Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1 - 15, 2014.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

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

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Western Riverside County Agriculture Coalition

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 341975660

*** c. Organizational DUNS:** 3628224180000

RECEIVED
MAY 01 2014
STATE CLEARING HOUSE

d. Address:

* Street1: P.O. Box 1325
Street2:
* City: San Jacinto
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92581-1325

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: Pat
Middle Name:
* Last Name: Boldt
Suffix:

Title: Executive Director

Organizational Affiliation:
Western Riverside County Agriculture Coalition

* Telephone Number: 951-808-8531
Fax Number:

* Email: mpboldt@aol.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

NRCS, Commodity Credit Corporation

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Conservation Innovation Grants Fiscal Year (FY) 2014 Announcement for Program Funding

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-14-01

*** Title:**

Conservation Innovation Grants (CIG) program, authorized as part of the Environmental Quality Incentives Program (EQIP) (16 U.S.C. 3839aa-8) under section 2509 of the Food, Conservation, and Energy Act of 2008 (Public Law 110-246)

13. Competition Identification Number:

Title:

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

5 14 Areas Affected.docx

Add Attachment | Delete Attachment | View Attachment

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

Developing and Piloting a Water Quality Trading (WQT) Program for Agricultural Operators in the San Jacinto River Watershed

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☒ Preapplication	☒ New	
☐ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

RECEIVED
MAY 01 2014
STATE CLEARING HOUSE

d. Address:

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

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: PATRICK
Middle Name:
*Last Name: ISHERWOOD
Suffix:

Title: FISCAL ANALYST

Organizational Affiliation:

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

*Email: patricki@selfhelpenterprises.org

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

Application for Federal Assistance SF-424 Version 02

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

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-2014: HOUSING PRESERVATION GRANTS

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2014

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

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

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: 09/30/2014 *b. End Date: 9/30/2015

18. Estimated Funding ($):

*a. Federal	100,000
*b. Applicant	
*c. State	100,000
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	200,000

***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 4/28/2014

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: MR. *First Name: PETER

Middle Name: 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: 4.28.14

Attachment D

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
04/28/2014	

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: Los Angeles County Metropolitan Transportation Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4401975	0440555230000

d. Address:

* Street1: One Gateway Plaza
Street2:
* City: Los Angeles
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90012-2952

e. Organizational Unit:

Department Name:	Division Name:
Countywide Planning	Regional Grants

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

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

Title: Transportation Planning Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
213-922-4299	

* Email: hamideha@metro.net

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Transportation Planning Agency

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

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-14-RA-TIGER6

* Title:

FY 2014 National Infrastructure Investments

13. Competition Identification Number:

TIGER6-FY14

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

High Speed Rail Revenue Study for the High Desert Multipurpose Corridor Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-033
* b. Program/Project: CA-025

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/02/2015
* b. End Date: 12/30/2015

18. Estimated Funding ($):

* a. Federal	1,000,000.00
* b. Applicant	430,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,430,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/28/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** 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: ashad

Middle Name:

* Last Name: hamideh

Suffix:

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299

Fax Number:

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh

* Date Signed: 04/28/2014

Attachment C

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
04/28/2014	

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: Los Angeles County Metropolitan Transportation Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4401975	0440555230000

d. Address:

* Street1: One Gateway Plaza
Street2:
* City: Los Angeles
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90012-2952

e. Organizational Unit:

Department Name:	Division Name:
Countywide Planning	Regional Grants

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

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

Title: Transportation Planning Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
213-922-4299	

* Email: hamideha@metro.net

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Transportation Planning Agency

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

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-14-RA-TIGER6

* Title:

FY 2014 National Infrastructure Investments

13. Competition Identification Number:

TIGER6-FY14

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Southern California Regional Interconnector Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-033 * b. Program/Project CA-034

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/02/2015 * b. End Date: 06/30/2017

18. Estimated Funding ($):

* a. Federal	3,000,000.00
* b. Applicant	5,000,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	8,000,000.00

*** 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 04/28/2014.

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

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

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

Middle Name:

* Last Name: Hamideh

Suffix:

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299 Fax Number:

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh * Date Signed: 04/28/2014

Attachment A

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
04/28/2014	

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Metropolitan Transportation Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4401975	0440555230000

d. Address:

* Street1: One Gateway Plaza
Street2:
* City: Los Angeles
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90012-2952

e. Organizational Unit:

Department Name:	Division Name:
Countywide Planning	Regional Grants

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

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

Title: Transportation Planning Manager

Organizational Affiliation:

* Telephone Number:	Fax Number:
213-922-4299	

* Email: hamideha@metro.net

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Transportation Planning Agency

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

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-14-RA-TIGER6

* Title:

FY 2014 National Infrastructure Investments

13. Competition Identification Number:

TIGER6-FY14

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Willowbrook/Rosa Parks Station Master Plan Implementation Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-033 * b. Program/Project CA-044

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/02/2015 * b. End Date: 12/30/2019

18. Estimated Funding ($):

* a. Federal	29,200,000.00
* b. Applicant	20,000,000.00
* c. State	0.00
* d. Local	4,500,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	53,700,000.00

*** 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 04/28/2014.

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

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

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

Middle Name:

* Last Name: Hamideh

Suffix:

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299 Fax Number:

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh * Date Signed: 04/28/2014

Attachment B

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
04/28/2014	

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: Los Angeles County Metropolitan Transportation Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-4401975	0440555230000

d. Address:

* Street1: One Gateway Plaza
Street2:
* City: Los Angeles
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90012-2952

e. Organizational Unit:

Department Name:	Division Name:
Countywide Planning	Regional Grants

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

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

Title: Transportation Planning Manager

Organizational Affiliation:

* Telephone Number: 213-922-4299
Fax Number:

* Email: hamideha@metro.net

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Transportation Planning Agency

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

U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-14-RA-TIGER6

* Title:

FY 2014 National Infrastructure Investments

13. Competition Identification Number:

TIGER6-FY14

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Eastside Access Improvements/ Regional Bikeshare Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-033 * b. Program/Project CA-034

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/02/2015 * b. End Date: 06/30/2019

18. Estimated Funding ($):

* a. Federal	20,815,000.00
* b. Applicant	5,535,390.00
* c. State	0.00
* d. Local	3,855,610.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	30,206,000.00

*** 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 04/28/2014.

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

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

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

Middle Name:

* Last Name: Hamideh

Suffix:

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299 Fax Number:

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh * Date Signed: 04/28/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

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

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

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MAY 01 2014
STATE CLEARINGHOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Karuk Tribe

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-2576572	1453079300000

d. Address:

* Street1:	64236 Second Avenue
Street2:	
* City:	Happy Camp
County/Parish:	Siskiyou County
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	96039-0000

e. Organizational Unit:

Department Name:	Division Name:
Karuk Information Technology	

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

Prefix:	Mr.	* First Name:	Dale
Middle Name:			
* Last Name:	Josephson		
Suffix:			

Title:

Organizational Affiliation:
The Karuk Tribe

* Telephone Number:	(530)493-1600	Fax Number:	(530)493-5322

* Email: compliance@karuk.us

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-14-GPD-067-000-02

* Title:

Fiscal Year (FY) 2014 Tribal Homeland Security Grant Program (THSGP)

13. Competition Identification Number:

Title:

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

Cities and Counties.docx

Add Attachment | Delete Attachment | View Attachment

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

Emergency Security Equipment,Disaster preparedness IT equipment and Planning.

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-1&2 * b. Program/Project CA-1&2

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014 * b. End Date: 10/01/2016

18. Estimated Funding ($):

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

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

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

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Russell

Middle Name: (Buster)

* Last Name: Atterbery

Suffix:

* Title: Tribal Chairman

* Telephone Number: (530)493-1600 Fax Number: (530)493-5322

* Email: compliance@karuk.us

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☑ Application	☑ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:

4. Application Identifier:

RECEIVED
MAY 01 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 14-9419-0306

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: 04-712-0084

d. Address:

*Street1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 95618

e. Organizational Unit:

Department Name: CA Animal Health & Food Safety Laboratory System	Division Name:

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

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

Title: Contracts & Grants Analyst

Organizational Affiliation:
Office of Research - Sponsored Programs
1850 Research Park Drive, Suite 300
Davis, CA 95618

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

*Email: oliver@ucdavis.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal Care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California and any other support of NAHLN as required

*15. Descriptive Title of Applicant's Project:

Swine surveillance

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant Three

*b. Program/Project: Swine surveillance

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

17. Proposed Project:

*a. Start Date: 05/15/2014

*b. End Date: 03/31/2015

18. Estimated Funding ($):

*a. Federal	$53,432.50
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$53,432.50

***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 04/30/14
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☐ **I AGREE

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

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number: 530-754-7700

Fax Number: 530-754-8229

*Email:

*Signature of Authorized Representative:

Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission

- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application

- ☐ New
- ☑ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
MAY 01 2014
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: 14-9419-0306

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: 04-712-0084

d. Address:

*Street1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province:
Country: United States
*Zip/ Postal Code: 95618

e. Organizational Unit:

Department Name: CA Animal Health & Food Safety Laboratory System

Division Name:

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

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

Title: Contracts & Grants Analyst

Organizational Affiliation:
Office of Research - Sponsored Programs
1850 Research Park Drive, Suite 300
Davis, CA 95618

*Telephone Number: 530-754-8266

Fax Number: 530-754-8229

*Email: oliver@ucdavis.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Diseases, Pest Control and Animal Care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

California and any other support of NAHLN as required

*15. Descriptive Title of Applicant's Project:

Swine surveillance

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant Three

*b. Program/Project: Swine surveillance

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

17. Proposed Project:

*a. Start Date: 05/15/2014

*b. End Date: 03/31/2015

18. Estimated Funding ($):

*a. Federal	$53,432.50
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$53,432.50

***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 04/30/14
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☐ **I AGREE

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

Authorized Representative:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

*Title:

*Telephone Number: 530-754-7700

Fax Number: 530-754-8229

*Email:

*Signature of Authorized Representative:

Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Version 02

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. Application Identifier: Southern California Regional Rail Authority

RECEIVED
MAY 02 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier: 5802

*5b. Federal Award Identifier: FTA Section 5307

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663

*c. Organizational DUNS: 8361404750000

d. Address:

*Street1: One Gateway Plaza, 12th Floor
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: USA
*Zip/ Postal Code: 90012

e. Organizational Unit:

Department Name: Grants Administration

Division Name: Finance

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

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

Title: Planning Manager

Organizational Affiliation:

*Telephone Number: (213) 452-0264

Fax Number:

*Email: SakodaK@scrra.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Version 02

Application for Federal Assistance SF-424

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

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

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

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
20.507

CFDA Title:
Federal Transit Formula Grants

*12. Funding Opportunity Number:

*Title: Fixed Guideway Modernization Program

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Rehabilitation of track, structures, and customer information signage on existing transit right-of-way.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41,42

*a. Applicant Southern California Regional Rail

*b. Program/Project: Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 2/1/2014

*b. End Date: 7/20/2017

18. Estimated Funding ($):

*a. Federal	$3,748,840.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$3,748,840.00

***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
- [x] 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
- [x] 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)

- [x] **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: Michael

Middle Name:

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258

Fax Number:

*Email: depallom@scrra.net

*Signature of Authorized Representative: Michael DePallo

Date Signed: 5-1-14

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*2. Type of Application
- [x] New
- [ ] Continuation
- [ ] Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
MAY 02 2014
STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier: Southern California Regional Rail Authority

5a. Federal Entity Identifier: 5802

*5b. Federal Award Identifier: FTA Section 5337

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663

*c. Organizational DUNS: 8361404750000

d. Address:

*Street1: One Gateway Plaza, 12th Floor
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: USA
*Zip/ Postal Code: 90012

e. Organizational Unit:

Department Name: Grants Administration

Division Name: Finance

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

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

Title: Planning Manager

Organizational Affiliation:

*Telephone Number: (213) 452-0264

Fax Number:

*Email: sakodak@scrra.net

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

*12. Funding Opportunity Number:

*Title: State of Good Repair Program

13. Competition Identification Number:

Title:

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

Los Angeles County, Orange County, and Ventura County

*15. Descriptive Title of Applicant's Project:

Rehabilitation of track, railbed in Orange County, and upgrade communication system on the River Subdivision.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41,42

*a. Applicant Southern California Regional Rail *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 2/1/2014 *b. End Date: 7/20/2017

18. Estimated Funding ($):

*a. Federal	$2,804,790.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$2,804,790.00

***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: Michael

Middle Name:

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258 Fax Number:

*Email: depallom@scrra.net

*Signature of Authorized Representative: Michael DePallo Date Signed: 5-2-14

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

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

4. Applicant Identifier:

MAY 02 2014

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498081

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: 1031 9TH STREET
Street2:
* City: SACRAMENTO
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-323-6201

Fax Number: 916-327-6320

* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F14AS00127

* Title:

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

13. Competition Identification Number:

Title:

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

HUMBOLDT AND DEL NORTE COUNTIES

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

WHITE-FOOTED VOLE HABITAT SELECTION AND DETECTION TECHNIQUES

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	26,071.00
* b. Applicant	0.00
* c. State	14,038.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	40,109.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/02/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701
Fax Number: 916-327-0062

* 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 Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 18, 2014	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
MAY 05 2014
STATE CLEARING HOUSE

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Preapplication: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fresno Economic Opportunities Commission

Organizational Unit: Food Services

Address *(give city, county, State, and zip code)*: 3100 W. Neilsen Ave., Fresno CA 93706

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Gary Joseph 559-266-3663

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1606519

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY: USDA Rural Development

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

TITLE: Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase Cambro Carriers (Insulated food carriers) for summer feeding program.

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: City of San Joaquin, Fresno, CA

13. PROPOSED PROJECT

Start Date: | Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 16 Costa

b. Project: 21 Valadao

15. ESTIMATED FUNDING:

a. Federal	$ 980.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 328.00
f. Program Income	$ .00
g. TOTAL	$ 1,308.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☑ No

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

a. Type Name of Authorized Representative: Brian Angus	b. Title: Chief Executive Officer	c. Telephone Number: (559) 266-3663
d. Signature of Authorized Representative		e. Date Signed

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 18, 2014	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier: RECEIVED
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier: MAY 05 2014

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☑ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fresno Economic Opportunities Commission

Organizational Unit: Food Services STATE CLEARING HOUSE

Address *(give city, county, State, and zip code)*: 3100 W. Neilsen Ave., Fresno CA 93706

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Gary Joseph 559-266-3663

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94 — 1606519

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

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

TITLE: Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase Cambro Carriers (Insulated food carriers) for summer feeding program.

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

Caruthers, Huron, Del Rey, Orange Cove, Mendota, Firebaugh, Fres

13. PROPOSED PROJECT

Start Date	Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 16 Costa

b. Project: 21 - Valadao, 22, Nunes,

15. ESTIMATED FUNDING:

a. Federal	$ 7,190.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 5,890.00
f. Program Income	$ .00
g. TOTAL	$ 13,080.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☑ No

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

a. Type Name of Authorized Representative: Brian Angus	b. Title: Chief Executive Officer	c. Telephone Number: (559) 266-3663
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED April 18, 2014	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	RECEIVED

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☑ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Fresno Economic Opportunities Commission

Organizational Unit: Food Services

MAY 05 2014

Address *(give city, county, State, and zip code)*: 3100 W. Neilsen Ave., Fresno CA 93706

Name and telephone number of person to be contacted on matters involving this application *(give area code)*: Gary Joseph 559-266-3663

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1606519

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

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

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

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

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

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

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

TITLE: Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Purchase Cambro Carriers (Insulated food carriers) for summer feeding program.

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

Kerman, Laton, Coalinga, Parlier , Fresno, CA

13. PROPOSED PROJECT

Start Date	Ending Date

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 16 Costa

b. Project: 21 Valadao

15. ESTIMATED FUNDING:

a. Federal	$ 2,135.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ 3,969.00
f. Program Income	$ .00
g. TOTAL	$ 6,104.00

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

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

DATE _____

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☑ No

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

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Brian Angus	Chief Executive Officer	(559) 266-3663
d. Signature of Authorized Representative		e. Date Signed

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
MAY 05 2014
STATE CLEARINGHOUSE

* 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: City of Woodlake

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
946000458	

d. Address:

* Street1: 350 N. Valencia
Street2:
* City: Woodlake
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93286-0000

e. Organizational Unit:

Department Name:	Division Name:
Public Works	

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

Prefix: Mr. * First Name: Matthew
Middle Name:
* Last Name: Ainley
Suffix: P.E.

Title: Project Engineer

Organizational Affiliation:
4Creeks, Inc.

* Telephone Number: 559-802-3052 Fax Number: 559-802-3215

* Email: matta@4-creeks.com

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

Waste and Water Disposal Systems for Rural Communities.

