

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1 - 15, 2015**. 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.

RECEIVED
MAY 01 2015
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 04/28/2015	4. Applicant Identifier: 1225-1666	
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: Sunfield Semiconductor Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 46-1818140	* c. Organizational DUNS: 0797417510000	
d. Address:		
* Street1:	26007 Alizia Canyon Dr. Unit A	
Street2:	_____	
* City:	Calabasas	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	91302-3422	
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: Steven	
Middle Name: Andrew	_____	
* Last Name: Robbins	_____	
Suffix:	_____	
Title: CEO	_____	
Organizational Affiliation: _____		
* Telephone Number: (818) 871-0116	Fax Number: _____	
* Email: Steve@SunfieldSemi.com		

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

DOE EERE

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

SunShot Technology to Market (Incubator Round 10, SolarMat Round 3, SunPath Round 2)

*** 12. Funding Opportunity Number:**

DE-FOA-0001225

* Title:

SunShot Technology to Market (Incubator Round 10, SolarMat Round 3, SunPath Round 2)

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:**

Magnetic Communication for Smart PV Solar Power Modules

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="144,003.00"/>
* b. Applicant	<input type="text" value="36,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="180,003.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

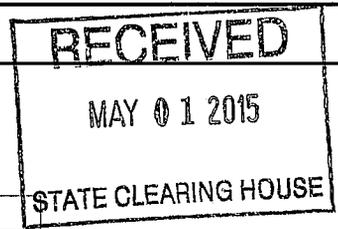
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424



* 1. Type of Submission:

- 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:

1225-1555

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:

George Zviagin

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

473022878

* c. Organizational DUNS:

079611451

d. Address:

* Street1:

7345 Snake Rd.

Street2:

* City:

Oakland

County:

* State:

California

Province:

* Country:

United States

* Zip / Postal Code:

94611

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:

Aaron

Middle Name:

* Last Name:

Iverson

Suffix:

Title:

Chief Operating Officer

Organizational Affiliation:

Co-founder and COO of Ra Power Management, Inc.

* Telephone Number:

(916) 606-0303

Fax Number:

* Email:

aaron.iverson@rpm.solar

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M. Profit Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Energy

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 7

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001225

* Title:

SunShot Technology to Market (Incubator Round 10, SolarMat Round 3, SunPath Round 2)

13. Competition Identification Number:

Title:

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

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

RPM's Solar Asset Management Software

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="125,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="625,000.00"/>

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

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

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

- Yes No If "Yes", provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:		
<input type="checkbox"/> Preapplication	* 2. Type of Application:	
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation	<input type="text"/>
	<input type="checkbox"/> Revision	<input type="text"/>
* If Revision, select appropriate letter(s):		
- Other (Specify)		
<input type="text"/>		
* 3. Date Received:		4. Applicant Identifier:
<input type="text"/>		<input type="text"/>
<small>Completed by Grants.gov upon submission.</small>		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<input type="text"/>		<input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: The Mutual Water Company of the Strickland Tract		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
95-1879036		054838599
d. Address:		
* Street 1: 4952 Joan Way, Oxnard, CA 93036		
Street 2: <input type="text"/>		
* City: Oxnard		
County/Parish: Ventura		
* State: CA		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 93036		
e. Organizational Unit:		
Department Name:		Division Name:
<input type="text"/>		<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	* First Name: Paul
Middle Name:	H.	
- Last Name:	McDaniel	
Suffix:	<input type="text"/>	
Title: Secretary		
Organizational Affiliation:		
Strickland Mutual Water Company		
* Telephone Number: (805) 443-6263		Fax Number: (805) 334-6276
* Email: mcdanielph@gmail.com		

RECEIVED
MAY 01 2015
STATE CLEARING HOUSE

Application for Federal Assistance SF-424		
9. Type of Applicant 1 - Select Applicant Type:		
<input type="text" value="M. Nonprofit (Nonprofit Mutual Benefit Corporation)"/>		
Type of Applicant 2 - Select Applicant Type:		
<input type="text"/>		
Type of Applicant 3 - Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="USDA, Rural Development"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="10.763"/>		
CFDA Title:		
<input type="text" value="Emergency and Imminent Community Water Assistance Grant"/>		
* 12. Funding Opportunity Number:		
<input type="text"/>		
* Title:		
<input type="text"/>		
13. Competition Identification Number:		
<input type="text"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text" value="Unincorporated Ventura County"/>	<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>
<input type="button" value="View Attachments"/>		
* 15. Descriptive Title of Applicant's Project:		
<input type="text" value="Install New Pump in One Well and Drill One New Replacement for Drought Impacted Drinking Water Supply Well"/>		
Attach supporting documents as specified in agency instructions.		
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="26th"/>	* b. Program/Project: <input type="text" value="26th"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>
17. Proposed Project:	
* a. Start Date: <input type="text"/>	* b. End Date: <input type="text"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$0.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes, provide explanation and attach.	
<input type="text"/>	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="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 216, Section 1001)	
<input checked="" type="checkbox"/> I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: <i>Paul H. McDaniel</i>	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Paul"/>
Middle Name: <input type="text" value="H."/>	
* Last Name: <input type="text" value="McDaniel"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Secretary, Strickland Mutual Water Co."/>	
* Telephone Number: <input type="text" value="(805) 443-6263"/>	Fax Number: <input type="text" value="(805) 334-6276"/>
* Email: <input type="text" value="mcdanielph@gmail.com"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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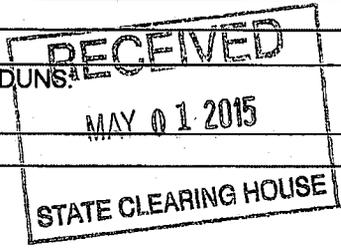
8. APPLICANT INFORMATION:

* a. Legal Name: Port of Oakland

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	* c. Organizational DUNS: 009235326
---	--

d. Address:

* Street1: 530 Water Street
 Street 2:
 * City: Oakland
 County:
 * State: CA
 Province:
 Country:
 * Zip/ Postal Code: 94607



e. Organizational Unit:

Department Name: Financial Planning	Division Name: Finance and Administration
--	--

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

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

Title: Port Senior Accountant

Organizational Affiliation:

* Telephone Number: (510) 627-1292 Fax Number:

* Email: aavalos@portoakland.com

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

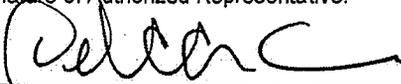
14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Runway 12/30 Overlay Planning, Design Costs, Construction Phase I (South Field), OAK

Attach supporting documents as specified in agency instructions.

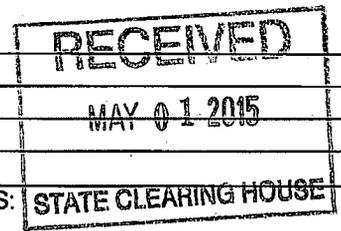
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 7	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 05/01/2015	*b. End Date: 12/31/2016
18. Estimated Funding (\$):	
*a. Federal	<u>7,589,265.00</u>
*b. Applicant	<u>1,827,865.00</u>
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>9,417,130.00</u>
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/0/15</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	*First Name: Deborah
Middle Name:	
*Last Name: Ale Flint	
Suffix:	
*Title: Director of Aviation	
*Telephone Number: (510) 627-1133	Fax Number:
* Email: dale@portoakland.com	
*Signature of Authorized Representative: 	*Date Signed: <u>4/30/15</u>

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---	---------------------------------



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

8. APPLICANT INFORMATION:	
* a. Legal Name: Port of Oakland	* c. Organizational DUNS: 009235326
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	

d. Address:	
* Street1: 530 Water Street Street 2:	
* City: Oakland	
County:	
* State: CA	
Province:	
Country:	*Zip/ Postal Code: 94607

e. Organizational Unit:	
Department Name: Financial Planning	Division Name: Finance and Administration

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

Title: Port Senior Accountant

Organizational Affiliation:

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.com

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Runway 12/30 Overlay Planning and Design Costs, (South Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 7

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 05/01/2015

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal	2,014,750.00
*b. Applicant	485,250.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,500,000.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 5/01/15

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 on next page.)**

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: Deborah

Middle Name:

*Last Name: Ale Flint

Suffix:

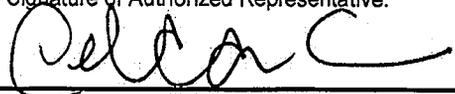
*Title: Director of Aviation

*Telephone Number: (510) 627-1133

Fax Number:

* Email: dale@portoakland.com

*Signature of Authorized Representative:



*Date Signed:

4/30/15

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:		
<input type="checkbox"/> Preapplication	* 2. Type of Application:	
<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Continuation	* If Revision, select appropriate letter(s):
	<input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
<input type="text"/>		<input type="text"/>
<small>Completed by Grants.gov upon submission.</small>		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		RECEIVED
		MAY 01 2015
6. Date Received by State:	<input type="text"/>	7. State Application Identifier:
<input type="text"/>		<input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="The Mutual Water Company of the Strickland Tract"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
<input type="text" value="95-1879836"/>		<input type="text" value="054638599"/>
d. Address:		
* Street 1: <input type="text" value="4952 Joan Way, Oxnard, CA 93036"/>		
Street 2: <input type="text"/>		
* City: <input type="text" value="Oxnard"/>		
County/Parish: <input type="text" value="Ventura"/>		
* State: <input type="text" value="CA"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="93036"/>		
e. Organizational Unit:		
Department Name:		Division Name:
<input type="text"/>		<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Paul"/>
Middle Name:	<input type="text" value="H."/>	
* Last Name:	<input type="text" value="McDaniel"/>	
Suffix:	<input type="text"/>	
Title: <input type="text" value="Secretary"/>		
Organizational Affiliation:		
<input type="text" value="Strickland Mutual Water Company"/>		
* Telephone Number: <input type="text" value="(805) 443-6268"/>		Fax Number: <input type="text" value="(805) 334-6276"/>
* Email: <input type="text" value="mcdanielph@gmail.com"/>		

Application for Federal Assistance SF-424		
9. Type of Applicant 1 - Select Applicant Type: <input type="checkbox"/> Nonprofit (Nonprofit Mutual Benefit Corporation)		
Type of Applicant 2- Select Applicant Type: <input type="text"/>		
Type of Applicant 3- Select Applicant Type: <input type="text"/>		
* Other (specify): <input type="text"/>		
* 10. Name of Federal Agency: <input type="text" value="USDA, Rural Development"/>		
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="10.763"/> CFDA Title: <input type="text" value="Emergency and Imminent Community Water Assistance Grant"/>		
* 12. Funding Opportunity Number: <input type="text"/>		
* Title: <input type="text"/>		
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text" value="Unincorporated Ventura County"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>		
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Install New Pump In One Well and Drill One New Replacement for Drought Impacted Drinking Water Supply Well"/>		
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>		

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: 26th	* b. Program/Project: 26th
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	
17. Proposed Project:	
* a. Start Date:	* b. End Date:
18. Estimated Funding (\$):	
* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$0.00
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes" provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes, provide explanation and attach.	
<input type="text"/> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="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)	
<input checked="" type="checkbox"/> I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative: <i>Paul H. McDaniel</i>	
Prefix:	* First Name: PAUL
Middle Name: H.	
* Last Name: McDaniel	
Suffix:	
* Title: Secretary, Strickland Mutual Water Co.	
* Telephone Number: (805) 443-6263	Fax Number: (805) 334-6276
* Email: mcdanielph@gmail.com	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---	---------------------------------

State Use Only:

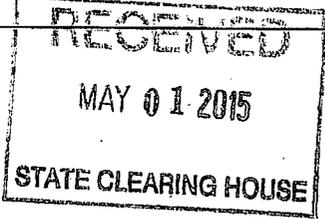
6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: Port of Oakland

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	*c. Organizational DUNS: 009235326
---	---------------------------------------

d. Address:

* Street1: 530 Water Street	
Street 2:	
* City: Oakland	
County:	
* State: CA	
Province:	
Country:	
*Zip/ Postal Code: 94607	

e. Organizational Unit:

Department Name: Financial Planning	Division Name: Finance and Administration
--	--

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

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

Title: Port Senior Accountant

Organizational Affiliation:

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.com

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

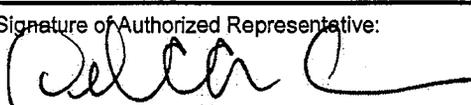
14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Runway Safety Area – Runway 10R/28L and 10L/28R Construction Management and Construction Costs (North Field), Phase II, OAK

Attach supporting documents as specified in agency instructions.

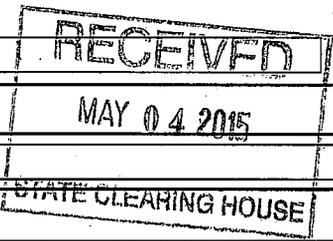
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 7	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 05/01/2015	*b. End Date: 12/31/2015
18. Estimated Funding (\$):	
*a. Federal	9,425,485.00
*b. Applicant	2,270,116.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	11,695,601.00
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/01/15</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	*First Name: Deborah
Middle Name:	
*Last Name: Ale Flint	
Suffix:	
*Title: Director of Aviation	
*Telephone Number: (510) 627-1133	Fax Number:
* Email: dale@portoakland.com	
*Signature of Authorized Representative: 	*Date Signed: 4/30/15

Application for Federal Assistance SF-424

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

* 3. Date Received: 04/08/2015	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: Karuk Tribe
--

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

d. Address:

* Street1: 64236 Second Avenue
Street2: _____
* City: Happy Camp
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 96039-1016

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: Thomas
Middle Name: _____	
* Last Name: Fielden	
Suffix: _____	
Title: _____	
Organizational Affiliation: Karuk Tribe	
* Telephone Number: 530-493-1600	Fax Number: 530-493-5322
* Email: tfielden@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:
[Empty field]

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

* Other (specify):
[Empty field]

*** 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-15-GPD-067-000-02

* Title:
Fiscal Year (FY) 2015 Tribal Homeland Security Grant Program (THSGP)

13. Competition Identification Number:

[Empty field]
Title:
[Empty field]

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

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

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

Karuk Tribe Emergency Preparedness Project.

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="964,137.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="964,137.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

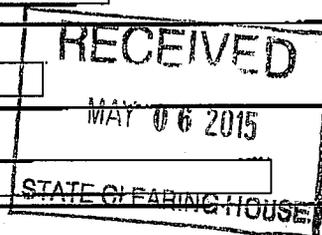
* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
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-15-GPD-067-000-01

*** Title:**

Fiscal Year 2015 Homeland Security Grant 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:**

Fiscal Year (FY) 2015 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.



17. Proposed Project:

* a. Start Date: 03/01/2015

* b. End Date: 08/31/2018

18. Estimated Funding (\$):

* a. Federal	198,355,697.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	198,355,697.00

* 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

05/06/2015

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

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

 Yes No

If "Yes", provide explanation and attach



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

 ** I AGREE

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

Authorized Representative:

Prefix: Mr.

* First Name: Mark

Middle Name:

* Last Name: Ghilarducci

Suffix:

* Title: Director

* Telephone Number: (916) 845-6506

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.

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5-6-2015	Applicant Identifier FTA Recipient ID# 1658	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 5-6-2015	Federal Identifier CA-90-7249	
5. APPLICANT INFORMATION				
Legal Name: Sacramento Area Council of Governments		Organizational Unit: Department:		
Organizational DUNS: 555895705		Division:		
Address: Street: 1415 L Street, Suite 300		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix:	First Name: Barbara	
County: Sacramento		Middle Name Jane Evans		
State: California		Last Name VaughanBechtold		
Zip Code 95814	Suffix:			
Country: USA		Email: bvaughanbechtold@sacog.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0153192		Phone Number (give area code) 916-321-9000		Fax Number (give area code) 916-321-9551
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Urbanized Area Formula Program (5307)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SACOG Technical Assistance to Transit Operators		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo & Yuba counties		13. PROPOSED PROJECT		
Start Date: 3-11-2015		Ending Date: 6-30-2017		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1, 2, 3, 4, & 5
15. ESTIMATED FUNDING:		b. Project		
a. Federal	\$	130,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$	0	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
c. State	\$	0	DATE: 5-6-2015	
d. Local	\$	0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
e. Other	\$	0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program Income	\$	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	130,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Azadeh		Middle Name
Last Name Doherty		Suffix		
b. Title Senior Planner		c. Telephone Number (give area code) 916-321-9000		
d. Signature of Authorized Representative <i>Azadeh Doherty</i>		e. Date Signed 5-6-2015		

RECEIVED
 MAY 06 2015
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

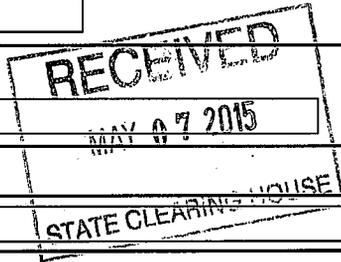
* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

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 Taft

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

95-6000800

* c. Organizational DUNS:

1209712880000

d. Address:

* Street1:

209 E. Kern Street

Street2:

* City:

Taft

County/Parish:

Kern

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93268-3224

e. Organizational Unit:

Department Name:

Police Department

Division Name:

Community Correctional Facilit

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

Prefix:

Mrs.

* First Name:

Yvette

Middle Name:

* Last Name:

Mayfield

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

661-763-1222

Fax Number:

* Email:

ymayfield@cityoftaft.org

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*** 12. Funding Opportunity Number:**

* Title:

USDA Rural Development

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:**

Security Update at Taft Modified Community Correctional Facility

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000.00"/>
* b. Applicant	<input type="text" value="34,500.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="59,500.00"/>

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

 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: State Water Resources Control Board

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

 68-0281986

* c. Organizational DUNS:

 8083219130000

d. Address:

* Street1:

 1001 I Street

Street2:

* City:

 Sacramento

County/Parish:

* State:

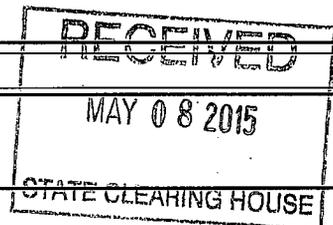
 CA: California

Province:

* Country:

 USA: UNITED STATES

* Zip / Postal Code:

 95812-2815


e. Organizational Unit:

Department Name:

 State Water Resources Control

Division Name:

 Division of Water Quality

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

Prefix:

 Mr.

* First Name:

 Rik

Middle Name:

* Last Name:

 Rasmussen

Suffix:

Title: Environmental Program Manager I/Program Mngr.

Organizational Affiliation:

 Division of Water Quality

* Telephone Number:

 (916) 341-5549

Fax Number:

* Email: rik.rasmussen@waterboards.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

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

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

* Other (specify):
[Empty field]

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.454

CFDA Title:
Water Quality Management Planning

*** 12. Funding Opportunity Number:**

EPA-CEP-01

* Title:
EPA Mandatory Grant Programs

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

The WQ Mngmt. Planning Prgm. oversees and manages water quality planning projects as authorized by State law or local ordinances, to assure the maintenance, restoration, enhancement, and protection of WQ...

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,014,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,014,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

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

<p>5a. Federal Entity Identifier:</p> <input type="text"/>	<p>5b. Federal Award Identifier:</p> <p>I 98910012</p>
--	--

RECEIVED
 MAY 08 2015

State Use Only:

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

8. APPLICANT INFORMATION:

STATE CLEARING HOUSE

<p>* a. Legal Name: State Water Resources Control Board</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>68-0281986</p>	<p>* c. Organizational DUNS:</p> <p>8083219130000</p>

d. Address:

* Street1:	1001 I Street
Street2:	
* City:	Sacramento
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95812-2815

e. Organizational Unit:

<p>Department Name:</p> <p>Water Resources Control Board</p>	<p>Division Name:</p> <p>Division of Water Quality</p>
--	--

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

Prefix:	Mrs.	* First Name:	Shelly
Middle Name:			
* Last Name:	Fredericksen		
Suffix:			
Title:	Staff Services Manager II		
Organizational Affiliation:	Division of Water Quality		
* Telephone Number:	(916) 341-5769	Fax Number:	
* Email:	shelly.fredericksen@waterboards.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.419

CFDA Title:

Water Pollution Control State, Interstate, and Tribal Program Support

*** 12. Funding Opportunity Number:**

EPA-CEP-01

* Title:

EPA Mandatory Grant Programs

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:**

To protect and improve California's surface waters with the implementation of water quality laws in the California Porter-Cologne Water Quality Control Act and the federal Clean Water Act (CWA).

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="12,404,375.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="8,907,386.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="21,311,761.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

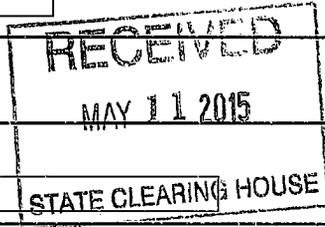
* Other (Specify):

* 3. Date Received:

04/09/2015

4. Applicant Identifier:

CA Dept. of Food & Agriculture



5a. Federal Entity Identifier:

5b. Federal Award Identifier:

15-8506-0572-CA

State Use Only:

6. Date Received by State: 04/09/2015

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

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

68-0325104

* c. Organizational DUNS:

8074876650000

d. Address:

* Street1: 1220 N Street

Street2: Room 325

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814-5603

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

PHPPS

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

Prefix: * First Name: Duane

Middle Name:

* Last Name: Schnable

Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-654-0312

Fax Number: 916-654-0986

* Email: duane.schnable@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.):

Add Attachment

Delete Attachment

View Attachment

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

Phytophthora ramorum

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,338,995.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,338,995.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">MAY 11 2015</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">STATE CLEARING HOUSE</div>
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
	E-15-MC-06-0510	
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:
		0285141360000
d. Address:		
* Street1:	1600 Truxtun Avenue	
Street2:		
* City:	Bakersfield	
County/Parish:		
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	93301-0000	
e. Organizational Unit:		
Department Name:	Division Name:	
Community Development	Economic Development	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mr.	* First Name: Ryan
Middle Name:		
* Last Name:	Bland	
Suffix:		
Title:	Community Development Coordinator	
Organizational Affiliation:		
* Telephone Number:	661-476-9081	Fax Number: 661-852-2138
* Email:	rbland@bakersfieldcity.us	

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

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:

CFDA Title:

*** 12. Funding Opportunity Number:**

14.241

* Title:

ESG Entitlement Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing street outreach, case management, and rehousing

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="285,348.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="285,348.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/>	
		* Other (Specify): <input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:	
<input type="text"/>		<input type="text"/>	
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	
<input type="text"/>		M-15-MC-06-0503	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
<input type="text"/>		<input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: City of Bakersfield			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
95-6000672		0285141360000	
d. Address:			
* Street1:	1600 Truxtun Avenue		
Street2:	<input type="text"/>		
* City:	Bakersfield		
County/Parish:	<input type="text"/>		
* State:	CA: California		
Province:	<input type="text"/>		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	93301-0000		
e. Organizational Unit:			
Department Name:		Division Name:	
Community Development		Economic Development	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Mr.	* First Name:	Ryan
Middle Name:	<input type="text"/>		
* Last Name:	Bland		
Suffix:	<input type="text"/>		
Title:	Community Development Coordinator		
Organizational Affiliation:			
<input type="text"/>			
* Telephone Number:	661-476-9081	Fax Number:	661-852-2138
* Email:	rbland@bakersfieldcity.us		

RECEIVED
 MAY 11 2015
 STATE CLEARING HOUSE

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:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

14.239

* Title:

HOME Entitlement Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

This program is designed to address local affordable housing needs and provide for a viable urban community

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,004,842.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text" value="30,000.00"/>
* g. TOTAL	<input type="text" value="1,034,842.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAY 11 2015 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: B-15-MC-06-0510	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="City of Bakersfield"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000672"/>	* c. Organizational DUNS: <input type="text" value="0285141360000"/>	
d. Address:		
* Street1: <input type="text" value="1600 Truxtun Avenue"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Bakersfield"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="93301-0000"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Community Development"/>	Division Name: <input type="text" value="Economic Development"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Ryan"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Bland"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Community Development Coordinator"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="661-476-9081"/>	Fax Number: <input type="text" value="661-852-2138"/>	
* Email: <input type="text" value="zbland@bakersfieldcity.us"/>		

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

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:

CFDA Title:

*** 12. Funding Opportunity Number:**

14.218

* Title:

CDBG Entitlement Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

This program is designed to address local needs of low- and moderate-income residents, upgrade the physical environment, and provide for a viable urban community

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

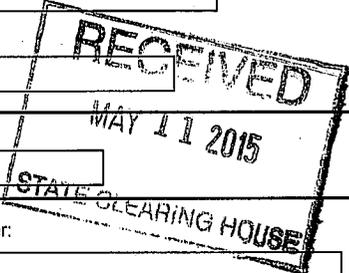
View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	<input type="text" value="21, 23"/>
* b. Program/Project	<input type="text" value="21, 23"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	<input type="text" value="07/01/2015"/>
* b. End Date:	<input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="3,198,138.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text" value="7,000.00"/>
* g. TOTAL	<input type="text" value="3,205,138.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/11/2015"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	<input type="text" value="Mr."/> * First Name: <input type="text" value="Alan"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="Tandy"/>
Suffix:	<input type="text"/>
* Title:	<input type="text" value="City Manager"/>
* Telephone Number:	<input type="text" value="661-326-3765"/> Fax Number: <input type="text"/>
* Email:	<input type="text" value="atandy@bakersfieldcity.us"/>
* Signature of Authorized Representative:	<input type="text" value=""/> * Date Signed: <input type="text" value="05/11/2015"/>

Application for Federal Assistance SF-424

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

<p>* 3. Date Received:</p> <input type="text"/>	<p>4. Applicant Identifier:</p> <input type="text"/> <p>Dept. of Food and Agriculture</p>
---	---



<p>5a. Federal Entity Identifier:</p> <input type="text"/> <p>15-8506-1732-CA</p>	<p>5b. Federal Award Identifier:</p> <input type="text"/>
---	---

State Use Only:

<p>6. Date Received by State:</p> <input type="text"/> <p>04/30/2015</p>	<p>7. State Application Identifier:</p> <input type="text"/> <p>14-0512-FR</p>
--	--

8. APPLICANT INFORMATION:

<p>* a. Legal Name:</p> <input type="text"/> <p>State of California</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text"/> <p>68-0325104</p>	<p>* c. Organizational DUNS:</p> <input type="text"/> <p>8074876650000</p>

d. Address:

* Street1:	<input type="text"/>	1220 N Street, Room 315
Street2:	<input type="text"/>	
* City:	<input type="text"/>	Sacramento
County/Parish:	<input type="text"/>	
* State:	<input type="text"/>	CA: California
Province:	<input type="text"/>	
* Country:	<input type="text"/>	USA: UNITED STATES
* Zip / Postal Code:	<input type="text"/>	95814

e. Organizational Unit:

<p>Department Name:</p> <input type="text"/> <p>Food and Agriculture</p>	<p>Division Name:</p> <input type="text"/> <p>Plant Health/Pest Prev Svcs</p>
--	---

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

Prefix:	<input type="text"/>	* First Name:	<input type="text"/>	Jason
Middle Name:	<input type="text"/>			
* Last Name:	<input type="text"/>			Chan
Suffix:	<input type="text"/>			

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number:	<input type="text"/>	(916) 654-1211	Fax Number:	<input type="text"/>	(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:**

NA

* Title:

NA

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:**

Biological Control of the Cereal Leaf Beetle

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="33,997.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="33,997.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 05/07/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

RECEIVED
MAY 11 2015
STATE CLEARING HOUSE

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598077
-------------------------------------	--

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: 1416 9TH STREET	Street2: _____
* City: SACRAMENTO	County: _____
* State: CA: California	Province: _____
* Country: USA: UNITED STATES	* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
--	--

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

Prefix: Mr.	* First Name: PETE MARCELLANA	
Middle Name: _____	* Last Name: MARCELLANA	
Suffix: _____	Title: GRANTS ADMINISTRATOR	
Organizational Affiliation: _____	* Telephone Number: (916) 445-4658	Fax Number: (916) 327-6320
* Email: pete.marcellana@wildlife.ca.gov		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F15AS00092

* 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.):

Arcata, CA. 95521, Eureka county Congressional District 2

* 15. Descriptive Title of Applicant's Project:

JUVENILE ANADROMOUS SALMONID (SMOLT) ABUNDANCE IN REDWOOD CREEK

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="42,010.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="14,003.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="56,013.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

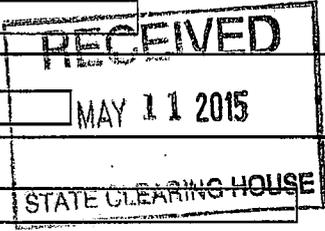
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 05/08/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------



5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598069
----------------------------------	---

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: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
---	---

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

Prefix: Mr.	* First Name: Pete
Middle Name: _____	
* Last Name: Marcellana	
Suffix: _____	
Title: GRANTS ADMINISTRATOR	

Organizational Affiliation: _____

* Telephone Number: (916) 445-4658	Fax Number: (916) 327-6320
------------------------------------	----------------------------

* Email: pete.marcellana@wildlife.ca.gov
--

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:
A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**
Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
15.605

CFDA Title:
Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**
F15AS00092

* 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.):
Counties: San Diego, Riverside, Ventura, Los Angeles; and Santa Barbara

*** 15. Descriptive Title of Applicant's Project:**
HERITAGE AND WILD TROUT R5

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02	
16. Congressional Districts Of:			
* a. Applicant	CA-6	* b. Program/Project	Attach
Attach an additional list of Program/Project Congressional Districts if needed.			
G1598069-Congressional Distr	Add Attachment	Delete Attachment	View Attachment
17. Proposed Project:			
* a. Start Date:	07/01/2015	* b. End Date:	06/30/2016
18. Estimated Funding (\$):			
* a. Federal	63,288.00		
* b. Applicant	0.00		
* c. State	21,096.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	84,384.00		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	04/28/2015	
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
		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)			
<input checked="" type="checkbox"/>	** I AGREE		
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
Authorized Representative:			
Prefix:	Mr.	* First Name:	BLAINE
Middle Name:			
* Last Name:	NICKENS		
Suffix:			
* Title:	CHIEF, GRANTS MANAGEMENT BRANCH		
* Telephone Number:	(916) 445-9300	Fax Number:	(916) 327-6320
* Email:	blaine.nickens@wildlife.ca.gov		
* Signature of Authorized Representative:	Blaine Nickens	* Date Signed:	05/08/2015

Application for Federal Assistance SF-424

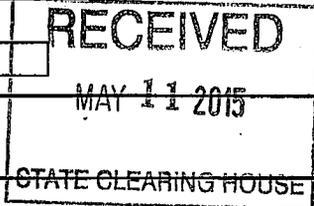
Version 02

* 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:
05/09/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:
F15AS00092

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: G1598070

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: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:
CA DEPT OF FISH & WILDLIFE

Division Name:
GRANTS MANAGEMENT BRANCH

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

Prefix: Mr. * First Name: PETE
Middle Name: _____
* Last Name: MARCELLANA
Suffix: _____
Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: (916) 445-4658 Fax Number: (916) 327-6320

* Email: pete.marcellana@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F15AS00092

* 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.):

Mono County, Inyo County,

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

HERITAGE AND WILD TROUT ASSESSMENT AND MANAGEMENT R6

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project CA-8

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	23,726.00
* b. Applicant	0.00
* c. State	7,909.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	31,635.00

* 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 05/08/2015
- 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: BLAINE

Middle Name:

* Last Name: NICKENS

Suffix:

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: (916) 445-9300 Fax Number: (916) 327-6320

* Email: blaine.nickens@wildlife.ca.gov

* Signature of Authorized Representative: Blaine Nickens * Date Signed: 05/08/2015

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)

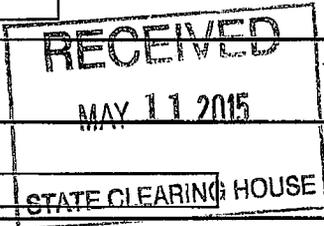
[]

* 3. Date Received:

05/08/2015

4. Applicant Identifier:

[]



5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

F15AS00092

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

G1598074

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

B083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

[]

* City:

SACRAMENTO

County:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA DEPT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

PETE

Middle Name:

[]

* Last Name:

MARCELLANA

Suffix:

[]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[]

* Telephone Number:

(916) 445-4658

Fax Number:

(916) 327-6320

* Email:

pete.marcellana@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F15AS00092

* 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.):

Yreka, Red Bluff and Trinity County Congressional Districts 1 and 2.

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

Northern Region - Stream and Lake Improvement Fish Screen, Passage, and Sport Fish Enhancement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant * b. Program/Project

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="836,612.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="278,872.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,115,484.00"/>

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

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

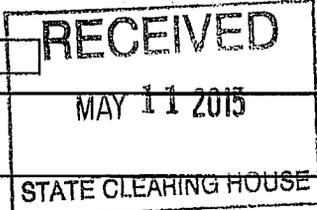
21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an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

Authorized Representative:
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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



* 3. Date Received: 05/09/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598068
-------------------------------------	---

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:	1416 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
--	--

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

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

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

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

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

Application for Federal Assistance SF-424

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:

F15AS00092

* 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.):

Alpine, El Dorado, Nevada, Placer, Plumas, Sierra Counties

* 15. Descriptive Title of Applicant's Project:

Heritage and Wild Trout Resource Assessment and Management NCR R2.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	40,437.00
* b. Applicant	0.00
* c. State	13,479.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	53,916.00

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 04/09/2015	4. Applicant Identifier: CA Dept. of Food & Agriculture	RECEIVED MAY 11 2015
--	---	--------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 15-8506-0572-CA	STATE CLEANING HOUSE
--	---	-----------------------------

State Use Only:	6. Date Received by State: 04/09/2015	7. State Application Identifier: _____
------------------------	--	---

8. APPLICANT INFORMATION:

* a. Legal Name: _____	* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876650000
----------------------------------	--	---

d. Address:	
* Street1:	1220 N Street
Street2:	Room 325
* City:	Sacramento
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5603

e. Organizational Unit:	
Department Name: Food and Agriculture	Division Name: PHPPS

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Duane
Middle Name: _____	
* Last Name: Schnable	
Suffix: _____	
Title: Branch Chief	
Organizational Affiliation: _____	
* Telephone Number: 916-654-0312	Fax Number: 916-654-0986
* Email: duane.schnable@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.):

Add Attachment

Delete Attachment

View Attachment

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

Phytophthora ramorum

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,338,995.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,338,995.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 05/11/2015	4. Applicant Identifier: _____	RECEIVED MAY 11 2015 STATE CLEARING HOUSE
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15AS00092	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1598038	
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: 1416 9TH STREET	_____	
Street2:	_____	
* City: SACRAMENTO	_____	
County:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95814	_____	
e. Organizational Unit:		
Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: PETE	
Middle Name:	_____	
* Last Name: MARCELLANA	_____	
Suffix:	_____	
Title: GRANTS ADMINISTRATOR		
Organizational Affiliation: _____		
* Telephone Number: (916) 445-4658	Fax Number: (916) 327-6320	
* Email: pete.marcellana@wildlife.ca.gov		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F15AS00092

* 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.):

Merced, Toulumne, Stanislaus Congressional Districts 16, 4, 10.

* 15. Descriptive Title of Applicant's Project:

CDFW REGION 4 ENGINEERING MODELING SUPPORT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant * b. Program/Project

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="203,606.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="67,869.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="271,475.00"/>

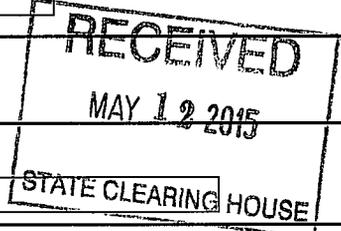
*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not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

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

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

Authorized Representative:
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 05/12/2015	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: Poverty Solutions, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 27-1916296	* c. Organizational DUNS: 9623228190000	
d. Address:		
* Street1:	3699 Wilshire Blvd.	
Street2:	Suite 610	
* City:	Los Angeles	
County/Parish:	Los Angeles	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	90010-2723	
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: Frank	
Middle Name: _____	_____	
* Last Name: Igwealor	_____	
Suffix: _____	_____	
Title: President & CEO		
Organizational Affiliation: _____		
* Telephone Number: 213-325-3037	Fax Number: 323-879-9184	
* Email: franklin@povsol.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:**

OASAM

11. Catalog of Federal Domestic Assistance Number:

17.805

CFDA Title:

Homeless Veterans Reintegration Project

*** 12. Funding Opportunity Number:**

SGA-15-01

* Title:

Homeless Veterans Reintegration Program (HVRP)

13. Competition Identification Number:

SGA-15-01

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Poverty Solutions' Veterans Empowerment and Economic Opportunity Program (VEEOP) HVRP

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="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

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

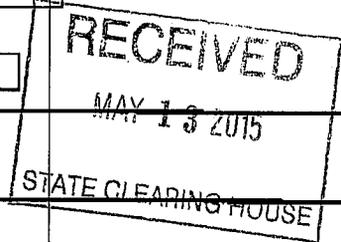
* Email:

* Signature of Authorized Representative: * Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">MAY 13 2015</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>
6a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="kyouel741"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Escondido, City of"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-6000708"/>	* c. Organizational DUNS: <input type="text" value="0787273110000"/>	
d. Address:		
* Street1: <input type="text" value="201 N Broadway"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Escondido"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="92025-2709"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Public Works"/>	Division Name: <input type="text" value="Engineering"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Julie"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Procopio"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Asst. Director of Public Works/Engineering"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="760-839-4001"/>	Fax Number: <input type="text" value="760-839-4597"/>	
* Email: <input type="text" value="JProcopio@escondido.org"/>		

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Housing Authority of the County of Monterey"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000757"/>	* c. Organizational DUNS: <input type="text" value="1316157750000"/>	
d. Address:		
* Street1:	<input type="text" value="123 Rico Street"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Salinas"/>	
County/Parish:	<input type="text" value="Monterey"/>	
* State:	<input type="text" value="CA: California"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="93907-2157"/>	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Starla"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Warren"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Director of Development"/>		
Organizational Affiliation: <input type="text" value="Housing Authority of the County of Monterey"/>		
* Telephone Number: <input type="text" value="831-796-4660"/>	Fax Number: <input type="text" value="831-886-1682"/>	
* Email: <input type="text" value="Swarren@hdcmonterey.org"/>		



Application for Federal Assistance SF-424

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

L: Public/Indian Housing Authority

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Rural Housing Service, USDA

11. Catalog of Federal Domestic Assistance Number:

10.405 & 10.427

CFDA Title:

Farm Labor Housing Loans and Grants and Rural Rental Assistance Payments

*** 12. Funding Opportunity Number:**

2015-06863

*** Title:**

Notice of Solicitation of Applications (NOSA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2015

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:**

Castroville Farm Labor Center Redevelopment, Castroville, Monterey County, California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-017

* b. Program/Project CA-017

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: TBD

* b. End Date: TBD

18. Estimated Funding (\$):

* a. Federal	16,552,713.00
* b. Applicant	1,888,984.00
* c. State	0.00
* d. Local	0.00
* e. Other	4,207,500.00
* f. Program Income	0.00
* g. TOTAL	22,649,197.00

* 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 05/13/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: [] * First Name: Jean

Middle Name: []

* Last Name: Goebel

Suffix: []

* Title: Executive Director

* Telephone Number: 831-775-5022 Fax Number: 831-424-0443

* Email: jgoebel@hamonterey.org

* Signature of Authorized Representative: *Jean G. Goebel*

* Date Signed: 05/13/2015

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:**

04/13/2015

4. Applicant Identifier:

RECEIVED

MAY 13 2015

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Rural Water Association

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

68-0224404

*** c. Organizational DUNS:**

7976744700000

d. Address:

*** Street1:**

4131 Northgate Blvd

Street2:

*** City:**

Sacramento

County/Parish:

Sacramento

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95834-1218

e. Organizational Unit:

Department Name:

Resource Development

Division Name:

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

Prefix:

Mr.

*** First Name:**

Dustin

Middle Name:

*** Last Name:**

Hardwick

Suffix:

Title:

Director of Resource Management

Organizational Affiliation:

*** Telephone Number:**

760-920-0842

Fax Number:

916-553-4904

*** Email:**

dhardwick@calruralwater.org

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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.862

CFDA Title:

Household Water Well System Grant Program

*** 12. Funding Opportunity Number:**

RDRUS-15-01-HWWS

* Title:

Household Water Well Grant Program

13. Competition Identification Number:

Title:

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

location.pdf

Add Attachment

Delete Attachment

View Attachment

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

Project addresses the short and mid-term water supply needs of residents whose wells are going dry as a result of the severe aquifer overdraft and the current drought in Southern California.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="10,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="110,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____
RECEIVED MAY 13 2015 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: Sacramento Regional Transit District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1338218		* c. Organizational DUNS: 0489471390000
d. Address:		
* Street1: 1400 29th St./ PO Box 2110		
Street2: _____		
* City: Sacramento		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95812-2110		
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: Joe
Middle Name: _____		
* Last Name: Paglieroni		
Suffix: _____		
Title: _____		
Organizational Affiliation: _____		
* Telephone Number: 916.321.2956		Fax Number: _____
* Email: JPaglieroni@sacrt.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 Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.075

CFDA Title:

Rail and Transit Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-15-GPD-075-000-02

* Title:

FY 2015 Transit Security Grant Program (TSGP)

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:**

Mobile Screening for Explosives; Anti-Terrorism Directed Patrols; System Assessments; Public Awareness Informational Videos; Video Analytics; Emergency Preparedness Drills

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="652,789.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="652,789.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

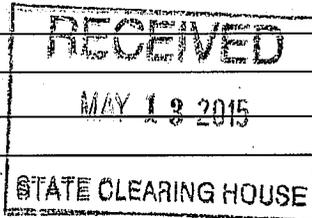
*** 9. Type of Applicant 1: Select Applicant Type:**

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:**

USDA Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Activators and Attractants for Giant African Snail

*** 12. Funding Opportunity Number:**

CFDA 10.025

* Title:

Activators and Attractants for Giant African Snail

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:**

Activators and Attractants for Giant African Snail

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="122,778.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="122,778.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

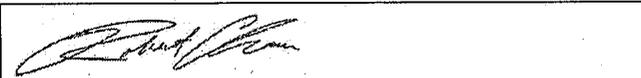
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

WORK PLAN

Center for Plant Health Science and Technology, USDA- APHIS
University of California, Riverside

Principal Investigator: Jocelyn G. Millar, Department of Entomology, University of California, Riverside CA 92521

Co-Investigators: Dr. Amy Roda, CPHST, USDA- APHIS, Miami FL;
Dr. Rory Mc Donnell, Department of Entomology, University of California, Riverside CA 92521

Title: Activators and Attractants for Giant African Snail

Period of Performance: September 1 2015 – August 31 2016

Funds requested: \$122,778

I. Introduction

This Work Plan reflects a cooperative relationship between University of California, Riverside (Jocelyn G. Millar; Rory J. Mc Donnell), and Animal and Plant Health Inspection Service (APHIS), Plant Protection and Quarantine (PPQ) under Notice of Cooperative Agreement Award No. (*Insert agreement control number*). It outlines the mission-related goals, objectives, and anticipated accomplishments as well as the approach for conducting bioassays for identifying and synthesizing activators and pheromone and/or food-based attractant(s) for the invasive Giant African Land Snail, *Lissachatina fulica*, so that these compounds can be used as a tool to detect and potentially mass trap or otherwise control the snails. It also identifies the roles and responsibilities of the parties as negotiated.

II. Background

The primary purpose of this agreement is to support activities that will facilitate the management of *L. fulica* in Florida, in addition to providing a tool for early detection of this high risk gastropod species in other U.S. states and territories.

Giant African Snails (*Lissachatina fulica*) pose an imminent threat to U.S. agriculture and natural resources directly through their potential to cause damage by feeding, and indirectly through the additional costs incurred for their control, plus trade restrictions that limit the export of American agricultural products that may be infested. In addition, these snails can transmit a crippling and sometimes lethal disease (eosinophilic meningo-encephalitis) that is passed to humans through the inadvertent consumption of mucus and juveniles on contaminated food. In September 2011, *L. fulica* was found in south Florida and since then a joint State and Federal eradication program has been ongoing. Many thousand snails have been hand collected and residential properties in infested areas are being bait treated on a regular basis. Despite a noticeable reduction in populations, declaring a property free of snails has proven challenging. In particular, the smaller, more cryptic juveniles remain difficult to detect and control due to their large numbers and the difficulty in finding them in the field. Furthermore, until recently, the species was thought to be restricted to Miami Dade County but in September 2014, large populations also were discovered in Broward County. The snail is also a serious pest on the Hawaiian Islands.

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): [] * Other (Specify): []	
* 3. Date Received: 05/13/2015		4. Applicant Identifier: []	
5a. Federal Entity Identifier: []		5b. Federal Award Identifier: []	
State Use Only:			
6. Date Received by State: []		7. State Application Identifier: G1598093	
		RECEIVED	
		MAY 13 2015	
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: 1416 9TH STREET			
Street2: []			
* City: SACRAMENTO			
County/Parish: []			
* State: CA: California			
Province: []			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 95814-0000			
e. Organizational Unit:			
Department Name: CDFW		Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: []		* First Name: BRIAN	
Middle Name: []			
* Last Name: SALAZAR			
Suffix: []			
Title: GRANT ADMINSTRATOR			
Organizational Affiliation: []			
* Telephone Number: 916-323-6201		Fax Number: []	
* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV			

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F15AS00160

* 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.):

Add Attachment

Delete Attachment

View Attachment

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

OCCURRENCE DATABASES FOR HIGH-PRIORITY WILDLIFE SPECIES

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="116,446.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="62,702.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="179,148.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424 Version 02

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

* 3. Date Received: 05/11/2015	4. Applicant Identifier: _____
--	--

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

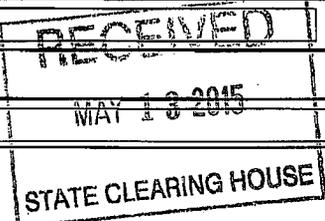
State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 31598082
---	--

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:	1416 9th STREET
Street2:	SUITE 1211
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-5515

e. Organizational Unit:

Department Name: CDFW	Division Name: Grants Management Branch
---------------------------------	---

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

Prefix: Ms.	* First Name: Melissa	
Middle Name:	_____	
* Last Name:	Jones	
Suffix:	_____	
Title:	Grant Administrator	
Organizational Affiliation:	_____	
* Telephone Number:	916-327-0062	Fax Number: _____
* Email:	Melissa.Jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

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:

F15AS00091

* 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.):

Solano (3), Santa Clara (19), Alameda (15), Napa (5), Sonoma (13), Sacramento (6 & 7), San Joaquin (9)

* 15. Descriptive Title of Applicant's Project:

Wildlife Habitat Development and Maintenance: Region 3
Unstaffed Wildlife Areas and Ecological Reserves

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="220,738.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="73,579.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="294,317.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 05/11/2015	4. Applicant Identifier: _____
--	--

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598027
---	--

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	RECEIVED MAY 13 2015
---	---------------------------------------

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

d. Address:	STATE CLEARING HOUSE
--------------------	-----------------------------

* Street1: 1416 NINTH STREET	_____
Street2: SUITE 1211	_____
* City: SACRAMENTO	_____
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code: 95814-5515	_____

e. Organizational Unit:

Department Name: CDFW	Division Name: GRANTS MANAGEMENT BRANCH
---------------------------------	---

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

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

Title: Grant Administrator

Organizational Affiliation: _____

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

* Email: Melissa.Jones@wildlife.ca.gov

Application for Federal Assistance SF-424

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:**

F15AS00091

*** 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.):

Inyo (8); Mono (8); San Bernardino (8)

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

Wildlife Habitat Management and Maintenance: Inland Deserts Region Lands North

Attach supporting documents as specified in agency instructions.

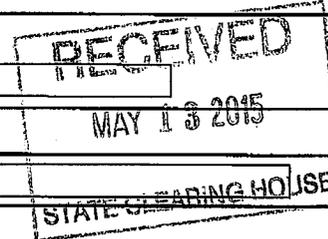
Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-008"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="137,543.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="45,848.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="183,391.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/11/2015"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="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)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="Lisa.Bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="05/11/2016"/>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 05/12/2015	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1598091	
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: 1416 9TH STREET	_____	
Street2: SUITE 1211	_____	
* City: SACRAMENTO	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95814-0000	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: MR.	* First Name: BRIAN	
Middle Name: _____	_____	
* Last Name: SALAZAR	_____	
Suffix: _____	_____	
Title: GRANT ADMINSTRATOR	_____	
Organizational Affiliation: _____		
* Telephone Number: 916-323-6201	Fax Number: _____	
* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV		



Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F15AS00160

* 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.):

G1598091 Cngrsl Dists.docx

Add Attachment

Delete Attachment

View Attachment

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

CONSERVATION ASSESSMENT OF CALIFORNIA LEGLESS LIZARD

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="125,137.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="67,381.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="192,518.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

MAY 14 2015

State Use Only:

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

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

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

* c. Organizational DUNS:

d. Address:

* Street1: Street2: * City: County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

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: Middle Name: * Last Name: Suffix: Title:

Organizational Affiliation:

* Telephone Number: Fax Number: * Email:

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:**

NA

* Title:

NA

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:**

Augmentation of Production of Parasitoids of Asian Citrus Psyllid at existing California facilities

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="56,365.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="56,365.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

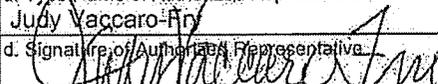
* Email:

* Signature of Authorized Representative:

* Date Signed:

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 13, 2015	Applicant Identifier 5564
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: ANTELOPE VALLEY TRANSIT AUTHORITY		Organizational Unit: ANTELOPE VALLEY TRANSIT AUTHORITY	
Address (give city, county, State, and zip code): 42210 6TH ST WEST LANCASTER CA 93534		Name and telephone number of person to be contacted on matters involving this application (give area code) Judy Vaccaro-Fry 661-729-2234	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 4377119		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) <u>Joint Powers Auth</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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: US DOT & FTA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20 - 507 TITLE: FEDERAL TRANSIT FORMULA GRANT		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This application requests capital assistance for Antelope Valley Transit Authority is requesting capital assistance funds that will be used for the following projects: 1) Purchase of 3 replacement transit vehicles 2) Operating Assistance. 3) Preventive Maintenance activities. 4)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ANTELOPE VALLEY PORTION OF THE NORTHERN LOS ANGEL			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10-1-2014	Ending Date 12-31-2016	a. Applicant 22 & 25 b. Project 22 & 25	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,875,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 375,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 9,250,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> 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 Judy Vaccaro-Fry		b. Title Grants Administrator	c. Telephone Number (661) 729-2234
d. Signature of Authorized Representative 		e. Date Signed May 13, 2015	

RECEIVED
 MAY 15 2015
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

RECEIVED
MAY 15 2015

* 3. Date Received: 05/15/2015	4. Applicant Identifier: Scrien 20151288
-----------------------------------	---

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

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, Santa Barbara

* b. Employer/Taxpayer Identification Number (EIN/TIN): 056006145	* c. Organizational DUNS: 094576394
--	--

d. Address:

* Street1: 3227 Cheadle Hall
 Street2: 3rd floor, MC 2050
 * City: Santa Barbara
 County: Santa Barbara
 * State: CA: California
 Province: _____
 * Country: USA: UNITED STATES
 * Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name: Office of Research	Division Name: _____
--	-------------------------

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

Prefix: _____ * First Name: Jessica
 Middle Name: _____
 * Last Name: Ajao
 Suffix: _____

Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-4763	Fax Number: 805-893-2611
----------------------------------	--------------------------

* Email: ajao@research.ucsb.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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

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

Geometry and Quaternary deformation history of 100+ km-long active faults and folds, Ventura to Pt. Arguello, California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="68,146.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="68,146.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 15 2015

* 3. Date Received:

05/15/2015

4. Applicant Identifier:

Simms 20131271

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:

The Regents of the University of California, Santa Barbara

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

988008148

* c. Organizational DUNS:

094878394

d. Address:

* Street1:

3227 Cheadle Hall

Street2:

3rd floor, MC 2050

* City:

Santa Barbara

County:

Santa Barbara

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93106-2050

e. Organizational Unit:

Department Name:

Office of Research

Division Name:

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

Prefix:

* First Name:

Jessica

Middle Name:

* Last Name:

Ajao

Suffix:

Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-4763

Fax Number: 805-893-2611

* Email:

ajao@research.ucsb.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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research Grants

*** 12. Funding Opportunity Number:**

G15A500037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15A500037

Title:

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

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

Ground-Penetrating-Radar Characterization of Tsunami Impacts Associated with the 1700 AD Cascadia Rupture

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="49,597.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="49,597.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01786

RECEIVED

MAY 15 2015

State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

* First Name:

Cristelle

Middle Name:

* Last Name:

Erickson

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-654-8686

Fax Number:

* Email: Cristelle.Erickson@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

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

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

* Other (specify):
[Empty field]

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

[Empty field]

* Title:
[Empty field]

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

SF 424 14.docx - 06-37554

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

Desert View Recreational Trails
County of San Bernardino Special Districts

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="215,054.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="15,054.00"/>
* d. Local	<input type="text" value="200,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="430,108.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

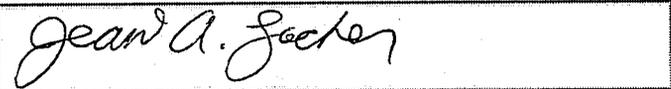
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: N/A	RECEIVED
------------------------------	---------------------------------	-----------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01787	MAY 15 2015
---	---	--------------------

State Use Only: **STATE CLEARING HOUSE**

6. Date Received by State: 02/03/2015	7. State Application Identifier: SAI-Exempt
---------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
---------------------------------------	--

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

Prefix: Ms.	* First Name: Cristelle
Middle Name: _____	
* Last Name: Erickson	
Suffix: _____	

Title: Associate Park and Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-654-8686	Fax Number: _____
----------------------------------	-------------------

* Email: Cristelle.Erickson@parks.ca.gov
--

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx -06 -02364

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

Apple Valley Legacy Trail
Town of Apple Valley

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="172,043.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="12,043.00"/>
* d. Local	<input type="text" value="160,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="344,086.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 02/03/2015	4. Applicant Identifier: N/A	RECEIVED
--	--	-----------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01778	MAY 15 2015 STATE CLEARING HOUSE
--	--	---

State Use Only:

6. Date Received by State: 02/03/2015	7. State Application Identifier: SAI-Exempt
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
---	--

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

Prefix: Ms.	* First Name: Natalie
Middle Name: _____	
* Last Name: Bee	
Suffix: _____	
Title: Associate Park and Recreation Specialist	
Organizational Affiliation: California Department of Parks and Recreation	
* Telephone Number: 916-651-0564	Fax Number: _____
* Email: Natalie.Bee@parks.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx - 06-00562

Add Attachment

Delete Attachment

View Attachment

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

Jean Sweeney Open Space Park
City of Alameda

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,150,538.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="150,538.00"/>
* d. Local	<input type="text" value="2,000,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="4,301,076.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

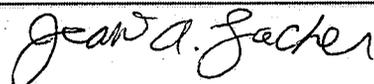
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: N/A	RECEIVED
------------------------------	---------------------------------	-----------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01783	MAY 15 2015
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State Use Only: **STATE CLEARING HOUSE**

6. Date Received by State: 02/03/2015	7. State Application Identifier: SAI-Exempt
---------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
---------------------------------------	--

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

Prefix: Mr.	* First Name: Bill
Middle Name: _____	
* Last Name: Meyer	
Suffix: _____	
Title: Associate Park and Recreation Specialist	
Organizational Affiliation: California Department of Parks and Recreation	
* Telephone Number: 916-651-1406	Fax Number: _____
* Email: Bill.Meyer@parks.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx - 06-44000

Add Attachment

Delete Attachment

View Attachment

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

Runyon Canyon Acquisition
City of Los Angeles - Recreation and Parks

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,612,904.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="112,904.00"/>
* d. Local	<input type="text" value="1,500,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="3,225,808.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

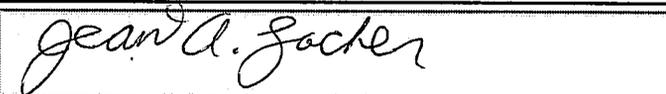
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: N/A
-------------------------------------	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01779	RECEIVED MAY 15 2015
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State Use Only:	6. Date Received by State: 02/03/2015	7. State Application Identifier: SAI-Exempt	STATE CLEARING HOUSE
------------------------	--	--	-----------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:	
* Street1: P.O. Box 942896	_____
Street2:	_____
* City: Sacramento	_____
County/Parish:	_____
* State: CA: California	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 94296-0001	_____

e. Organizational Unit:	
Department Name: Parks and Recreation	Division Name: Grants and Local Services

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

Prefix: Mr.	* First Name: Bill
Middle Name:	_____
* Last Name: Meyer	_____
Suffix:	_____

Title: Associate Park and Recreation Specialist
--

Organizational Affiliation: California Department of Parks and Recreation
--

* Telephone Number: 916-6511406	Fax Number:
--	--------------------

* Email: Bill.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-27000

Add Attachment

Delete Attachment

View Attachment

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

JFK Park Upgrade/Renovation
City of Sanger

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="77,312.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="5,142.00"/>
* d. Local	<input type="text" value="71,900.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="154,354.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

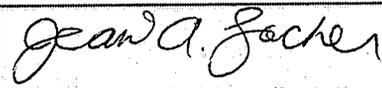
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

N/A

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01780

MAY 15 2015

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix: Mr.

* First Name: Bill

Middle Name:

* Last Name: Meyer

Suffix:

Title: Associate park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-1406

Fax Number:

* Email: Bill.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx

- 06-36280

Add Attachment

Delete Attachment

View Attachment

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

Imperial Regional Park and Equestrian Center
City of Imperial

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="806,452.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="94,086.00"/>
* d. Local	<input type="text" value="1,250,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,150,538.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

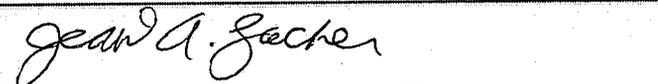
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

N/A

RECEIVED

MAY 15 2015

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01782

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Mr.

* First Name:

Bill

Middle Name:

* Last Name:

Meyer

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-1406

Fax Number:

* Email: Bill.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx -06-43000

Add Attachment

Delete Attachment

View Attachment

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

Pacific Electric Right-of-Way Greenbelt
City of Long Beach - Parks, Recreation, and Marine

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="483,871.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="33,871.00"/>
* d. Local	<input type="text" value="450,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="967,742.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:
* Title:
* Telephone Number: Fax Number:
* Email:
* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 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:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01784

RECEIVED

MAY 15 2015

State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

* First Name:

Stephanie

Middle Name:

* Last Name:

Schiechl

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-8580

Fax Number:

* Email: Stephanie.Schiechl@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx -06 - 36056

Add Attachment

Delete Attachment

View Attachment

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

Salt Lake Park Splash Pad
City of Huntington Park

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="349,462.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="24,463.00"/>
* d. Local	<input type="text" value="325,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="698,925.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

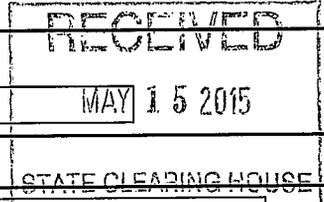
4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01785



State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

* First Name:

Stephanie

Middle Name:

* Last Name:

Schiechl

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-8580

Fax Number:

* Email: Jean.Lacher@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SF 424 14.docx

06-03666

Add Attachment

Delete Attachment

View Attachment

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

Walnut Creek Nature Park Improvements
City of Baldwin Park

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="516,129.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="36,129.00"/>
* d. Local	<input type="text" value="480,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,032,258.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

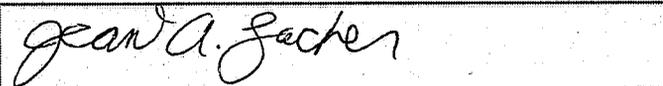
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify):**

*** 3. Date Received:**

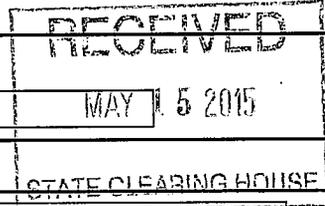
4. Applicant Identifier:

N/A

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01781



State Use Only:

6. Date Received by State: 02/03/2015

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:** P.O. Box 942896

Street2:

*** City:** Sacramento

County/Parish:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

Ms.

*** First Name:**

Melinda

Middle Name:

*** Last Name:**

Steinert

Suffix:

Title: associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

*** Telephone Number:** 916-651-7744

Fax Number:

*** Email:** Melinda.Steinert@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

SF 424 14.docx - 06-36056

Add Attachment

Delete Attachment

View Attachment

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

Westside Park Solar Lighting and Outdoor Fitness
City of Wasco

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="221,261.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="15,489.00"/>
* d. Local	<input type="text" value="205,773.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="442,523.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

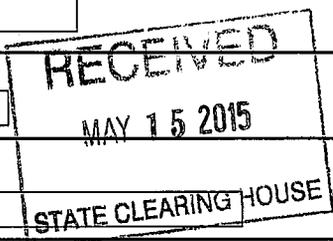
* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: 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: Sacramento-San Joaquin Delta Conservancy	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-096-7313	* c. Organizational DUNS: 9649891930000

d. Address:

* Street1: 1450 Halyard Drive
Street2: Suite 600
* City: West Sacramento
County/Parish: Yolo
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95691-5038

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: Shakoora
Middle Name: _____	
* Last Name: Azimi-Gaylon	
Suffix: _____	

Title: Assistant Executive Officer

Organizational Affiliation: _____

* Telephone Number: 916-375-2086	Fax Number: 916-375-4948
---	---------------------------------

* Email: Shakoora.Azimi-Gaylon@deltaconservancy.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:
Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WPDG-15-16

* Title:
FY15 and FY16 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Areas Affected.pdf

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

Advancing Performance Measure Reporting for New and Continuing Landscape Restoration Projects: A Collaborative Project for the Delta Stewardship Council and Sacramento-San Joaquin Delta Conservancy

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="250,000.00"/>
* b. Applicant	<input type="text" value="40,245.00"/>
* c. State	<input type="text" value="28,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="15,255.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="333,500.00"/>

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

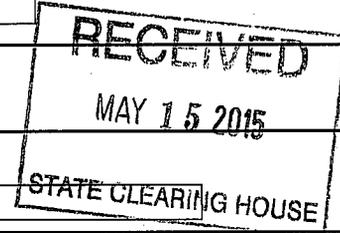
* 3. Date Received:

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:

Sacramento-San Joaquin Delta Conservancy

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

01-096-7313

* c. Organizational DUNS:

9649891930000

d. Address:

* Street1:

1450 Halyard Drive

Street2:

Suite 600

* City:

West Sacramento

County/Parish:

Yolo

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95691-5038

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:

Shakoora

Middle Name:

* Last Name:

Azimi-Gaylon

Suffix:

Title:

Assistant Executive Officer

Organizational Affiliation:

* Telephone Number:

916-375-2086

Fax Number:

916-375-4948

* Email:

Shakoora.Azimi-Gaylon@deltaconservancy.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG9-WPDG-15-16

* Title:

FY15 and FY16 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Informing Habitat Restoration Goals for the Delta Through Application of Standardized Assessment Tools and the Wetland Area Monitoring Plan (WAMP) Framework

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="363,900.00"/>
* b. Applicant	<input type="text" value="47,200.00"/>
* c. State	<input type="text" value="41,500.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="32,600.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="485,200.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/> CEUS	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 15 2015 STATE CLEARING HOUSE </div>			
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text"/> AECOM TECHNICAL SERVICES, INC.			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 952661922		* c. Organizational DUNS: <input type="text"/> 0031844620000	
* d. Address:			
* Street1:	<input type="text"/> 515 S. Flower Street - 4th Floor		
* Street2:	<input type="text"/>		
* City:	<input type="text"/> Los Angeles		
* County/Parish:	<input type="text"/>		
* State:	<input type="text"/> CA: California		
* Province:	<input type="text"/>		
* Country:	<input type="text"/> USA: UNITED STATES		
* Zip / Postal Code:	<input type="text"/> 90071-2201		
* e. Organizational Unit:			
Department Name: <input type="text"/> Seismology		Division Name: <input type="text"/> Environment	
* f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/> Dr.	* First Name:	<input type="text"/> Mehrdad
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/> Hosseini		
Suffix:	<input type="text"/>		
Title:	<input type="text"/> Engineering Seismologist		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	<input type="text"/> 213,996,2211	Fax Number:	<input type="text"/>
* Email:	<input type="text"/> mehrdad.hosseini@aecom.com		

Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

34

* b. Program/Project

varies

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

01/01/2016

* b. End Date:

12/31/2016

18. Estimated Funding (\$):

* a. Federal	15,201.53
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,201.53

*** 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

05/15/2015

 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 219, Section 1001)

 ** I AGREE

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

Authorized Representative:

Prefix:

Dr.

* First Name:

Paul

Middle Name:

* Last Name:

Somerville

Suffix:

* Title:

Principal Seismologist

* Telephone Number:

213.996.2220

Fax Number:

* Email:

paul.somerville@aeecom.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.