

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> 04/28/2016	<b>4. Applicant Identifier:</b> Governor's Office of Planning & Research
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<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> MAY 02 2015 STATE CLEARINGHOUSE
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> G1698066
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**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** State of California

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

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

**e. Organizational Unit:**

<b>Department Name:</b> CDFW	<b>Division Name:</b> Federal Assistance Section
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Mr.	<b>* First Name:</b> Brian
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Salazar	
<b>Suffix:</b> _____	

**Title:** Grant Administrator

**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> 916-327-0062	<b>Fax Number:</b> _____
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**\* 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:**

F16AS00079

\* Title:

RB (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:**

DEVELOPING A SCIENTIFIC BASIS FOR BARRED OWL MANAGEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* 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="198,400.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="106,831.00"/>
* 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="305,231.00"/>

**\* 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**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> 04/28/2016	<b>4. Applicant Identifier:</b> _____
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*Governor's Office of Planning & Research*

*MAY 02 2015*

**STATE CLEARINGHOUSE**

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> G1698061
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**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** State of California

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1697567	<b>* c. Organizational DUNS:</b> 6083223590000
--	---

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> CDFW	<b>Division Name:</b> Federal Assistance Section
---------------------------------	---

**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 Administrator

**Organizational Affiliation:**

**\* Telephone Number:** 916-327-0062 **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:**

F16AS00079

\* 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:**

BASAL HOLLOW ROOST SELECTION BY TOWNSEND'S BIG-EARED BAT AND OTHER BATS IN THE NORTHCOAST REDWOODS

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="119,930.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="64,578.00"/>
* 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="184,508.00"/>

**\* 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 checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: California Department of Toxic Substances Control		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281381	* c. Organizational DUNS: 949010970000	
<b>d. Address:</b>		
* Street1: 1001 I Street	<p style="text-align: right;">Governor's Office of Planning &amp; Research <b>MAY 06 2016</b> <b>STATE CLEARINGHOUSE</b></p>	
Street2: P.O. Box 806		
* City: Sacramento		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95812-0806		
<b>e. Organizational Unit:</b>		
Department Name: Toxic Substances Control	Division Name: Safer Products and Workplaces	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Mr.	* First Name: Karl	
Middle Name: _____		
* Last Name: Palmer		
Suffix: _____		
Title: Chief		
Organizational Affiliation: Safer Consumer Products Branch		
* Telephone Number: 916-445-2625	Fax Number: 916-327-4494	
* Email: karl.palmer@dtsc.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

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

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

**\* Other (specify):**

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

U.S. Environmental Protection Agency

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

66.708

**CFDA Title:**

FY 2016 and FY 2017 Pollution Prevention Grant Program

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

EPA-HQ-OPPT-2016-002

**\* Title:**

FY 2016 and FY 2017 Pollution Prevention 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:**

Developing Core Competencies to Assessing Exposure and Economic Impacts for Safer Consumer Products

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-A11

\* b. Program/Project US-A11

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

[Empty text box for additional list of districts]

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

\* a. Start Date: 10/03/2016

\* b. End Date: 09/28/2018

18. Estimated Funding (\$):

* a. Federal	225,000.00
* b. Applicant	225,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	450,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2016
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

[Empty text box for explanation]

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: Dr. \* First Name: Meredith  
 Middle Name: [Empty]  
 \* Last Name: Williams  
 Suffix: [Empty]

\* Title: Deputy Director, Safer Products & Workplaces

\* Telephone Number: 916-322-3804 Fax Number: 916-327-4494

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

\* Signature of Authorized Representative: [Handwritten Signature]

\* Date Signed: 5/8/16

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"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: James Dennis Goltz		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 287-44-2496	* c. Organizational DUNS: 000000000INDV	
d. Address:		
* Street1: 600 Garfield Avenue	<b>MAY 06 2016</b>	
* Street2:	<b>STATE CLEARINGHOUSE</b>	
* City: South Pasadena		
* County/Parish:		
* State: CA: California		
* Province:		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 91030-2213		
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Dr.	* First Name: James	
Middle Name: Dennis		
* Last Name: Goltz		
Suffix: Ph.D.		
Title: Visiting Research Professor		
Organizational Affiliation: Disaster Prevention Research Institute, Kyoto University		
* Telephone Number: +81 070-1063-7169	Fax Number: +81 0774-31-8294	
* Email: jamesgoltz@gmail.com		

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type:	
P: Individual	
Type of Applicant 2: Select Applicant Type:	
W: Non-domestic (non-US) Entity	
Type of Applicant 3: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
* Other (specify):	
* 10. Name of Federal Agency:	
U. S. Geological Survey	
11. Catalog of Federal Domestic Assistance Number:	
15.807	
CFDA Title:	
Earthquake Hazards Research and Monitoring Assistance	
* 12. Funding Opportunity Number:	
G16AS00024	
* Title:	
2017 Earthquake Hazards External Grants Program	
13. Competition Identification Number:	
G16AS00024	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
* 15. Descriptive Title of Applicant's Project:	
Strong Ground Motion and Human Behavior: Using DYFI Data to Assess Behavioral Response to Earthquakes	
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	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	CA-027
* b. Program/Project	CA-027
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>17. Proposed Project:</b>	
* a. Start Date:	09/01/2016
* b. End Date:	08/31/2017
<b>18. Estimated Funding (\$):</b>	
* a. Federal	50,650.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,650.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	05/06/2016
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
<b>Authorized Representative:</b>	
Prefix:	Dr.
* First Name:	James
Middle Name:	Dennis
* Last Name:	Goltz
Suffix:	Ph.D
* Title:	Visiting Research Professor
* Telephone Number:	+81 070-1063-7169
Fax Number:	+81 0774-31-8294
* Email:	jamegoltz@gmail.com
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

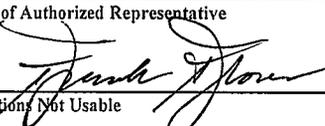
<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 5/3/16	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Grants Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 440 1975</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation   Revision		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20500</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5309 New Starts Program – Metro Purple Line Ext. – Section 1, FAIN 5566-2016-4</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>11/1/10</b>	Ending Date <b>10/31/2026</b>	a. Applicant <b>Districts 33, 34, 37</b>	b. Project <b>Same as Applicant</b>

**Governor's Office of Planning & Research**  
**MAY 06 2016**

**STATE CLEARINGHOUSE**

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 100,000,000 .00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>5/3/16</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 122,222,222.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 222,222,222.00		

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 Typed Name of Authorized Representative <b>Frank Flores</b>	b Title <b>Executive Officer</b>	c Telephone number <b>(213) 922-2456</b>
d. Signature of Authorized Representative 	e. Date Signed	

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

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>5a. Federal Entity Identifier:</p> <input type="text"/>	
<p>5b. Federal Award Identifier:</p> <input type="text"/>	
<p>State Use Only: <b>Governor's Office of Planning &amp; Research</b></p>	
<p>6. Date Received by State: <input type="text"/></p>	
<p>7. State Application Identifier: <b>MAY 06 2016</b></p>	
<p><b>8. APPLICANT INFORMATION:</b></p>	
<p>* a. Legal Name: <b>Sonoma County Water Agency</b> <b>STATE CLEARINGHOUSE</b></p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <b>94-6000539</b></p>	
<p>* c. Organizational DUNS: <b>0746625030000</b></p>	
<p><b>d. Address:</b></p>	
<p>* Street1: <b>104 Aviation Blvd.</b></p>	
<p>Street2: <input type="text"/></p>	
<p>* City: <b>Santa Rosa</b></p>	
<p>County/Parish: <input type="text"/></p>	
<p>* State: <b>CA: California</b></p>	
<p>Province: <input type="text"/></p>	
<p>* Country: <b>USA: UNITED STATES</b></p>	
<p>* Zip / Postal Code: <b>95403-9073</b></p>	
<p><b>e. Organizational Unit:</b></p>	
<p>Department Name: <input type="text"/></p>	
<p>Division Name: <input type="text"/></p>	
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>	
<p>Prefix: <b>Ms.</b> * First Name: <b>Joan</b></p>	
<p>Middle Name: <input type="text"/></p>	
<p>* Last Name: <b>Hultberg</b></p>	
<p>Suffix: <input type="text"/></p>	
<p>Title: <b>Administrative Services Officer I</b></p>	
<p>Organizational Affiliation: <b>Sonoma County Water Agency</b></p>	
<p>* Telephone Number: <b>707-547-1902</b> Fax Number: <b>707-524-3782</b></p>	
<p>* Email: <b>Joan.Hultberg@scwa.ca.gov</b></p>	

**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

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

97-047

**CFDA Title:**

Pre-Disaster Mitigation

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

DHS-16-MT-047-000-99

**\* Title:**

FY16 Pre-Disaster Mitigation

**13. Competition Identification Number:**

**Title:**

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

Areas Affected by the Project.pdf



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

2018 Local Hazard Mitigation Update

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="150,000.00"/>
* b. Applicant	<input type="text" value="58,842.00"/>
* 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="208,842.00"/>

\* 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

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:

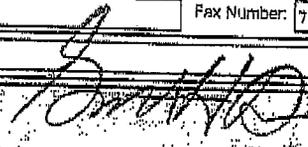
\* Last Name:

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: 05/06/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698069	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	<i>Governor's Office of Planning &amp; Research</i> <b>MAY 06 2016</b> <b>STATE CLEARINGHOUSE</b>	
Street2: _____		
* City: Sacramento		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95811-7011		
e. Organizational Unit:		
Department Name: CDEW	Division Name: Federal Assistance Section	
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 Administrator		
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	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:**

F16AS00079

\* 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:**

DEVELOPING A CONSERVATION STRATEGY FOR WILLOW FLYCATCHER

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="160,142.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="86,230.00"/>
* 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="246,372.00"/>

**\* 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:

## Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	2016 Certificate of Indirect	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	G1698069 Budget.xlsx	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	G1698069 Cert IBP Final.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	G1698069 Cert Stermer.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	G1698069 IBP Match Letter Fin	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> 09/09/2016	<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> G1698064
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> State of California	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1697567	<b>* c. Organizational DUNS:</b> 8083223580000
<b>Governor's Office of Planning &amp; Research</b>	
<b>d. Address:</b> MAY 06 2016	
<b>* Street1:</b> 1831 9th Street	<b>STATE CLEARINGHOUSE</b>
<b>Street2:</b> _____	
<b>* City:</b> Sacramento	
<b>County/Parish:</b> _____	
<b>* State:</b> CA: California	
<b>Province:</b> _____	
<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 95811-7011	
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> CDFW	<b>Division Name:</b> Federal Assistance Section
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Mr.	<b>* First Name:</b> Brian
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Salazar	
<b>Suffix:</b> _____	
<b>Title:</b> Grant Administrator	
<b>Organizational Affiliation:</b> _____	
<b>* Telephone Number:</b> 916-327-0062	<b>Fax Number:</b> _____
<b>* Email:</b> 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:**

E16AS00079

\* Title:

RS (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.):**

G1698064 Cngrsl Dists.docx

Add Attachment

Delete Attachment

View Attachment

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

CLIMATE RESILIENT CONNECTIVITY FOR THE SOUTH COAST PROVINCE

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="180,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="96,923.00"/>
* 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="276,923.00"/>

**\* 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:

## Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	2016 Certificate of Indirect	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	G1698064 Budget.xlsx	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	G1698064 match cert.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Application for Federal Assistance SF-424		
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
*3. Date Received: 05/06/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698067	
8. APPLICANT INFORMATION:		
*a. Legal Name: State of California	Governor's Office of Planning & Research	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	*c. Organizational DUNS: 8083223580000	MAY 06 2016
d. Address:	STATE CLEARINGHOUSE	
* Street1: 1831 9th Street	_____	
* Street2: _____	_____	
* City: Sacramento	_____	
County/Parish: _____	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 95811-7011	_____	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Brian	_____
Middle Name: _____	_____	
* Last Name: Salazar	_____	
Suffix: _____	_____	
Title: Grant Administrator	_____	
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	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:**

F16AS00079

\* 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.):**

G169B067\_Cngrsl\_Dists.docx

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

EFFECTS OF DROUGHT ON CALIFORNIA BLACK RAIL AND OTHER WETLAND BIRDS IN THE SIERRA FOOTHILLS

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="122,315.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="65,862.00"/>
* 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="188,177.00"/>

**\* 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:

**Project Narrative File(s)**

---

\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	2016 Certificate of Indirect	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	G1698067 budget.xlsx	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	G1698067 Cert UCB.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	G1698067 Match Letter UCB.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____ <i>Governor's Office of Planning &amp; Research</i>
-------------------------------------	---

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____ <i>MAY 09 2016</i> <i>STATE CLEARINGHOUSE</i>
--	---

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Kings River Watershed Coalition Authority (KRWCA)

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 37-1588228	<b>* c. Organizational DUNS:</b> 0796347870000
--	---

**d. Address:**

<b>* Street1:</b>	4886 E. Jensen Avenue
<b>Street2:</b>	_____
<b>* City:</b>	Fresno
<b>County/Parish:</b>	Fresno
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	93725-1804

**e. Organizational Unit:**

<b>Department Name:</b> Not applicable	<b>Division Name:</b> _____
---	--------------------------------

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

<b>Prefix:</b> Mr.	<b>* First Name:</b> Casey
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Creamer	
<b>Suffix:</b> _____	

**Title:** Coordinator

**Organizational Affiliation:**  
Kings River Watershed Coalition Authority

<b>* Telephone Number:</b> 559-237-5567 ext 105	<b>Fax Number:</b> 559-237-5560
---	---------------------------------

**\* Email:** casey@kingsriverwqc.org

**Application for Federal Assistance SF-424**

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

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

Joint Powers Agency

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

USDA Natural Resources Conservation Service

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

10.912

CFDA Title:

Environmental Quality Incentives Program

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

USDA-NRCS-NHQ-CIG-16-01

\* Title:

Conservation Innovation Grants Fiscal Year 2016

**13. Competition Identification Number:**

Title:

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

Fresno, Kings, Kern, and Tulare Counties

Add Attachment

Delete Attachment

View Attachment

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

Increasing Implementation of Conservation Practices to Protect Groundwater Quality

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="\$2 Million"/>
* b. Applicant	<input type="text" value="\$5.1 Million"/>
* 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="\$7.1 Million"/>

**\* 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:

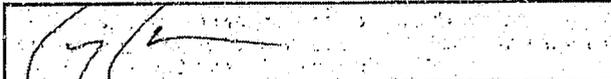
\* Last Name:

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):

Governor's Office of Planning & Research

\* 3. Date Received:

05/10/2016

4. Applicant Identifier:

MAY 10 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

The Regents of the University of California

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

94-6002123

\* c. Organizational DUNS:

1247267250000

d. Address:

\* Street1:

2150 Shattuck Avenue, Suite 300

Street2:

\* City:

Berkeley

County/Parish:

Alameda

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94704-5940

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:

Thanh

Middle Name:

\* Last Name:

Nguyen

Suffix:

Title: Contract and Grant Officer

Organizational Affiliation:

\* Telephone Number:

510-664-9014

Fax Number:

510-642-8236

\* Email:

thanhnguyen@berkeley.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:**

Natural Resources Conservation Service

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

10.912

CFDA Title:

Environmental Quality Incentives Program

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

USDA-NRCS-NHQ-CIG-16-01

\* Title:

Conservation Innovation Grants

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Adopting Native Bee Farming: Technology Transfer and Evaluation

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="332,658.00"/>
* b. Applicant	<input type="text" value="332,663.00"/>
* 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="665,321.00"/>

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Add Attachment

Delete Attachment

View Attachment

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\*\* 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: