____	_____	
* Last Name: Stranix	_____	
Suffix: _____	_____	
Title: President/Chief Operating Officer		
Organizational Affiliation: Yuba-Sutter Economic Development Corporation		
* Telephone Number: (530) 751-8555	Fax Number: (530) 751-8515	
* Email: bstranix@ysedc.org		

RECEIVED  
MAY 01 2013  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

O. Not for Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S. Department of Agriculture, Rural Development

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

CFDA Title:

Rural Business Enterprise Grants

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

\* Title:

**13. Competition Identification Number:**

Title:

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

The unincorporated communities of Oregon House, Dobbins and Brownsville in Yuba County, California

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

Regional Marketing Initiative to Enhance Agritourism in Yuba County

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="91,202.00"/>
* b. Applicant	<input type="text" value="32,350.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="25,660.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="149,212.00"/>

**\* 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.

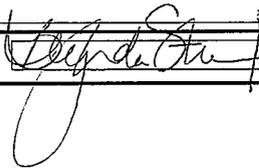
**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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



SF 424

RECEIVED

MAY 02 2013

STATE CLEARING HOUSE

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the ICPMP.xls document of the CPMP tool.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

May 2, 2013	B-13-06-0610	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
City of Bakersfield		CA60228 BAKERSFIELD	
1715 Chester Avenue		02-8514136	
0		City of Bakersfield	
Bakersfield	California	Community Development	
93301	U.S.	0	
<b>Employer Identification Number (EIN):</b>		Kern	
95-6000672		7/1	
<b>Applicant Type:</b>		Specify Other Type if necessary:	
Local Government: City		0	
<b>Program Funding</b>		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14,218 Entitlement Grant	
CDBG Project Titles This program is designed to address local housing needs, upgrade the physical environment and provide for a viable urban community.		Description of Areas Affected by CDBG Project(s) City of Bakersfield.	
\$2,706,993	\$Additional HUD Grant(s) Leveraged	Describe	
	\$0	N/A	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$0		\$0	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$0		\$0	
\$Anticipated Program Income		Other (Describe)	
\$7,000			
Total Funds Leveraged for CDBG-based Project(s)			
<b>Home Investment Partnerships Program</b>		14,239 HOME	
HOME Project Titles		Description of Areas Affected by HOME Project(s)	
This program is designed to address local housing needs.		City of Bakersfield	
\$HOME Grant Amount		\$Additional HUD Grant(s) Leveraged	
\$924,293		Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	

\$Anticipated Program Income \$30,000		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
<b>Housing Opportunities for People with AIDS</b>		14.241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount N/A	\$Additional HUD Grant(s) Leveraged N/A	Describe N/A	
\$Additional Federal Funds Leveraged N/A		\$Additional State Funds Leveraged N/A	
\$Locally Leveraged Funds N/A		\$Grantee Funds Leveraged N/A	
\$Anticipated Program Income N/A		Other (Describe) N/A	
Total Funds Leveraged for HOPWA-based Project(s) N/A			
<b>Emergency Shelter Grants Program</b>		14.231 ESG	
ESG Project Titles Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and prevention programs.		Description of Areas Affected by ESG Project(s) City of Bakersfield	
\$ESG Grant Amount \$236,500	\$Additional HUD Grant(s) Leveraged \$0	Describe N/A	
\$Additional Federal Funds Leveraged \$0		\$Additional State Funds Leveraged \$0	
\$Locally Leveraged Funds \$0		\$Grantee Funds Leveraged \$0	
\$Anticipated Program Income \$0		Other (Describe) N/A	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of: Applicant Districts 20 <sup>th</sup> and 21 <sup>st</sup>		Project Districts 20 <sup>th</sup> and 21 <sup>st</sup>	
		Is application subject to review by state Executive Order 12372 Process?	
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 05/02/13.
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
			Program has not been selected by the state for review

Person to be contacted regarding this application		
Ryan	A.	Bland
Community Development Coordinator	661 326-3765	661 852-2138
rbland@bakersfieldcity.us	www.bakersfieldcity.us	
Signature of Authorized Representative  ALAN TANDY, CITY MANAGER		Date Signed

OMB Number 46-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

**1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**2. Type of Application:**

- New
- Continuation
- Revision

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

\* Other (Specify)

**3. Date Received:**

**4. Applicant Identifier:**

**RECEIVED**

**5a. Federal Entity Identifier:**

707671064

**5b. Federal Award Identifier:**

MAY-03-2013

**State Use Only:**

**6. Date Received by State:**

3-26-13

**7. State Application Identifier:**

**STATE CLEARING HOUSE**

**B. APPLICANT INFORMATION:**

**a. Legal Name:** City of Farmersville

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

046080396

**c. Organizational DUNS:**

1004953760

**d. Address:**

**Street1:** 909 W. Vivaldi Road

**Street2:**

**City:** Farmersville

**County:** Tulare

**State:** California

**Province:**

**Country:** United States

**Zip / Postal Code:** 93223

**e. Organizational Unit:**

**Department Name:**

Public Works

**Division Name:**

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

**Prefix:**

**\* First Name:** David

**Middle Name:**

**\* Last Name:** Jacobs

**Suffix:**

**Title:** City Engineer

**Organizational Affiliation:**

Quad Knopf

**\* Telephone Number:** (559) 733-0440

**Fax Number:** (559) 733-7821

**\* Email:** davidj@quadknopf.com

**Application for Federal Assistance SF-424**

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

B. Municipal

**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 Agriculture

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

110 200

CFDA Title:

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

\* Title:

**13. Competition Identification Number:**

Title:

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

City of Farmersville, Ca

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

Upgrade of Wastewater Treatment Facility

Attach supporting documents as specified in agency instructions.

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="5,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="11,000,000.00"/>
* d. Local	<input type="text" value="1,000,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="17,000,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

## Application for Federal Assistance SF-424

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: MAY 07 2013	
		STATE CLEARING HOUSE	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: South Coast Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419		*c. Organizational DUNS: 025986159	
d. Address:			
*Street1: 21865 Copley Drive			
Street 2:			
*City: Diamond Bar			
County: Los Angeles			
*State: CA			
Province:			
Country: USA		*Zip/ Postal Code: 91765	
e. Organizational Unit:			
Department Name:		Division Name: Finance	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Mary	
Middle Name:			
*Last Name: Leonard		Suffix:	
Title: Financial Analyst			
Organizational Affiliation: Finance Division			
*Telephone Number: 909-396-2780 Fax Number: 909-396-2765			
*Email: mleopard@aqmd.gov			

OMB Number: 4340-0004  
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

Special District

\*10. Name of Federal Agency:

United States Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.001

CFDA Title:

Air Pollution Control Program Support

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

Orange and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

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

FY 13 Air Pollution Control Program Support - Clean Air Technology Initiative (CATI)  
Catenary Zero Emission Goods Movement System Demonstration**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant **CA-024-049**

\*b. Program/Project: **CA-024-049**

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

**17. Proposed Project:**

\*a. Start Date: **10/01/2012**

\*b. End Date: **09/30/2013**

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

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

**\*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 **5/7/13**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

**\*\*I AGREE**

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

Authorized Representative: *Barry Wallerstein*

**5/13/13**

Prefix: **\*First Name: Barry**

Middle Name: R.

\*Last Name: Wallerstein

Suffix: D. Env.

\*Title: Executive Officer

\*Telephone Number: 909-396-2100

Fax Number: 909-398-3340

\*Email: bwallerstein@aqmd.gov

\*Signature of Authorized Representative:

Date Signed:

OMB Number: 4340-0004  
Expiration Date: 09/31/2012

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify):

\* 3. Date Received:

08/02/2013

4. Applicant Identifier:

Husak20131200

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

MAY 07 2013

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

The Regents of The University of California

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

94-6036494

\* c. Organizational DUNS:

6045919250000

d. Address:

\* Street1:

1111 Franklin Street, 10th floor

Street2:

UC Office of The President

\* City:

Oakland

County/Parish:

Alameda

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94607-5200

g. Organizational Unit:

Department Name:

Water Resources

Division Name:

Agriculture & Natural Resources

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

Prefix:

Dr.

\* First Name:

Doug

Middle Name:

\* Last Name:

Parker

Suffix:

Ph.D

Title:

Director, CA Institute of Water Resources

Organizational Affiliation:

University of California, Agriculture & Natural Resources

\* Telephone Number:

510-987-0036

Fax Number:

905-893-2578

\* Email:

doug.parker@ucop.edu

Application for Federal Assistance SF-424

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

1: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.809

CFDA Title:

U.S. Geological Survey, Research and Data Collection

\* 12. Funding Opportunity Number:

G13AS00001

\* Title:

USGS Non-Competitive Assistance FY 2013 - National Grants Branch

13. Competition Identification Number:

G13AS00001

Title:

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

[Redacted]

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

Identification of Seasonal and Decadal Drought through Monitoring and Modeling

Attach supporting documents as specified in agency instructions.

[Redacted]

Application for Federal Assistance SF-424

15. Congressional Districts Of:

\* a. Applicant: CA-013

b. Program/Project: CA-024

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

17. Proposed Project:

\* a. Start Date: 10/01/2013

\* b. End Date: 09/30/2018

18. Estimated Funding (\$):

* a. Federal	9,293,706.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,293,706.00

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 05/03/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach.

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: May  
 Middle Name:  
 \* Last Name: Turner  
 Suffix:

\* Title: Sr. Contracts and Grants Analyst

\* Telephone Number: 530-754-2976 Fax Number: 530-754-3943

\* Email: maturner@ucanr.edu

\* Signature of Authorized Representative: May Turner \* Date Signed: 05/02/2013

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

Other (Specify) \_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

5D9X16

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

\_\_\_\_\_

**RECEIVED**

**MAY 08 2013**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**STATE CLEARING HOUSE**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Imperial Valley Economic Development Corporation

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

33-0873809

**\* c. Organizational DUNS:**

015605806

**d. Address:**

**\* Street 1:**

1405 N. Imperial Ave.

**Street 2:**

\_\_\_\_\_

**\* City:**

El Centro

**County:**

\_\_\_\_\_

**\* State:**

CA

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92243

**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:**

Timothy

**Middle Name:**

E.

**\* Last Name:**

Kelley

**Suffix:**

\_\_\_\_\_

**Title:**

President & CEO

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

(760) 353-8332

**Fax Number:**

(760) 353-9149

**\* Email:**

tim@ivedc.com

**Application for Federal Assistance SF-424**

Version 02

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

Not for Profit Organization

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

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

\* Other (specify):

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

USDA - Rural Development

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

10.769

CFDA Title:

Rural Business Enterprise Grants

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

\* Title:

**13. Competition Identification Number:**

Title:

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

All Imperial County Cities

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

"Brawley Arson Recovery Program" - Assisting small businesses recover into economic prosperity through technical assistance.

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$95,000.00"/>
* b. Applicant	<input type="text" value="\$72,000.00"/>
* 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="\$167,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

**Application for Federal Assistance SF-424**

Version 02

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

<b>* 3. Date Received:</b>	<b>4. Applicant Identifier:</b>

<b>5a. Federal Entity Identifier:</b>	<b>* 5b. Federal Award Identifier:</b>
5D9X6 / 06/26/2013	

RECEIVED

**State Use Only:**

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

MAY 08 2013

**8. APPLICANT INFORMATION:**

STATE CLEARING HOUSE

<b>* a. Legal Name:</b> Imperial Valley Economic Development Corporation	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>	<b>* c. Organizational DUNS:</b>
33-0873809	015605806

**d. Address:**

<b>* Street 1:</b>	1405 N. Imperial Ave.
<b>Street 2:</b>	
<b>* City:</b>	El Centro
<b>County:</b>	
<b>* State:</b>	CA
<b>Province:</b>	
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	92243

**e. Organizational Unit:**

<b>Department Name:</b>	<b>Division Name:</b>

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

<b>Prefix:</b>	Mr.	<b>* First Name:</b>	Timothy
<b>Middle Name:</b>	E.		
<b>* Last Name:</b>	Kelley		
<b>Suffix:</b>			
<b>Title:</b>	President & CEO		
<b>Organizational Affiliation:</b>			
<b>* Telephone Number:</b>	(760) 353-8332	<b>Fax Number:</b>	(760) 353-9149
<b>* Email:</b>	tim@ivedc.com		

**Application for Federal Assistance SF-424**

Version 02

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

~~Not for Profit Organization~~

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

USDA - Rural Development

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

10.769

CFDA Title:

Rural Business Enterprise Grants

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

\* Title:

**13. Competition Identification Number:**

Title:

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

All Imperial County Cities

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

"Renewable Energy Technical Assistance Program" (RETAP) Helping Imperial County grow economic prosperity by tapping the biofuel and biomass industry.

Attach supporting documents as specified in agency instructions.



**Application for Federal Assistance SF-424**

Version 02

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

**RECEIVED**

*3. Date Received:	4. Application Identifier:	MAY 09 2013
--------------------	----------------------------	-------------

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State Water Resources Control Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281986	*c. Organizational DUNS: 808321913
---	---------------------------------------

**d. Address:**

\*Street1: 1001 I Street  
 Street 2:  
 \*City: Sacramento  
 County:  
 \*State: California  
 Province:  
 Country: \*Zip/ Postal Code: 95814

**e. Organizational Unit:**

Department Name: State Water Resources Control Board	Division Name: Division of Water Quality
---	---

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

Prefix: Mr. First Name: Steve  
 Middle Name:  
 \*Last Name: Fagundes  
 Suffix:

Title: Senior Water Resources Control Engineer / Project Manager

Organizational Affiliation:

\*Telephone Number: (916) 341-5487 Fax Number: (916) 341-5463

\*Email: sfagundes@waterboards.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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.460

CFDA Title:

Nonpoint Source Implementation Grants

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

State of California

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

The Implementation and coordination of activities and projects related to the Clear Water Act, Section 319(h) for funding non-point source management projects.

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **CA-6 (Sacramento)**

\*b. Program/Project:

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

17. Proposed Project:

\*a. Start Date: **7/1/13**

\*b. End Date: **6/30/18**

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

*a. Federal	\$8,395,342.00	*d. Local	
*b. Applicant		*e. Other	
*c. State	\$5,877,261.00	*f. Program Income	
*d. Local		*g. TOTAL	\$14,272,603.00

**\*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 **May 9, 2013**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: **Mr.** \*First Name: **Thomas**

Middle Name:

\*Last Name: **Howard**

Suffix:

\*Title: **Executive Director**

\*Telephone Number: **916-341-5615**

Fax Number: **916-341-5621**

\*Email: **thoward@waterboards.ca.gov**

\*Signature of Authorized Representative:

Date Signed: **5/14/2013**

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

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify):

[Empty box]

\* 3. Date Received:

03/22/2013

4. Applicant Identifier:

01398045

RECEIVED

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

MAY 10 2013

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

[Empty box]

7. State Application Identifier:

01398045

8. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9TH STREET

Street2:

[Empty box]

\* City:

SACRAMENTO

County/Parish:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Grants Management Branch

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

Prefix:

[Empty box]

\* First Name:

Khanh

Middle Name:

[Empty box]

\* Last Name:

Nguyen

Suffix:

[Empty box]

Title:

Associate Governmental Program Analyst

Organizational Affiliation:

[Empty box]

\* Telephone Number:

(916) 445-3525

Fax Number:

[Empty box]

\* Email:

khanh.nguyen@wildlife.ca.gov

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.505

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F13AS00081

\* Title:

RS (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:

Marine Resource Monitoring

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

14. Congressional Districts Of:

\* a. Applicant CA-006

b. Program/Project CA-ALL

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

[Empty text box]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	1,930,241.00
* b. Applicant	0.00
* c. State	643,414.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,573,655.00

\* 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 05/09/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[Empty text box]

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: [Empty] \* First Name: LISA  
 Middle Name: [Empty]  
 \* Last Name: BAYS  
 Suffix: [Empty]

\* Title: SEMI

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

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

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

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	_____
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	_____
* 3. Date Received:	4. Applicant Identifier:	
05/07/2013	_____	
5a. Federal Entity Identifier:	6b. Federal Award Identifier:	
_____	_____	
<b>RECEIVED</b>		
State Use Only:		
6. Date Received by State:	7. State Application Identifier: 01398046	
_____	_____	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-1697567	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:	Division Name:	
CDFW	Grants Management Branch	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Khanh
_____	_____	_____
Middle Name:	_____	
* Last Name:	Nguyen	
Suffix:	_____	
Title: Associate Governmental Program Analyst		
Organizational Affiliation:		
_____		
* Telephone Number:	(916) 445-3525	Fax Number:
_____	_____	_____
* Email:	khanh.nguyen@wildlife.ca.gov	
_____	_____	

RECEIVED  
MAY 10 2013  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F13AS00081

\* Title:

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

13. Competition Identification Number:

Title:

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

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

Fishery Information for Barred Sand Bass & Kelp Bass (F-50-R)

Attach supporting documents as specified in agency instructions.

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="CA-006"/>	b. Program/Project: <input type="text" value="ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="07/01/2013"/>	* b. End Date: <input type="text" value="06/30/2014"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="484,562.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="161,521.00"/>
* 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="646,083.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="05/07/2013"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text" value="LISA"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="BAYS"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="S8MI"/>	
* Telephone Number: <input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="lisa.bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="05/07/2013"/>

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
-------------------------------------	--

<b>5a. Federal Entity Identifier:</b> R9 Tracking # 08-368	<b>* 5b. Federal Award Identifier:</b> _____
---	---

<b>State Use Only:</b>	<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> MSCA 2013/20164
------------------------	---	---

<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> Toxic Substances Control, California Department of	<b>* c. Organizational DUNS:</b> 949010870
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0281381	

<b>d. Address:</b>	
<b>* Street1:</b> 8800 Cal Center Drive, Sacramento, CA	
<b>Street2:</b> _____	
<b>* City:</b> Sacramento	
<b>County:</b> Sacramento	
<b>* State:</b> California	
<b>Province:</b> _____	
<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 95826	

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> Department of Toxic Substances Control	<b>Division Name:</b> Brownfields and Environmental Restoration Program

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Ms.	<b>* First Name:</b> Jessie
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Ugalde	
<b>Suffix:</b> _____	
<b>Title:</b> Associate Governmental Program Analyst	

<b>Organizational Affiliation:</b> Grants Administration and Planning, Brownfields and Environmental Restoration Program
--

<b>* Telephone Number:</b> (916) 255-3897	<b>Fax Number:</b> (916) 255-6445
---	-----------------------------------

<b>* Email:</b> jugalde@dtsc.ca.gov
-------------------------------------

RECEIVED

MAY 10 2013

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Environmental Protection Agency - Region 9

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

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS

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

N/A

\* Title:

N/A

**13. Competition Identification Number:**

N/A

Title:

N/A

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

California - Statewide

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

Multi-Site Cooperative Agreement (MSCA)

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant: District-3 & 4

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

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

\* a. Federal \$700,000 ~~350,000~~  
\* b. Applicant 0  
\* c. State 0  
\* d. Local 0  
\* e. Other 0  
\* f. Program Income 0  
\* g. TOTAL ~~700,000~~ 350,000

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

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

05/01/2013

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

Mr.

\* First Name:

Stewart

Middle Name:

W.

\* Last Name:

Black

Suffix:

\* Title:

Deputy Director, Brownfields Environmental and Restoration Program

\* Telephone Number:

(916)324-3148

Fax Number:

(916) 323-3500

\* Email:

sblack@dtsc.ca.gov

\* Signature of Authorized Representative:

Stewart W. Black

\* Date Signed:

4-30-13



## Department of Toxic Substances Control

**Matthew Rodriguez**  
Secretary for  
Environmental Protection

Deborah O. Raphael, Director  
8800 Cal-Center-Drive  
Sacramento, California 95826-3200

**Edmund G. Brown Jr.**  
Governor

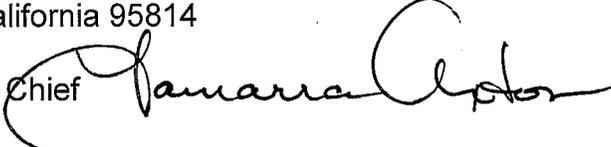
RECEIVED

MAY 10 2013

STATE CLEARING HOUSE

### MEMORANDUM

TO: State Clearinghouse  
Office of Planning and Research  
1400 Tenth Street  
Sacramento, California 95814

FROM: Tamarra Axton, Chief   
Grants Unit  
Brownfields and Environmental Restoration  
Department of Toxic Substances Control

DATE: May 7, 2013

SUBJECT: APPLICATION FOR FEDERAL ASSISTANCE

The Department of Toxic Substances Control has submitted its Application for Federal Assistance to the United States Environmental Protection Agency. Pursuant to the State Review Process, Executive Order 12372, we request to initiate the review process for the Superfund Preliminary Assessment/Site Inspection (PA/SI). Please send a letter of acknowledgement when the review process is complete.

If you have any questions, please contact Jessie Ugalde at (916) 255-3897.

#### Attachment

cc: Ms. Susan Chiu  
Grants Management Section  
Office of Policy and Management  
U.S. Environmental Protection Agency  
75 Hawthorne Street  
San Francisco, California 94105

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> _____		<b>4. Applicant Identifier:</b> _____			
<b>5a. Federal Entity Identifier:</b> R9 Tracking #08-368			<b>* 5b. Federal Award Identifier:</b> _____		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Toxic Substances Control, California Department of					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0281381			<b>* c. Organizational DUNS:</b> 949010870		
<b>d. Address:</b>					
<b>* Street1:</b> 8800 Cal Center Drive					
<b>Street2:</b> _____					
<b>* City:</b> Sacramento					
<b>County:</b> Sacramento					
<b>* State:</b> California					
<b>Province:</b> _____					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 95826					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Toxic Substances Control, California Department of			<b>Division Name:</b> Brownfields and Environmental Restoration Program		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr.		<b>* First Name:</b> John			
<b>Middle Name:</b> _____					
<b>* Last Name:</b> Scandura					
<b>Suffix:</b> _____					
<b>Title:</b> Branch Chief					
<b>Organizational Affiliation:</b> Brownfields and Environmental Restoration Program					
<b>* Telephone Number:</b> (714) 484-5440			<b>Fax Number:</b> (714) 484-5437		
<b>* Email:</b> jscandura@dtsc.ca.gov					

RECEIVED  
MAY 10 2013  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Environmental Protection Agency - Region 9

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

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS

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

N/A

\* Title:

N/A

**13. Competition Identification Number:**

N/A

Title:

N/A

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

California - Statewide

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

Superfund Preliminary Assessment/Site Investigation (PASI)

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 5th

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

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

\* a. Federal \$800,000.00 450,000  
\* b. Applicant 0  
\* c. State 0  
\* d. Local 0  
\* e. Other 0  
\* f. Program Income 0  
\* g. TOTAL \$800,000.00 400,000

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr. \* First Name: Stewart  
Middle Name: W.  
\* Last Name: Black  
Suffix:

\* Title: Deputy Director, Brownfields and Environmental Restoration Program

\* Telephone Number: (916) 324-3148 Fax Number: (916) 323-3500

\* Email: sblack@dtsc.ca.gov

\* Signature of Authorized Representative: Stewart W. Black \* Date Signed: 4-30-13

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(a): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 03/22/2013	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
RECEIVED		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: 01398044	MAY 10 2013
STATE CLEARING HOUSE		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 0083223580000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: <input type="text"/>	
* City: SACRAMENTO	County/Parish: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Grants Management Branch	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Khanh	
Middle Name: <input type="text"/>	* Last Name: Nguyen	
Suffix: <input type="text"/>	Title: Associate Governmental Program Analyst	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (916) 445-3525	Fax Number: <input type="text"/>	
* Email: khanh.nguyen@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

FLJAS00081

\* 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:

Assessment of Finfish Species in Central and Northern 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: CA-006	b. Program/Project: CA-ALL
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date: 07/01/2013	* b. End Date: 06/30/2014
18. Estimated Funding (\$):	
* a. Federal	201,359.00
* b. Applicant	0.00
* c. State	67,130.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	268,479.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 03/22/2013.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name: LISA
Middle Name:	
* Last Name: BAYS	
Suffix:	
* Title: SSMI	
* Telephone Number: (916) 445-3701	Fax Number:
* Email: lisa.bays@wildlife.ca.gov	
* Signature of Authorized Representative: Lisa Bays	* Date Signed: 03/22/2013

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="03/22/2013"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>RECEIVED</b>		
State Use Only: 6. Date Received by State: <input type="text"/>		
7. State Application Identifier: <input type="text" value="01398047"/>		<b>MAY 10 2013</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>STATE CLEARING HOUSE</b>		
* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1697567"/>	* c. Organizational DUNS: <input type="text" value="8083223580000"/>	
d. Address: * Street1: <input type="text" value="1831 9TH STREET"/> Street2: <input type="text"/> * City: <input type="text" value="SACRAMENTO"/> 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="95811-7011"/>		
e. Organizational Unit: Department Name: <input type="text" value="CDPW"/> Division Name: <input type="text" value="Grants Management Branch"/>		
f. Name and contact information of person to be contacted on matters involving this application: Prefix: <input type="text"/> * First Name: <input type="text" value="Khanh"/> Middle Name: <input type="text"/> * Last Name: <input type="text" value="Nguyen"/> Suffix: <input type="text"/> Title: <input type="text" value="Associate Governmental Program Analyst"/> Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(916) 445-3535"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="khanh.nguyen@wildlife.ca.gov"/>		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F13A5000B1

\* 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:

Management of Marine Sport Fish under Federal or Mixed Jurisdiction (F-50)

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:

07/01/2013

\* b. End Date:

06/30/2014

## 18. Estimated Funding (\$):

* a. Federal	534,886.00
* b. Applicant	0.00
* c. State	178,295.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	713,181.00

## \* 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

05/09/2013

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

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

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

 Yes

 No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:

\* First Name:

LISA

Middle Name:

\* Last Name:

BAYS

Suffix:

\* Title:

SSMI

\* Telephone Number:

(916) 445-3701

Fax Number:

\* Email:

lisa.bays@wildlife.ca.gov

\* Signature of Authorized Representative:

Lisa Bays

\* Date Signed:

03/22/2013

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 03/22/2013	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: G1398049	
8. APPLICANT INFORMATION:		
* a. Legal Name: STATE OF CALIFORNIA	RECEIVED MAY 10 2013 STATE CLEARING HOUSE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1811 9TH STREET	Street2: <input type="text"/>	
* City: SACRAMENTO	County/Parish: <input type="text"/>	
* State: CA: California	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Grants Management Branch	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Khanh	
Middle Name: <input type="text"/>	* Last Name: Nguyen	
Suffix: <input type="text"/>	Title: Associate Governmental Program Analyst	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (916) 445-3525	Fax Number: <input type="text"/>	
* Email: khanh.nguyen@wildlife.ca.gov		

**Application for Federal Assistance SF-424**

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

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

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

**\* Other (specify):**

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

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

**CFDA Title:**

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant:

b. Program/Project:

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,299,565.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="433,188.00"/>
* 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="1,732,753.00"/>

**\* 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

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/09/2013	Applicant Identifier CA-90-Y797-1
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y797-1
6. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Foothill Transit		Department: Finance	
Organizational DUNS: 94-364-2124		Division:	
Address: Street: 100 S. Vincent Avenue, Suite 200		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: West Covina		Prefix: Mr.	First Name: Gil
County: Los Angeles		Middle Name	
State: CA		Last Name Victorio	
Zip Code 91790		Suffix: NA	
Country: USA		Email: gvictorio@foothilltransit.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4688218		Phone Number (give area code) (626) 931-7227	Fax Number (give area code) (626) 931-7327
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507		9. NAME OF FEDERAL AGENCY: Federal Transit Authority	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement Buses	
13. PROPOSED PROJECT Start Date: 09/13/2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 29, 32, 35, 38, 39 & 40	
Ending Date: 02/28/2014		b. Project Same	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,570,788	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/09/2013	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 453,664	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 3,024,430		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix Mr.	First Name Gil		
Last Name Victorio		Suffix	
b. Title Finance Manager		c. Telephone Number (give area code) (626) 931-7227	
d. Signature of Authorized Representative <i>G. Victorio</i>		a. Date Signed 05/09/2013	

Previous Edition Usable  
Authorized for Local Reproduction

MAY 10 2013

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

STATE CLEARING HOUSE

RECEIVED

MAY 10 2013

Version 303

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED	STATE CLEARING HOUSE
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application

Construction

Non-Construction

Pre-application

Construction

Non-Construction

5. APPLICANT INFORMATION

Legal Name: WOODLAKE FIRE PROTECTION DISTRICT

Organizational OUNS: 171509577

Address: 216 E. NARRANSO BLVD

City: WOODLAKE

County: TULARE

State: CA Zip Code: 93286

Country: USA

Organizational Unit:

Department: WOODLAKE FIRE PROTECTION DISTRICT

Division: ---

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

Prefix: --- Firm Name: ANTHONY

Middle Name: ---

Last Name: PEREZ

Suffix: ---

Email: APEREZ@CITY.WOODLAKE.CA.US

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6010152 / 17150957

Phone Number (give area code): 559-564-2191

Fax Number (give area code): 559-564-0766

8. TYPE OF APPLICATION:

New  Continuation  Revision

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

Other (specify): ---

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

Other (specify): DISTRICT

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): D.S-766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

EQUIPMENT PURCHASE

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

TULARE COUNTY

"LIGHT ENGINE"

13. PROPOSED PROJECT

Start Date: --- Ending Date: ---

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 22 b. Project: 22

15. ESTIMATED FUNDING:

a. Federal	\$ <u>115,000.00</u>
b. Applicant	\$ <u>---</u>
c. State	\$ <u>---</u>
d. Local	\$ <u>---</u>
e. Other	\$ <u>---</u>
f. Program Income	\$ <u>---</u>
g. TOTAL	\$ <u>115,000.00</u>

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

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

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes  No (If "Yes" attach an explanation)

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

a. Authorized Representative

First Name: ANTHONY

Last Name: PEREZ

b. Title: FIRE CHIEF

Signature of Authorized Representative: [Signature]

Middle Name: ---

Suffix: ---

c. Telephone Number (give area code): 559-564-2191

d. Date Signed: 05-06-13

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 9-2002) Prescribed by OMB Circular A-102

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application		<b>*2. Type of Application</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation		<b>*If Revision, select appropriate letter(s):</b>  <b>* Other (Specify)</b>
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> 11-024		
<b>5a. Federal Entity Identifier:</b> LS 97952501		<b>*5b. Federal Award Identifier:</b>		
<b>RECEIVED</b> MAY 14 2013 STATE CLEARING HOUSE				
<b>State Use Only:</b>		<b>6. Date Received by State:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>				
<b>* a. Legal Name: State Water Resources Control Board</b>				
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0281986		<b>*c. Organizational DUNS:</b> 808321913		
<b>d. Address:</b>				
*Street1: 1001 I Street Street 2: *City: Sacramento County: *State: California Province: Country: *Zip/ Postal Code: 95814				
<b>e. Organizational Unit:</b>				
Department Name: State Water Resources Control Board		Division Name: Division of Water Quality		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>				
Prefix: Mr. Middle Name:		First Name: Kevin		
*Last Name: Graves Suffix:				
Title: Supervisory Water Resources Control Engineer / Program Manager				
Organizational Affiliation:				
*Telephone Number: (916) 341-5782		Fax Number: (916) 341-5808		
*Email: kgraves@waterboard.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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.805

CFDA Title:

Leaking Underground Storage Tank Trust Fund Corrective Action Program

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

State of California

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

Continue to develop and implement effective regulatory programs for the prevention, detection and corrective releases from leaking UST (underground storage tank) systems containing petroleum or hazardous substances regulated under the Resources Conservation and Recovery Act (RCRA) Subtitle I.

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-6

\*b. Program/Project: California - All

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

17. Proposed Project:

\*a. Start Date: 7/1/13

\*b. End Date: 6/30/2014

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

*a. Federal	\$2,473,511.00	*d. Local	
*b. Applicant		*e. Other	
*c. State	\$1,051,483.00	*f. Program Income	
*d. Local		*g. TOTAL	\$3,524,994.00

**\*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 May 14, 2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr. \*First Name: Thomas

Middle Name:

\*Last Name: Howard

Suffix:

\*Title: Executive Director

\*Telephone Number: 916-341-5615

Fax Number: (916) 341-5621

\*Email: thoward@waterboards.ca.gov

\*Signature of Authorized Representative:

Date Signed: 5/16/2013



# SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the ICPMP.xls document of the CPMP tool.

**RECEIVED**

MAY 15 2013

STATE CLEARING HOUSE

**SF 424**

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

Date Submitted: May 7, 2013	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	Application	Pre-application
Date Received by HUD	Federal Identifier	<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
City of Watsonville		CA63966 WATSONVILLE	
250 Main Street		Organizational DUNS 010939452	
PO Box 50000		Organizational Unit	
Watsonville	California	Redevelopment and Housing Department	
95076	Country U.S.A.	Division	
<b>Employer Identification Number (EIN):</b>		Santa Cruz County	
94-6000451		7/1/2013	
<b>Applicant Type:</b>		Specify Other Type if necessary:	
Local Government: City		Specify Other Type	
<b>Program Funding</b>		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG/Project Titles: City Program Year 2013-14 CDBG Projects		Description of Areas Affected by CDBG Project(s): City of Watsonville, California	
700,432.50	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$80,000		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s)			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
N/A		Description of Areas Affected by HOME Project(s)	
\$HOME Grant Amount		\$Additional HUD Grant(s) Leveraged Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	

\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s)			
Housing Opportunities for People with AIDS		14.241 HOPWA	
N/A		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14.231 ESG	
N/A		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
CA-17	CA-17		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 5/1
		<input type="checkbox"/> No	Program is not covered by EO 12372
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
Jackie	Middle Initial	Ventura
Administrative Analyst	831-768-3080	831-763-4114
jackie.ventura@cityofwatsonville.org	www.cityofwatsonville.org	Other Contact
Signature of Authorized Representative 		May 7, 2013
Carlos J. Palacios, City Manager		

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 5/15/13	Applicant Identifier
<input type="checkbox"/> Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input checked="" type="checkbox"/> Pre-application			
<input type="checkbox"/> Construction			
<input checked="" type="checkbox"/> Non-Construction			

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
Legal Name: Leavitt Lake Community Services District		Department: Wastewater	
Organizational DUNS: 121807663		Division: Reclamation area/Ponds	
Address: Street: 471-830 Buffum Lane		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Susanville		Prefix:	First Name: Catherine
County: Lassen		Middle Name: M.	
State: California	Zip Code: 96130	Last Name: Seabourn	
Country: USA		Suffix:	

RECEIVED

MAY 15 2013

STATE CLEARING HOUSE

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2831599		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Special District Other (specify)	
<b>8. TYPE OF APPLICATION:</b>		<b>9. NAME OF FEDERAL AGENCY:</b> USDA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-760		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Install electricity and aerators for wastewater ponds, clean ponds, install new valves and piping to re-configure flow of ponds, abandon one monitoring well and drill another	
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Leavitt Lake subdivision of Susanville, CA	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date: 8/2013	Ending Date: 3/2014	a. Applicant 2	b. Project 2

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 406,000 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ <sup>00</sup>	DATE: 5/15/13	
c. State	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 406,000 <sup>00</sup>		

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

a. Authorized Representative

Prefix	First Name Catherine	Middle Name M
Last Name Seabourn	Suffix	
b. Title Manager	c. Telephone Number (give area code) (530) 257-7977	
d. Signature of Authorized Representative <i>Catherine M. Seabourn</i>	e. Date Signed 5/15/13	

Application for Federal Assistance SF-424

Version: 02

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

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

5a. Federal Entity Identifier: EDA	* 5b. Federal Award Identifier: 07-83-06869	<b>MAY 15 2013</b>
---------------------------------------	--	--------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: 3CORE, Inc.	* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0065873	* c. Organizational DUNS: 153404116
------------------------------	---	--

**d. Address:**

* Street1:	3120 Cohasset Rd., Suite 1
* Street2:	
* City:	Chico
* County:	
* State:	CA: California
* Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95973

**e. Organizational Unit:**

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

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

Prefix: Ms.	* First Name: Sheri
Middle Name: <input type="text"/>	
* Last Name: Nix	
Suffix: <input type="text"/>	
Title: Planning Program Manager	

**Organizational Affiliation:**

3Core, Inc.	
* Telephone Number: 530-893-8732 X204	Fax Number: 530-893-0020
* Email: <a href="mailto:sheri@3coreinc.org">sheri@3coreinc.org</a>	

OMB Number: 4010-0047  
Expiration Date: 01/31/2010

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\* 12. Funding Opportunity Number:

RDAPLANNING2012

\* Title:

Planning Program and Local Technical Assistance Program

13. Competition Identification Number:

PL-TA

Title:

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

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

The program objectives of this investment will support Economic Development Programs that will foster job creation for the unemployed and under-employed, and enhance job retention in the District.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0674  
Expiration Date: 01/31/2016

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

\* a. Applicant:  \* b. Program/Project:

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

17. Proposed Project:

\* a. Start Date:  \* b. End Date:

18. Estimated Funding (\$):

* a. Federal	75,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	50,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	125,000.00

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

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

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

Yes  No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 219, 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.

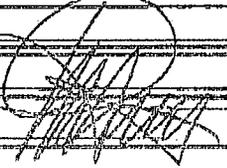
Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

OMB Number: 4940-0004  
Expiration Date: 09/31/2012

<b>Application for Federal Assistance SF-424</b>		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: F19AF00081	
<b>RECEIVED</b> MAY 15 2013		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1398009 <b>STATE CLEARING HOUSE</b>	
<b>B. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: B083223500000	
d. Address:		
* Street1: 1831 9TH STREET	Street2: _____	
* City: SACRAMENTO	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: PETE	
Middle Name: _____	* Last Name: MARCELLANA	
Suffix: _____	Title: GRANT 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:

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:

F13A800081

\* 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:

RECREATIONAL FISHING ENHANCEMENT OPPORTUNITIES ALONG THE SAN JOAQUIN RIVER CORRIDOR

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.

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2013

\* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	168,336.00
* b. Applicant	0.00
* c. State	56,112.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	224,448.00

\* 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 05/14/2013.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: LISA

Middle Name: [ ]

\* Last Name: BAYS

Suffix: [ ]

\* Title: SSMI

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

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

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

OMB Number: 4940-004  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 03/22/2013	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<b>RECEIVED</b> MAY 15 2013 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1398049	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322350000	
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: Grants Management Branch	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Khanh	
Middle Name: _____	* Last Name: Nguyen	
Suffix: _____	Title: Associate Governmental Program Analyst	
Organizational Affiliation: _____		
* Telephone Number: (916) 445-3525	Fax Number: _____	
* Email: khanh.nguyen@wildlife.ca.gov		

Application for Federal Assistance SF-424

\* 8. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

\* 12. Funding Opportunity Number:

F13AS00081

\* Title:

RS (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:

ROV Survey of Yelloweye Rockfish in Northern 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="49,426.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="16,475.00"/>
* 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="65,901.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

## Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: XA-00T76401-2	
State Use Only:		STATE CLEARING HOUSE	
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Bay Area Air Quality Management District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1622746		*c. Organizational DUNS: 078781416	
d. Address:			
*Street1: 939 Ellis Street			
Street 2:			
*City: San Francisco			
County:			
*State: CA			
Province:			
Country: USA			
*Zip/ Postal Code: 94109			
e. Organizational Unit:			
Department Name: Air Monitoring		Division Name: Technical Services	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		First Name: Eric	
Middle Name: David			
*Last Name: Stevenson			
Suffix:			
Title: Director of Technical Services			
Organizational Affiliation:			
*Telephone Number: 415-749-4695		Fax Number: 415-749-5082	
*Email: estevenson@baaqmd.gov			

RECEIVED

MAY 15 2013

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 32

9. Type of Applicant 1: Select Applicant Type: **D. Special District Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

**Environmental Protection Agency**

11. Catalog of Federal Domestic Assistance Number:

**66.034**

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

**Section 103 - General Aviation Airport Study**

13. Competition Identification Number:

Title:

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

**The 9 Bay Area counties - Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma**

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

**Determination of lead concentration gradient moving away from airport run-up area.**

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

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

\*b. Program/Project:

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

See Attached

17. Proposed Project:

\*a. Start Date: 6/1/2013

\*b. End Date: Until Completed

18. Estimated Funding (\$):

\*a. Federal

\$50,000.00

\*d. Local

\*b. Applicant

\*e. Other

\*c. State

\*f. Program Income

\*d. Local

\*g. TOTAL

\$50,000.00

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

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

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

- Yes  No

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

 \*\*I AGREE

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

Authorized Representative:

Prefix: Mr.

\*First Name: Jack

Middle Name:

\*Last Name: Colbourn

Suffix:

\*Title: Director of Administrative Services

\*Telephone Number: 415-749-5192

Fax Number: 415-749-5111

\*Email: jcolbourn@baaqmd.gov

\*Signature of Authorized Representative:

Date Signed: 2/15/13