*** 12. Funding Opportunity Number:**

Application

* Title:

2014 Water Systems Improvement Project

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:**

Improvement including a)installation of Supervisory Control and Data Acquisition system for water production, b)installation of new and conversion of existing water meters, construction of a new well

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: 21st
* b. Program/Project: 21st

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/06/2015
* b. End Date: 07/16/2016

18. Estimated Funding ($):

* a. Federal	3,310,000.00
* b. Applicant	
* c. State	
* d. Local	650,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	3,960,000.00

*** 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 .
- [x] 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
- [x] 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)**

- [x] ** 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:	Ramon
Middle Name:	
* Last Name:	Lara
Suffix:	
* Title:	City Adminstrator
* Telephone Number:	559-564-8055
Fax Number:	
* Email:	rlara@ci.woodlake.ca.us
* Signature of Authorized Representative:	Ramon Lara
* Date Signed:	4/24/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED
MAY 05 2014
STATE CLEARING HOUSE

* 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: Western Riverside County Agriculture Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN): 341975660

* c. Organizational DUNS: 3628224180000

d. Address:

* Street1: P.O. Box 1325
Street2:
* City: San Jacinto
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92581-1325

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: Pat
Middle Name:
* Last Name: Boldt
Suffix:

Title: Executive Director

Organizational Affiliation:
Western Riverside County Agriculture Coalition

* Telephone Number: 951-805-8531
Fax Number:

* Email: mpboldt@aol.com

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

NRCS, Commodity Credit Corporation

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Conservation Innovation Grants Fiscal Year (FY) 2014 Announcement for Program Funding

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-14-01

* Title:

Conservation Innovation Grants (CIG) program, authorized as part of the Environmental Quality Incentives Program (EQIP) (16 U.S.C. 3839aa-8) under section 2509 of the Food, Conservation, and Energy Act of 2008 (Public Law 110-246)

13. Competition Identification Number:

Title:

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

14 Areas Affected.docx | Add Attachment | Delete Attachment | View Attachment

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

Developing and Piloting a Water Quality Trading (WQT) Program for Agricultural Operators in the San Jacinto River Watershed

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-036
* b. Program/Project: CA-036

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

16 Project Congressional Districts.docx | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2014
* b. End Date: 09/01/2017

18. Estimated Funding ($):

* a. Federal	200,000.00
* b. Applicant	200,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	400,000.00

*** 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 05/01/2014.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. | * First Name: Pat

Middle Name:

* Last Name: Boldt

Suffix:

* Title: Executive Director

* Telephone Number: 831 000 0001 | Fax Number:

* Email: mpbo.ot@aol.com

* Signature of Authorized Representative: [signature] | * Date Signed: 05/04/2014

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED
MAY 05 2014
STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Bakersfield

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000672

* c. Organizational DUNS: 0638109720000

d. Address:

* Street1: 1600 Truxtun Avenue
Street2:
* City: Bakersfield
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93301

e. Organizational Unit:

Department Name: Public Works

Division Name: Wastewater

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

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

Title: Wastewater Manager

Organizational Affiliation: City of Bakersfield

* Telephone Number: 661.326.3249

Fax Number: 661.852.2125

* Email: rbraboy@bakersfieldcity.us

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14AS00030

* Title:

WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

City of Bakersfield, County of Kern, State of California

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

Water Reuse for Groundwater Recharge and Agricultural and Landscape Irrigation

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 23
* b. Program/Project: 23

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 02/01/2016

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	261,963.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	411,963.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: Ralph
Middle Name:
* Last Name: Braboy
Suffix:

* Title: Wastewater Manager
* Telephone Number: 661.326.3249
Fax Number: 661.852.2125
* Email: rbraboy@bakersfieldcity.us
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

OMB N
Expiratio

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED
MAY 05 2014
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Margarita Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0103678

* c. Organizational DUNS: 072528813

d. Address:

* Street1: 26111 Antonio Parkway
Street2:
* City: Rancho Santa Margarita
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92688

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Don

Middle Name:

* Last Name: Bunts

Suffix:

Title: Chief Engineer

Organizational Affiliation:
Chief Engineer, Engineering Department.

* Telephone Number: (949) 459-6602

Fax Number:

* Email: donb@smwd.com

OMB Number
Expiration Date

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Public Utility- Water District

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14AS00030

* Title:

WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

Orange County, CA. Cities of Mission Viejo,San Juan Capistrano,Dana Point,Laguna Niguel,S. Laguna Aliso Viejo,Dana Point, Laguna Hills, Rancho Santa Margarita, San Clemente, & unincorp. areas Coto de Caza,Las Flores,Talega,Rancho Mission Viejo.

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

Santa Margarita Water District's San Juan Groundwater Basin Recharge, Reclamation, and Reuse Feasibility Study.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number
Expiration Date

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-045
* b. Program/Project: CA-045

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

Additional Congressional Dis [redacted]

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 10/01/2016

18. Estimated Funding ($):

* a. Federal	225,000.00
* b. Applicant	227,880.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	452,880.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2

[ ] 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 [X] No [redacted]

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)**

[X] ** 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: Don
Middle Name:
* Last Name: Bunts
Suffix:

* Title: Chief Engineer
* Telephone Number: (949) 459-6602
Fax Number: (949) 589-6243
* Email: donb@smwd.com
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

RECEIVED
MAY 05 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Apple Valley, CA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 330338303

* c. Organizational DUNS: 6222152180000

d. Address:

* Street1: 14955 Dale Evans Parkway
Street2:
* City: Apple Valley
County: San Bernardino
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92307-3061

e. Organizational Unit:

Department Name: Planning

Division Name:

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

Prefix: Mr.
* First Name: Dennis
Middle Name:
* Last Name: Cron
Suffix:

Title: Assistant Town Manager

Organizational Affiliation: Assistant Town Manager

* Telephone Number: (760) 240-7000 ext. 7520
Fax Number:

* Email: DCron@applevalley.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14AS00030

* Title:

WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

Town of Apple Valley, San Bernardino County

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

Apple Valley Water Reclamation Pipelines Feasibility Study

Attach supporting documents as specified in agency instructions.

[redacted] [redacted] [redacted]

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant CA-008 * b. Program/Project CA-008

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

[redacted]

17. Proposed Project:

* a. Start Date: 07/31/2014 * b. End Date: 07/31/2015

18. Estimated Funding ($):

* a. Federal	73,600.00
* b. Applicant	74,467.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Occidental County Sanitation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539

* c. Organizational DUNS: 079375203

d. Address:

* Street1: 404 Aviation Boulevard
Street2:
* City: Santa Rosa
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95403-9073

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: Lynne
Middle Name:
* Last Name: Rosselli
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 707-524-3771
Fax Number: 707-524-3787

* Email: Lynne.Rosselli@scwa.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14AS00030

* Title:

WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

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

Occidental Reclaimed Water Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-002
* b. Program/Project: CA-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2014
* b. End Date: 03/30/2016

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	150,180.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	300,180.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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:	Grant
Middle Name:	
* Last Name:	Davis
Suffix:	
* Title:	General Manager
* Telephone Number:	707-547-1911
Fax Number:	707-524-3787
* Email:	grant.davis@scwa.ca.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Sonoma County Water Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539

* c. Organizational DUNS: 074662503

d. Address:

* Street1: 404 Aviation Boulevard
Street2:
* City: Santa Rosa
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95403-9073

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: Lynne
Middle Name:
* Last Name: Rosselli
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: 707-524-3771
Fax Number: 707-524-3787

* Email: Lynne.Rosselli@scwa.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14AS00030

* Title:

WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

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

North Bay Water Reuse Program: Phase II Feasibility Study

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-002
* b. Program/Project: CA-002

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

NBWRA_Congressional_District | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2017

18. Estimated Funding ($):

* a. Federal	1,224,875.00
* b. Applicant	1,224,875.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	2,449,750.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** 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: Grant

Middle Name:

* Last Name: Davis

Suffix:

* Title: General Manager

* Telephone Number: 707-547-1911 Fax Number: 707-524-3787

* Email: grant.davis@scwa.ca.gov

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

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

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☐ New
- ☑ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier: FTA Recipient No. 1647

*5b. Federal Award Identifier: CA-90-Z069

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: City of Culver City

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

*c. Organizational DUNS: 063833651

d. Address:

*Street1: Culver City Transportation Department
Street 2: 4343 Duquesne Avenue
*City: Culver City
County:
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 90232

e. Organizational Unit:

Department Name: Transportation Department

Division Name: Administration/Finance

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

Prefix: Ms.
First Name: B. Jane
Middle Name:
*Last Name: Leonard
Suffix:

Title: Sr. Management Analyst

Organizational Affiliation:

*Telephone Number: 310-253-6523
Fax Number: 310-253-6513

*Email: jane.leonard@culvercity.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
FTA

11. Catalog of Federal Domestic Assistance Number:

N/A

CFDA Title:

*12. Funding Opportunity Number:

*Title: FTA Section 5307 Capital Funds - FFY13 and FFY14 Formula Allocations

13. Competition Identification Number: N/A

Title:

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

Cities of Culver City and the western area of Los Angeles, Los Angeles County, California.

*15. Descriptive Title of Applicant's Project:

Preventative Maintenance Activities for FY15 (July 1, 2014 - June 30, 2015); CNG Station Compressor Replacement Project; Certificates of Participation (COPs) for 2015 (19th year of a 20-year financial agreement for the purchase of the Culver City Transportation Facility)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: Culver City, West Los Angeles, Marina Del Rey, Inglewood, El Segundo

*a. Applicant CA-037 *b. Program/Project: CA-037; CA-033; CA-043

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

17. Proposed Project:

*a. Start Date: 07/01/2014 *b. End Date: 6/30/2015

18. Estimated Funding ($):

*a. Federal	$3,619,655.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	$1,752,845.00
*f. Program Income	
*g. TOTAL	$5,372,500.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/6/2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Art

Middle Name: A.

*Last Name: Ida

Suffix:

*Title: Transportation Director

*Telephone Number: 310-253-6545 Fax Number:

*Email: art.ida@culvercity.org

*Signature of Authorized Representative: Date Signed: 5/6/2014

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission
- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☑ New
- ☐ Continuation
- ☐ Revision

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419

*c. Organizational DUNS: 025986159

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d. Address:

*Street1: 21865 Copley Dr.
Street 2:
*City: Diamond Bar
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 91765

e. Organizational Unit:

Department Name:
Project Director e-mail: jlow@aqmd.gov

Division Name:
Science & Technology Advancement

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:
South Coast Air Quality Management District

*Telephone Number: 909-396-2780
Fax Number: 909-396-2765

*Email: mleonard@aqmd.gov

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

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:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Surveys, Studies, Investigations, Special Purpose Activities to the CAA

*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:

S103 Research Grant: National Air Toxics Trends Station (NATTS) Monitoring

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 42 *b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: July 1, 2014 *b. End Date: June 30, 2015

18. Estimated Funding ($):

*a. Federal $360,000.00
*b. Applicant
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL $360,000.00

***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 5/6/14
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100 Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: Barry R Wallerstein / by KKW Date Signed: 5/6/2014

APPROVED AS TO FORM
KURT R WIESE, GENERAL COUNSEL
By: [signature]
Date: 5/6/14

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):
☐ Preapplication	☐ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARINGHOUSE

* 3. Date Received:	4. Applicant Identifier:

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

State Use Only:

6. Date Received by State:	7. State Application Identifier: MSCA 2013/2015

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0281381	949010870

d. Address:

* Street1:	8800 Cal Center Drive
Street2:	
* City:	Sacramento
County:	Sacramento
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95826

e. Organizational Unit:

Department Name:	Division Name:
Department of Toxic Substances Control	Brownfields and Environmental Restoration Program

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

Prefix:	Ms.	* First Name:	Jessie
Middle Name:			
* Last Name:	Ugalde		
Suffix:			

Title: Associate Governmental Program Analyst

Organizational Affiliation:
Grants Administration and Planning, Brownfields and Environmental

* Telephone Number:	(916) 255-3897	Fax Number:	(916) 255-6445

* Email: jugalde@dtsc.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 07/01/2014

* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	$350,000
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$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 05/08/2014.

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

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

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 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: May 6, 2014

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-1732-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
April 7, 2014	13-0540-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County:	
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Biological Control of the Cereal Leaf Beetle in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: District 6
* b. Program/Project: CA-all

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

17. Proposed Project:

* a. Start Date: 6/1/2014
* b. End Date: 5/31/2014

18. Estimated Funding ($):

* a. Federal	27,013
* b. Applicant	
* c. State	27,013
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	27,013

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

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

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

- [ ] Yes
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231
Fax Number:

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

* Signature of Authorized Representative:
* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

RECEIVED
MAY 07 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498076

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 6083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-323-6201

Fax Number: 916-327-6320

* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F14AS00127

* Title:

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

13. Competition Identification Number:

Title:

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

SACRAMENTO, SAN JOAQUIN, MERCED, MADERA, FRESNO, KINGS, TULARE, BAKERSFIED, SANTA BARBARA, VENTURA, LOS ANGELES, ORANGE, AND SAN DIEGO COUNTIES

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

TRICOLORED BLACKBIRD: COLONY PROTECTION, MONITORING & RESEARCH

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	141,607.00
* b. Applicant	0.00
* c. State	76,250.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	217,857.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/07/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701
Fax Number: 916-327-0062

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

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

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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MAY 07 2014
STATE CLEARING HOUSE

* 3. Date Received: 03/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498059

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-327-0062
Fax Number: 916-327-6320

* Email: JASON.WILLIAMS@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - BLACK BEAR POPULATION ASSESSMENT

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	239,473.00
* b. Applicant	0.00
* c. State	79,824.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	319,297.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 03/24/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701
Fax Number: 916-327-6320

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

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 03/24/2014

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498069

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 6083223580000

d. Address:

* Street1: 1031 9TH STREET
Street2:
* City: SACRAMENTO
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-323-6201
Fax Number: 916-327-6320

* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F14AS00127

* Title:

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

13. Competition Identification Number:

Title:

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

SANTA BARBARA, VENTURA, LOS ANGELES, ORANGE, SAN DIEGO WITH THE EXCEPTION OF CHANNEL ISLANDS

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

SOUTH COAST REGION SPECIES AND NATURAL COMMUNITIES MONITORING AND ASSESSMENT PROJECT

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-all

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2017

18. Estimated Funding ($):

* a. Federal	479,688.00
* b. Applicant	0.00
* c. State	258,294.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	737,982.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701
Fax Number: 916-327-0062

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

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

RECEIVED MAY 07 2014 STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498064

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697867

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

R9 (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.):

Humboldt County

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

NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT AND RESEARCH: CA COASTAL MONITORING PROGRAM COORDINATION AND IMPLEMENTATION.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	138,016.00
* b. Applicant	0.00
* c. State	46,005.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	184,021.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/07/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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.

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Burney Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000140

* c. Organizational DUNS: 099537391

d. Address:

* Street 1: 20222 Hudson Street
Street 2:
* City: Burney
County/Parish:
* State: CA
Province
* Country: USA: UNITED STATES
* Zip / Postal Code: 96013

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:
* First Name: William
Middle Name: M.
* Last Name: Rodriquez
Suffix:

Title: District Manager

Organizational Affiliation:

* Telephone Number: (530) 335-3582
Fax Number:

* Email: burneywd@yahoo.com

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

G. Special District

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

Burney Water District

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Town of Burney

Add Attachments | Delete Attachments | View Attachments

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

Booster Pump Station Improvement Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 1
* b. Program/Project: 1

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 01-01-2015
* b. End Date: 06-30-2015

18. Estimated Funding ($):

* a. Federal	$499,000.00
* b. Applicant	$0.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$499,000.00

*** 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 05-02-2014.

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

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

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

☐ Yes ☑ No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix:

* First Name: William

Middle Name: M.

* Last Name: Rodriguez

Suffix:

* Title: District Manager

*Telephone Number: (530) 335-3582

Fax Number:

* Email: burneywd@yahoo.com

* Signature of Authorized Representative: William M R

* Date Signed: 5/2/2014

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

RECEIVED
MAY 07 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498087

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-327-0062
Fax Number: 916-327-6320

* Email: JASON.WILLIAMS@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

WILDLIFE INVENTORIES AND RESEARCH: COMPREHENSIVE WETLANDS HABITAT PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	187,325.00
* b. Applicant	0.00
* c. State	62,442.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	249,767.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701
Fax Number: 916-327-6320

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

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Applicant Identifier: Dept. of Food and Agriculture

RECEIVED

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

MAY 07 2014

State Use Only:

STATE CLEARINGHOUSE

6. Date Received by State: May 7, 2014

7. State Application Identifier: 13-0519-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104

* c. Organizational DUNS: 807487665

d. Address:

* Street1: 1220 N Street, Room 315
Street2:
* City: Sacramento
County:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture

Division Name: Plant Health & Pest Prevention Services

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

Prefix:
* First Name: Jason
Middle Name: K
* Last Name: Chan
Suffix:

Title:

Organizational Affiliation: California Department of Food and Agriculture

* Telephone Number: (916) 654-1211

Fax Number: (916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Medfly - Los Angeles

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 3/12/2014 * b. End Date: 9/30/2014

18. Estimated Funding ($):

* a. Federal 1,265,736
* b. Applicant
* c. State 1,265,736
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 2,531,472

*** 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 7, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

ORIGINAL

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 05/06/2014

4. Applicant Identifier:

RECEIVED
MAY 08 2014
STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: South San Joaquin Irrigation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001319

* c. Organizational DUNS: 0083697120000

d. Address:

* Street1: P.O Box 747
Street2:
* City: Ripon
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95366

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title:

Organizational Affiliation:

* Telephone Number: 209-249-4617
Fax Number:

* Email: sbologna@ssjid.com

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14A500030

* Title:

WATERSMART: DEVELOPMENT OF FEASIBILITY STUDIES UNDER THE TITLE XVI WATER RECLAMATION AND REUSE PROGRAM

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Phase 1 Feasibility Assessment of Pressurized Water Delivery

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: CA010
* b. Program/Project: CA010

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2014
* b. End Date: 04/01/2015

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	600,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	750,000.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/06/2014.

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

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

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

Middle Name:

* Last Name: Bologna

Suffix:

* Title: Engineering Manager

* Telephone Number: 209-249-4617

Fax Number:

* Email: nbologna@sadjid.com

* Signature of Authorized Representative: Sam F. Bologna

* Date Signed: 5/2/14

ORIGINAL

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED
MAY 08 2014
STATE CLEARING HOUSE

* 3. Date Received: 05/06/2014

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: South San Joaquin Irrigation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6001319

* c. Organizational DUNS: 0083697120000

d. Address:

* Street1: P.O Box 747
Street2:
* City: Ripon
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95366

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title:

Organizational Affiliation:

* Telephone Number: 209-249-4617
Fax Number:

* Email: sbologna@ssjid.com

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R14AS00030

* Title:

WATERSMART: DEVELOPMENT OF FEASIBILITY STUDIES UNDER THE TITLE XVI WATER RECLAMATION AND REUSE PROGRAM

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Phase I Feasibility Assessment of Pressurized Water Delivery

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: CA010
* b. Program/Project: CA010

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2014
* b. End Date: 09/01/2016

18. Estimated Funding ($):

* a. Federal	450,000.00
* b. Applicant	450,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	900,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** 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: Sam
Middle Name:
* Last Name: Bologna
Suffix:

* Title: Engineering Manager
* Telephone Number: 209-249-4617
Fax Number:
* Email: sbologna@sajid.com

* Signature of Authorized Representative: Sam F Bologna
* Date Signed: 5/2/14

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
MAY 08 2014
STATE CLEARINGHOUSE

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

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

State Use Only:

6. Date Received by State:	7. State Application Identifier:
May 7, 2014	13-0519-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County:	
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Medfly - Los Angeles

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 3/12/2014 * b. End Date: 9/30/2014

18. Estimated Funding ($):

* a. Federal 1,265,736
* b. Applicant
* c. State 1,265,736
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 2,531,472

*** 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 7, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
MAY 08 2014
STATE CLEARINGHOUSE

*3. Date Received: 4. Application Identifier:

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

*c. Organizational DUNS: 627797426

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County: Riverside
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Office of Research and Economic Development

Division Name: Sponsored Programs Administration

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

Prefix: Ms.
First Name: Frosina
Middle Name:
*Last Name: Al Zgoul
Suffix:

Title: Sr. Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4968
Fax Number: 951-827-4483

*Email: frosina.alzgoul@ucr.edu

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: USDA-Grants-042210-001

*Title: National Clean Plant Network Cooperative Agreement Program

13. Competition Identification Number:

Title:

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

Worldwide

*15. Descriptive Title of Applicant's Project:

This project will ensure that high quality citrus propagative material will be produced, maintained, and supplied to scientists and the industry in the USA under the standards of excellence of NCPN.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA:041 *b. Program/Project: CA:041

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

17. Proposed Project:

*a. Start Date: 05/01/2014 *b. End Date: 07/31/2014

18. Estimated Funding ($):

*a. Federal	$45,980.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$45,980.00

***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 05/08/2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms. *First Name: Frosina

Middle Name:

*Last Name: Al Zgoul

Suffix:

*Title: Sr. Contract and Grant Officer

*Telephone Number: 951-827-4968 Fax Number: 951-827-4483

*Email: frosina.alzgoul@ucr.edu

*Signature of Authorized Representative: F Al Zgoul Date Signed: 5/8/2014

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
MAY 08 2014
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-1703-CA	

State Use Only:

RECEIVED

6. Date Received by State:	7. State Application Identifier:
April 4, 2014	

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County:	
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Implementation of Noxious Weed Biological Control in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 7/1/2014 * b. End Date: 6/30/15

18. Estimated Funding ($):

* a. Federal 24,834
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 24,834

*** 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 8, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8130-0337-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
April 30, 2014	

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	807487665

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d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County:	
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Augmentation of production of parasitoids of Asian Citrus Psyllid (ACP) at existing California facilities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 5/1/2014 * b. End Date: 4/30/2015

18. Estimated Funding ($):

* a. Federal 46,000
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 46,000

*** 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 May 8, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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

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

State Use Only:

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

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8. APPLICANT INFORMATION:

* a. Legal Name: Viejas (Baron Long) Group of Capitan Grande Band of Mission

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
33-0409825	1128995420000

d. Address:

* Street1: 1 Viejas Grade Road
Street2:
* City: Alpine
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 91901-1605

e. Organizational Unit:

Department Name:	Division Name:
Viejas Fire Department	

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

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

Title: Fire Chief

Organizational Affiliation:
Tribal Fire Department

* Telephone Number:	Fax Number:
619-659-2376	

* Email: dbutz@viejas-nsn.gov

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-14-GPD-067-000-02

* Title:

Fiscal Year (FY) 2014 Tribal Homeland Security Grant Program (THSGP)

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:**

Tribal implementation of a comprehensive security program.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-50
* b. Program/Project: CA-50

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	355,000.00
* b. Applicant	55,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	410,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** 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: Don
Middle Name:
* Last Name: Butz
Suffix:

* Title: Fire Chief

* Telephone Number: 619-659-2376
Fax Number:

* Email: dbutz@viejas-nsn.gov

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

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

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

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State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498034

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: 1031 9TH STREET
Street2:
* City: SACRAMENTO
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: PETE

Middle Name:

* Last Name: MARCELLANA

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Stockton, San Joaquin County. Congressional Districts 2, 3, 6, 10, and 11.

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

STURGEON POPULATION AND SPORT FISHERY ASSESSMENT

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	162,618.00
* b. Applicant	0.00
* c. State	54,206.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	216,824.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

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State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498055

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: PETE

Middle Name:

* Last Name: MARCELLANA

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Redding

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

GEOGRAPHIC INFORMATION SYSTEM DATA LAYER PRODUCTION TO SUPPORT COASTAL SALMONID MONITORING PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005 * b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014 * b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	37,320.00
* b. Applicant	0.00
* c. State	12,440.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	49,760.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** 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: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: 05/09/2014

4. Applicant Identifier:

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5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498080

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

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

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-323-6201
Fax Number: 916-327-6320

* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F14AS00127

* Title:

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

13. Competition Identification Number:

Title:

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

ALL CALIFORNIA COUNTIES

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

DISEASE AND CONTAMINANTS IN SENSITIVE RAPTOR SPECIES & SENTINELS

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2016

18. Estimated Funding ($):

* a. Federal	93,641.00
* b. Applicant	0.00
* c. State	50,422.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	144,063.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I
* Telephone Number: 916-445-3701
Fax Number: 916-327-0062
* Email: LISA.BAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative: Lisa Bays
* Date Signed: 05/09/2014

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

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State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498014

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: STEVE

Middle Name:

* Last Name: WONG

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-3694

Fax Number: 916-327-6320

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Statewide

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

MANAGEMENT OF MARINE SPORT FISH: OCEAN RESOURCES ENHANCEMENT AND HATCHERY PROGRAM

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	1,069,414.00
* b. Applicant	0.00
* c. State	356,472.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,425,886.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: 916-327-6320

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

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498016

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

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

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

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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.):

Statewide

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

California Halibuts and Surfperch Species of Recreational Importance

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	214,188.00
* b. Applicant	0.00
* c. State	71,396.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	285,584.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/08/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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:	916-327-6320
* Email:	lisa.bays@wildlife.ca.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Valley Springs Public Utility District

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

* c. Organizational DUNS: [redacted]

d. Address:

* Street 1: [redacted]
Street 2: PO Box 284
* City: [redacted]
County/Parish: Calaveras
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: [redacted]

e. Organizational Unit:

Department Name: Valley Springs Public Utility District

Division Name: N/A

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

Prefix: Mr.

* First Name: [redacted]

Middle Name:

* Last Name: [redacted]

Suffix: PE

Title: District Engineer

Organizational Affiliation: Weber, Ghio & Associates

* Telephone Number: (209) 754-1824

Fax Number: (209) 754-1092

* Email: [redacted]

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

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:

10.760

CFDA Title:

Water & Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

N/A

* Title:

13. Competition Identification Number:

N/A

Title:

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

Valley Springs, Calaveras County

Add Attachments | Delete Attachments | View Attachments

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

Wastewater Treatment Plant Relocation Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-004
* b. Program/Project: CA-004

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 06-01-2015
* b. End Date: 06-01-2017

18. Estimated Funding ($):

* a. Federal	$2,800,000.00
* b. Applicant	$0.00
* c. State	$6,000,000.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$8,800,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 5/12/14.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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

[x] **** 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: Mike

Middle Name:

* Last Name: Fischer

Suffix:

* Title: District Manager

*Telephone Number: (209) 772-2650 | Fax Number:

* Email: vspudmanager@sbcglobal.net

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

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

• Other (Specify)

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

4. Applicant Identifier: Water Supply Restoration

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

• a. Legal Name: London Community Services District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0024119

* c. Organizational DUNS: 156414617

d. Address:

• Street 1: 37835 Kate Road
Street 2:
* City: Dinuba
County/Parish: Tulare
* State: CA
Province:
* Country: USA: UNITED STATES
• Zip / Postal Code: 93618

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: James
Middle Name: H.
• Last Name: Wegley
Suffix:

Title: Consulting Civil Engineer

Organizational Affiliation:

* Telephone Number: (559) 732-7938
Fax Number: (559) 732-7937

* Email: kelweg1@aol.com

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

*** 12. Funding Opportunity Number:**

10.763

* Title:

Emergency and Imminent Community Water Assistance Grant

13. Competition Identification Number:

Title:

Emergency Community Water Assistance Grant

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

Add Attachments | Delete Attachments | View Attachments

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

Install and outfit (use existing pump) a replacement well to offset water capacity loss in existing wells due to falling groundwater table.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 21 * b. Program/Project 21

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 06-01-2014 * b. End Date: 09-30-2015

18. Estimated Funding ($):

* a. Federal	$500,000.00
* b. Applicant	
* c. State	
* d. Local	$16,000.00
* e. Other	
* f. Program Income	
* g. TOTAL	$516,000.00

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

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

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

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

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

☐ Yes ☑ No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Dorothy

Middle Name:

* Last Name: Keltner

Suffix:

* Title: Board President

*Telephone Number: (559) 591-5142 Fax Number: (559) 591-0976

* Email: kelweg1@aol.com

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

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Office of Emergency Services (Cal OES)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680278801

* c. Organizational DUNS: 9474361760000

d. Address:

* Street1: 3650 Schriever Avenue
Street2:
* City: Mather
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655-4203

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: Rose
Middle Name:
* Last Name: Nguyen
Suffix:

Title: Division Chief

Organizational Affiliation:

* Telephone Number: (916)845-8646
Fax Number:

* Email: Rose.H.Nguyen@caloes.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-14-GPD-067-000-01

* Title:

FY 2014 Homeland Security Grant Program (HSGP)

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:**

Fiscal Year (FY) 2014 Homeland Security Grant Program (HSGP)

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-003
* 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: 09/01/2014
* b. End Date: 08/31/2016

18. Estimated Funding ($):

* a. Federal	194,292,760.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	194,292,760.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

[x] ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: Mark
Middle Name:
* Last Name: Ghilarducci
Suffix:

* Title: Director
* Telephone Number: (916) 845-8506
Fax Number:
* Email: Mark.Ghilarducci@caloes.ca.gov
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
05/12/2014	JepsonUCM

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6036494	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

e. Organizational Unit:

Department Name:	Division Name:
Water Resources	Agriculture and Natural Resour

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 and Natural Resources

* Telephone Number:	510-984-0036	Fax Number:	

* Email: doug.parker@ucop.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G14AS00001

* Title:

USGS Non-Competitive Assistance FY 2014 - National Grants Branch

13. Competition Identification Number:

G14AS00001

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Lake-Pair Synchronicity as an Indicator of Permafrost Change in Arctic Regions

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-013
* b. Program/Project: CA-016

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2014
* b. End Date: 07/31/2014

18. Estimated Funding ($):

* a. Federal	37,745.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	37,745.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** 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: Kendra
Middle Name:
* Last Name: Rose
Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-750-1276
Fax Number:

* Email: ktrose@ucanr.edu

* Signature of Authorized Representative: Kendra Rose
* Date Signed: 05/12/2014

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Emergency Management Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680278801

* c. Organizational DUNS: 9474361760000

d. Address:

* Street1: 3650 Schriever Avenue
Street2:
* City: Mather
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655-4203

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: Kris
Middle Name:
* Last Name: Whitty
Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 845-8251
Fax Number:

* Email: Kris.Whitty@calema.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:

Non-Profit Security Program

*** 12. Funding Opportunity Number:**

DHS-13-GPD-008-000-01

* Title:

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

California - FY 2013 Nonprofit Security Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003 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: 09/01/2013 * b. End Date: 08/31/2015

18. Estimated Funding ($):

* a. Federal	9,340,800.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,340,800.00

*** 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
- [x] 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
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Mark

Middle Name:

* Last Name: Ghilarducci

Suffix:

* Title: Secretary

* Telephone Number: (916) 845-8506 Fax Number:

* Email: Mark.Ghilarducci@calema.ca.gov

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

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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 1CPMP.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.

Date Submitted 05/10/2014	Applicant Identifier	**Type of Submission**	
Date Received by state	State Identifier	**Application**	**Pre-application**
Date Received by HUD	Federal Identifier	☐ Construction	☐ Construction
		X Non Construction	☐ Non Construction
Applicant Information			
Jurisdiction **City of Oceanside. CA**		UOG Code: CA62532 OCEANSIDE	
300 North Coast Highway		Organizational DUNS: 073370678	
Nevada Street Annex		Organizational Unit:	
Oceanside	California	Department: Neighborhood Services	
92054-2824	Country U.S.A.	Division: Housing and Code Enforcement	
Employer Identification Number (EIN):		County: San Diego	
95-1688570		Program Start Date: 07/01/2014	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: City		Specify Other Type	
Program Funding		**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 B-14-MC-06-0547	
CDBG Project Titles Administration and planning, public services, neighborhood revitalization, Section 108 loan payments, housing rehabilitation, code enforcement and capital improvement projects to increase services or improve environmental conditions in low- and moderate-income neighborhoods.		Description of Areas Affected by CDBG Project(s) City of Oceanside and areas in the City identified as low- and moderate-income neighborhoods and neighborhood revitalization strategy areas.	
$CDBG Grant Amount $1,200,645	$Additional HUD Grant(s) Leveraged $145,247 $13,768,301 $67,524	Describe Supportive Housing Program (WRC): Section 8 Rental Assistance, Family Self-Sufficiency Program	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged CalHome Grant Application in process for FY 2014	
$Locally Leveraged Funds Local funds for homeless programs $30,000		$Grantee Funds Leveraged CalGRIP Grant Application in process for FY 2014-15	
$Anticipated Program Income $53,242 repayment loan		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s) $83,242			
Home Investment Partnerships Program		14.239 HOME M-14-MC-06-0523	
HOME Project Titles Development of housing for low- and very-low income families		Description of Areas Affected by HOME Project(s) Citywide programs	
$HOME Grant Amount $432,059	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged $426,250 – CalHOME, $115,287 - Mortgage Credit Certificates, $467,220 – 20% Redevelopment Set-Aside	
$Locally Leveraged Funds$368,367 – Inclusionary Housing Fees, $80,000 Mortgage Revenue Bonds		$Grantee Funds Leveraged	

$Anticipated Program Income$240,000 - Vintage Pointe Repayment	Other (Describe)
Total Funds Leveraged for HOME-based Project(s)$1,697,124	

Housing Opportunities for People with AIDS	14.241 HOPWA
HOPWA Project Titles	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
ESG Project Titles	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: Applicant Districts 49	Project Districts 49	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.		X Yes	This application was made available to the state EO 12372 process for review on 5/10/2014
		☐ No	Program is not covered by EO 12372
☐ Yes	X No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
First Name: Cecilia	Middle Initial: A.	Last Name: Barandiaran
Title: Management Analyst	Phone: 760-435-3385	Fax: 760-435-6385
eMail: cbarandiaran@ci.oceanside.ca.us	Grantee Website: www.ci.oceanside.ca.us	Other Contact
Signature of Authorized Representative Steven R. Jepsen, City Manager, City of Oceanside		Date Signed 5-9-14

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 3. Date Received: 03/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AF00364

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498059

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 6083223560000

d. Address:

* Street1: 1931 9TH STREET
Street2:
* City: SACRAEMNTO
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANTS MANAGEMENT BRANCH

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

Prefix:

* First Name: ~~JASON~~ Lisa

Middle Name:

* Last Name: ~~WILLIAMS~~ Bays

Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-~~XXXXXXX~~ 445-3701

Fax Number: 916-327-6320

* Email: ~~JASON.WILLIAMS~~ lisa.bays@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

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:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F14AS00058

* Title:

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

13. Competition Identification Number:

Title:

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

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - BLACK BEAR POPULATION ASSESSMENT (W-73-R)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-006
* b. Program/Project: CA-ALL

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	239,473.00
* b. Applicant	0.00
* c. State	79,824.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	319,297.00

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

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/24/2014.

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

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

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

☐ Yes ☒ No

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

☒ *** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701
Fax Number: 916-327-6320

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

* Signature of Authorized Representative: Lisa Bays
* Date Signed: 03/24/2014

Authorized for Local Reproduction

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

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received: 05/12/2014

4. Applicant Identifier:

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5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Office of Emergency Services (Cal OES)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680278801

* c. Organizational DUNS: 9474361760000

d. Address:

* Street1: 3650 Schriever Avenue
Street2:
* City: Mather
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655-4203

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: Rose
Middle Name:
* Last Name: Nguyen
Suffix:

Title: Division Chief

Organizational Affiliation:

* Telephone Number: (916) 845-8646
Fax Number:

* Email: Rose.H.Nguyen@caloes.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:

Non-Profit Security Program

*** 12. Funding Opportunity Number:**

DHS-14-GPD-008-000-01

* Title:

FY 2014 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

California - FY 2014 Nonprofit Security Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-003
* 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: 09/01/2014
* b. End Date: 08/31/2016

18. Estimated Funding ($):

* a. Federal	7,100,300.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,100,300.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] ** I AGREE

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

Authorized Representative:

Prefix:	Mr.
* First Name:	Mark
Middle Name:	
* Last Name:	Ghilarducci
Suffix:	
* Title:	Director
* Telephone Number:	(916) 845-8506
Fax Number:	
* Email:	Mark.Ghilarducci@caloes.ca.gov
* Signature of Authorized Representative:	Roya Nguyen
* Date Signed:	05/12/2014

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):
☑ Preapplication	☑ New	
☐ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Valley Springs Public Utility District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003780

* c. Organizational DUNS: 004956934

d. Address:

* Street 1: 150 Sequoia Ave
Street 2: PO Box 284
* City: Valley Springs
County/Parish: Calaveras
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95252

e. Organizational Unit:

Department Name: Valley Springs Public Utility District

Division Name: N/A

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

Prefix: Mr.
* First Name: Gary
Middle Name:
* Last Name: Ghio
Suffix: PE

Title: District Engineer

Organizational Affiliation: Weber, Ghio & Associates

* Telephone Number: (209) 754-1824
Fax Number: (209) 754-1092

* Email: g.ghio@wgainc.net

Application for Federal Assistance SF-424

9. Type of Applicant I - Select Applicant Type:

Special District Government

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:

10.760

CFDA Title:

Water & Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

N/A

* Title:

13. Competition Identification Number:

N/A

Title:

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

Valley Springs, Calaveras County

Add Attachments | Delete Attachments | View Attachments

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

Wastewater Treatment Plant Relocation Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-004 * b. Program/Project CA-004

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

Add Attachments | Delete Attachments | View Attachments

17. Proposed Project:

* a. Start Date: 06-01-2016 * b. End Date: 06-01-2017

18. Estimated Funding ($):

* a. Federal	$2,800,000.00
* b. Applicant	$0.00
* c. State	$6,000,000.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$0.00
* g. TOTAL	$8,800,000.00

***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 5/12/14.

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

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

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

☐ Yes ☑ No

If "Yes, provide explanation and attach.

Add Attachments | Delete Attachments | View Attachments

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Mike

Middle Name:

* Last Name: Fischer

Suffix:

* Title: District Manager

*Telephone Number: (209) 772-2650 Fax Number:

* Email: vspudmanager@sbcglobal.net

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

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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 1CPMP.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.

Date Submitted	Applicant Identifier : B-14-UC-06-0501; M-14-DC-06-0534; S14-UC-06-0501	**Type of Submission**	
Date Received by state	State Identifier	**Application**	**Pre-application**
Date Received by HUD	Federal Identifier	☒ Construction	☐ Construction
		☐ Non Construction	☐ Non Construction
Applicant Information			
Jurisdiction **County of San Diego**		UOG Code 06-9073	
Street Address Line 1: 3989 Ruffin Rd.		Organizational DUNS: 074297479	
Street Address Line 2		Organizational Unit : County of San Diego	
City: San Diego	California	Department : Housing & Community Development	
ZIP: 92123-1815	Country U.S.A.	Division: Community Development	
Employer Identification Number (EIN):		County: San Diego	
95-6000934		Program Year Start Date (MM/DD): 07/01	
Applicant Type:		**Specify Other Type if necessary:**	
Local Government: County		Specify Other Type	
Program Funding		**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: CDBG entitlement may be used for housing acquisition, development, rehabilitation, public improvements, services, economic development, and planning to improve the living environment of lower income families		Description of Areas Affected by CDBG Project(s): The Urban County that includes the Unincorporated areas and cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway, and Solana Beach	
$3,592,522 CDBG Grant Amount	$Additional HUD Grant(s) Leveraged	Describe	
$Additional Federal Funds Leveraged		$Additional State Funds Leveraged	
$Locally Leveraged Funds		$Grantee Funds Leveraged	
$250,000 Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for CDBG-based Project(s) $3,842,522			
Home Investment Partnerships Program		14.239 HOME	
HOME Project Titles: HOME Investment Partnership funds may be used for a variety of housing programs including, but not limited to, acquisition, rehabilitation, new construction, rental assistance, and homebuyer assistance.		Description of Areas Affected by HOME Project(s): Urban County and cities of Carlsbad, Encinitas, La Mesa, San Marcos, Santee, and Vista.	
$2,318,559 HOME Grant Amount	$Additional HUD Grant(s) Leveraged	Describe	

$Additional Federal Funds Leveraged	$Additional State Funds Leveraged
$Locally Leveraged Funds	$Grantee Funds Leveraged
$300,000 Anticipated Program Income	Other (Describe)
Total Funds Leveraged for HOME-based Project(s) $2,618,559	

Housing Opportunities for People with AIDS	14.241 HOPWA	
HOPWA Project Titles	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 Solutions Grants Program	14.231 ESG	
ESG Project Titles: ESG funding may be used for renovation of structures for emergency shelters, operating expenses of homeless shelters, provision of essential services to the homeless and/or homeless prevention.	Description of Areas Affected by ESG Project(s): Urban County including the unincorporated area and the cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway, and Solana Beach.	
$285,432 ESG Grant Amount	$Additional HUD Grant(s) Leveraged	Describe
$Additional Federal Funds Leveraged	$Additional State Funds Leveraged	
$Locally Leveraged Funds	$285,432 Grantee Funds Leveraged	
$Anticipated Program Income	Other (Describe)	
Total Funds Leveraged for ESG-based Project(s) $570,864		

Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts: 49, 50, 51, 52, and 53	Project Districts: 49, 50, 51, 52, and 53		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		☒ Yes	This application was made available to the state EO 12372 process for review on 5/15/13
		☐ No	Program is not covered by EO 12372
☐ Yes	☒ No	☐ N/A	Program has not been selected by the state for review

Person to be contacted regarding this application		
First Name: Luisa	Middle Initial: A.	Last Name: Tumini
Title: Housing Program Analyst	Phone: (858) 694-4810	Fax: (858) 514-6532
eMail: luisa.tumini@sdcounty.ca.gov	Grantee Website: www.sdhcd.org	Other Contact: April Torbett – (858) 694-4824
Signature of Authorized Representative: TODD HENDERSON, Director, County of San Diego, Department of Housing and Community Development		Date Signed 04/30/2014

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
	B-14-UC-06-0507

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STATE CLEARING HOUSE

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Ventura

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6000944	0666911220000

d. Address:

* Street1:	Hall of Administration
Street2:	800 S. Victoria Avenue, L#1940
* City:	Ventura
County/Parish:	Ventura
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93009-0001

e. Organizational Unit:

Department Name:	Division Name:
County Executive Office	Regional Development Division

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

Prefix:	Ms.	* First Name:	Christy
Middle Name:			
* Last Name:	Madden		
Suffix:			

Title: Deputy Executive Officer

Organizational Affiliation:

* Telephone Number:	805-654-2679	Fax Number:	805-654-5106

* Email: Christy.Madden@ventura.org

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grants/Entitlement Grants

*** 12. Funding Opportunity Number:**

* Title:

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:**

Ventura County FY 2014-15 Annual Plan-Community Development Block Grant Program, benefiting the cities of Fillmore, Moorpark, Ojai, Santa Paula, and Port Hueneme, and the County unincorporated areas.

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 23&24 * b. Program/Project 23&24

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014 * b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	1,531,833.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,531,833.00

*** 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 05/12/2014.

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Michael

Middle Name:

* Last Name: Powers

Suffix:

* Title: County Executive Officer

* Telephone Number: 805-654-2681 Fax Number: 805-654-5106

* Email: Michael.Powers@ventura.org

* Signature of Authorized Representative: * Date Signed: 5/6/14

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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STATE CLEARINGHOUSE

*3. Date Received:

4. Application Identifier: CA-90-Z190

5a. Federal Entity Identifier: 7178

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Marin County Transit District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3835348

*c. Organizational DUNS: 828720842

d. Address:

*Street1: 711 Grand Ave, Suite 110
Street 2:
*City: San Rafael
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 94901

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Director of Finance and Capital Programs

Organizational Affiliation:

*Telephone Number: 415-226-0861

Fax Number:

*Email: lgradia@marintransit.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

*12. Funding Opportunity Number: FTA Section 5307

*Title: Urbanized Area Formula Program (5307)

13. Competition Identification Number:

Title:

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

Marin County, CA

*15. Descriptive Title of Applicant's Project:

FY2014 Section 5307 funding from UZA - San Francisco-Oakland. The application is for $3,804,970 in federal funding covering 80% of costs for the following projects: $2,235,772 for the replacement of four (4) 30ft diesel transit vehicles, $891,338 for the replacement of 13 paratransit vehicles, $677,860 in FY2014 ADA set aside funding for paratransit operations.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-002 *b. Program/Project: CA-002

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

17. Proposed Project: Replacement Paratransit Vehicles (three)

*a. Start Date: 6/1/2014 *b. End Date: 6/1/2015

18. Estimated Funding ($):

*a. Federal	$3,804,970.00
*b. Applicant	
*c. State	$928,528.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$4,733,498.00

***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 5/14/2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: Barbara

Middle Name:

*Last Name: Duffy

Suffix:

*Title: Interim General Manager

*Telephone Number: 415-226-0855 Fax Number: 415-226-0856

*Email: bduffy@marintransit.org

*Signature of Authorized Representative: Barbara Duffy Date Signed: 5/14/14

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:

4. Application Identifier: CA-90-Z125

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5a. Federal Entity Identifier: 7178

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Marin County Transit District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3835348

*c. Organizational DUNS: 828720842

d. Address:

*Street1: 711 Grand Ave, Suite 110
Street 2:
*City: San Rafael
County:
*State: CA
Province:
Country:
*Zip/ Postal Code: 94901

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Director of Finance and Capital Programs

Organizational Affiliation:

*Telephone Number: 415-226-0861

Fax Number:

*Email: lgradia@marintransit.org

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

*12. Funding Opportunity Number: FTA Section 5307

*Title: Urbanized Area Formula Program (5307)

13. Competition Identification Number:

Title:

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

Marin County, CA

*15. Descriptive Title of Applicant's Project:

$195,897 in FTA Section 5307 funding. $244,871 for 3 replacement paratransit vehicles and strategies to increase security at paratransit yard.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA-002 *b. Program/Project: CA-002

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

17. Proposed Project: Replacement Paratransit Vehicles (three)

*a. Start Date: 6/1/2014 *b. End Date: 6/1/2015

18. Estimated Funding ($):

*a. Federal	$195,897.00
*b. Applicant	
*c. State	$48,974.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$244,871.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3/28/14
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: *First Name: Barbara

Middle Name:

*Last Name: Duffy

Suffix:

*Title: Interim General Manager

*Telephone Number: 415-226-0855 Fax Number: 415-226-0856

*Email: bduffy@marintransit.org

*Signature of Authorized Representative: Barbara Duffy Date Signed: 3/28/14

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier: San Diego Cnty Water Authority

5a. Federal Entity Identifier: U.S. Bureau of Reclamation

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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8. APPLICANT INFORMATION:

* a. Legal Name: San Diego County Water Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002767

* c. Organizational DUNS: 084241033

d. Address:

* Street1: 4677 Overland Avenue
Street2:
* City: San Diego
County: San Diego
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92123

e. Organizational Unit:

Department Name: Water Resources Department

Division Name: Facilities Planning

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

Prefix: Mr.
* First Name: Steve
Middle Name:
* Last Name: Simon
Suffix:

Title: Engineer P.E.

Organizational Affiliation:

* Telephone Number: 858-522-6765
Fax Number: 858-268-7881

* Email: ssimon@sdcwa.org

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

*** 12. Funding Opportunity Number:**

R14AS00036

* Title:

Desalination and Water Purification Research and Development Program (DWPR)

13. Competition Identification Number:

R14AS00036

Title:

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

San Diego County, California

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

Pilot Testing Program for the Proposed Camp Pendleton Seawater Desalination Project

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-052
* b. Program/Project: CA-049

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 11/03/2014
* b. End Date: 06/02/2017

18. Estimated Funding ($):

* a. Federal	400,000.00
* b. Applicant	4,381,500.00
* c. State	1,000,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,781,500.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: Ken
Middle Name:
* Last Name: Weinberg
Suffix:

* Title: Director of Water Resources

* Telephone Number: 858-522-6741
Fax Number:

* Email: kweinberg@sdcwa.org

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

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STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498045

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Shasta, Tehama, Siskiyou, Lassen, Modoc and Trinity Counties.

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

INLAND SPORTFISH RESOURCE ASSESSMENT AND MANAGEMENT (NORTHERN REGION)

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	196,653.00
* b. Applicant	0.00
* c. State	65,551.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	262,204.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/13/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] ** 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: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier: F14AS00033

RECEIVED MAY 14 2014 STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier: G1498047

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: PETE

Middle Name:

* Last Name: MARCELLANA

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F14AS00033

* Title:

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

13. Competition Identification Number:

Title:

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

Siskiyou County

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

ANADROMOUS SPORTFISH RESOURCE AND MANAGEMENT: HABITAT UTILIZATION AND SURVIVAL OF JUVENILE SALMONIDS IN KLAMATH RIVER TRIBUTARIES

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-005
* b. Program/Project: CA-001

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2014
* b. End Date: 06/30/2015

18. Estimated Funding ($):

* a. Federal	127,247.00
* b. Applicant	0.00
* c. State	42,416.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	169,663.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/2014.

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

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

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

[ ] Yes [X] No Explanation

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

[X] ** 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: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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

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5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	97.041

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
52-1692634	1712143070000

d. Address:

* Street1: 1416 Ninth Street, Room 849
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-5510

e. Organizational Unit:

Department Name:	Division Name:
Department of Water Resources	Safety of Dams

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

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

Title: Staff Services Analyst

Organizational Affiliation:

* Telephone Number: 916 227-4665	Fax Number: 916 227-4550

* Email: kroberso@water.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.041

CFDA Title:

National Dam Safety Program

*** 12. Funding Opportunity Number:**

DHS-14-MT-041-000-01

* Title:

FY14 National Dam Safety Program

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

State Dam Safety Enhancement

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-ALL
* 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: 10/01/2014
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	143,144.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	143,144.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] 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)**

- [x] **I AGREE

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

Authorized Representative:

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

* Title: Staff Services Analyst

* Telephone Number: 916 227-4665
Fax Number: 916 227-4550

* Email: kroberso@water.ca.gov

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

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier: 0974-1563

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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*a. Legal Name: Marine BioEnergy, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 90-0655774

*c. Organizational DUNS: 967157020

d. Address:

*Street 1: 4408 Union Avenue
Street 2:
*City: La Cañada
County: Los Angeles
*State: CA
Province:
*Country: USA
*Zip / Postal Code 91011-3136

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs.
*First Name: Cindy
Middle Name:
*Last Name: Wilcox
Suffix:

Title: President

Organizational Affiliation:

*Telephone Number: 818-952-6018

Fax Number:

*Email: cindy.wilcox@charter.net

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

Application for Federal Assistance SF-424 Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Office of Energy Efficiency and Renewable Energy

***12 Funding Opportunity Number:**

DE-FOA-0000974

*Title:

Bioenergy Technologies Incubator

13. Competition Identification Number:

Title:

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

Research will be conducted in California and off the coast of Southern California. If the technology is successful, when implemented at commercial scale, the kelp will be grown in farms in the open ocean as a biomass feedstock. The feedstock will be processed into liquid fuels and will also eventually be used to replace natural gas. The result is that the nation will significantly reduce its use of fossil carbon. The nation may become an energy exporter of carbon nuetral fuels.

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

Abundant Low-Cost Biomass Feedstock Grown in the Open Ocean

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-028 *b. Program/Project: CA-028 & CA-052

17. Proposed Project:

*a. Start Date: 10/01/2014 *b. End Date: 09/30/2016

18. Estimated Funding ($):

*a. Federal	982,309
*b. Applicant	267,699
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,250,008

***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 05/15/2014

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mrs. *First Name: Cindy

Middle Name:

*Last Name: Wilcox

Suffix:

*Title: President

*Telephone Number: 818 952-6018, 818 952-0345 Fax Number:

* Email: cindy.wilcox@charter.net

*Signature of Authorized Representative: Cindy Wilcox *Date Signed: 05/15/2014 5-15-14

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

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

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: University of Southern California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-1642394	0729333930000

d. Address:

* Street1: 3720 S. Flower Street, Suite 325
Street2:
* City: Los Angeles
County/Parish: Los Angeles
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 90089-0701

e. Organizational Unit:

Department Name:	Division Name:
Contracts and Grants	Office of Research

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

Prefix:
* First Name: Alice
Middle Name:
* Last Name: Young-Singleton
Suffix:

Title: Contracts and Grants Officer

Organizational Affiliation:
University of Southern California

* Telephone Number: (213) 821-8235
Fax Number: (213) 740-6070

* Email: youngsin@research.usc.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G14AS00036

* Title:

2015 EHP External Research Support

13. Competition Identification Number:

G14AS00036

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Structural System Identification and Health Monitoring of Buildings for Seismic Alert and Earthquake Early Warning Systems - Wave Method Calibration using ANSS and Chilean Strong Motion Data

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
	Dept. of Food and Agriculture

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
14-8506-1732-CA	

State Use Only:

6. Date Received by State:	7. State Application Identifier:
April 7, 2014	13-0540-FR

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8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0325104	807487665

d. Address:

* Street1:	1220 N Street, Room 315
Street2:	
* City:	Sacramento
County:	
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name:	Division Name:
California Department of Food and Agriculture	Plant Health & Pest Prevention Services

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

Prefix:		* First Name:	Jason
Middle Name:	K		
* Last Name:	Chan		
Suffix:			

Title:

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:	Fax Number:
(916) 654-1211	(916) 654-0555

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Biological Control of the Cereal Leaf Beetle in California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6 * b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 6/1/2014 * b. End Date: 5/31/2015

18. Estimated Funding ($):

* a. Federal 27,013
* b. Applicant
* c. State 0
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 27,013

*** 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 6, 2014.

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

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

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

☐ Yes ☑ No

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

☑ ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

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

* Signature of Authorized Representative: * Date Signed: