

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16 - 31, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 16 2012 STATE CLEARING HOUSE </div>
6a. 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="Cal Poly Pomona Foundation, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="952417645"/>	* c. Organizational DUNS: <input type="text" value="0269294380000"/>	
d. Address:		
* Street1: <input type="text" value="3801 W. Temple Avenue"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Pomona"/>	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="917682557"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Geological Sciences"/>	Division Name: <input type="text" value="College of Science"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="Elsa"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Najar"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Sponsored Contracts Associate"/>		
Organizational Affiliation: <input type="text" value="Office of Research and Sponsored Programs"/>		
* Telephone Number: <input type="text" value="909-869-4543"/>	Fax Number: <input type="text" value="909-869-2993"/>	
* Email: <input type="text" value="enajar@csupomona.edu"/>		

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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

*** Title:**

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Microseismicity Study of the Koa'e Fault System on the Big Island of Hawaii

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-38
b. Program/Project CA-038

Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachment Delete Attachment View Attachment

17. Proposed Project:
a. Start Date: 09/01/2013
b. End Date: 08/31/2014

18. Estimated Funding (\$):
Table with 2 columns: Category (a-g) and Amount. Total: 79,720.00

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 05/16/2012
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 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: Mr. First Name: G. Paul
Middle Name:
Last Name: Storey
Suffix:
Title: Executive Director
Telephone Number: 909-869-2951 Fax Number: 909-869-5067
Email: gstorey@csupomona.edu
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:
 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. Data Received by State:
 7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Cal. Poly Pomona Foundation, Inc. ✓

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952417645 ✓
 * c. Organizational DUNS: 0289294380000 ✓

d. Address:

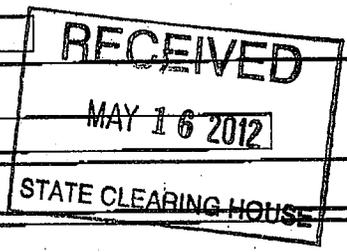
* Street1: 3801 W. Temple Avenue ✓
 Street2:
 * City: Pomona ✓
 County/Parish:
 * State: CA: California
 Province:
 * Country: USA: UNITED STATES
 * Zip / Postal Code: 917682557 ✓

e. Organizational Unit:

Department Name: Geological Sciences ✓
 Division Name: College of Science ✓

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

Prefix: Mrs. ✓ * First Name: Elisa ✓
 Middle Name:
 * Last Name: Najjar ✓
 Suffix:
 Title: Sponsored Contracts Associate ✓
 Organizational Affiliation: Office of Research and Sponsored Programs ✓
 * Telephone Number: 909-869-4543 ✓ Fax Number: 909-869-2993 ✓
 * Email: enajjar@csupomona.edu ✓



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:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

* 12. Funding Opportunity Number:

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

[Empty box] Add Attachment Remove Attachment View Attachment

* 15. Descriptive Title of Applicant's Project:

Rapid Finite Fault Inversion for Earthquakes in Southern Cal Using the Cybershake Library of 3D Green's Functions: Collaborative Research with URS Group Inc & Cal State Polytechnic University in Pomona

Attach supporting documents as specified in agency instructions.

Add Attachment Remove Attachment View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-38

b. Program/Project CA-038

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

17. Proposed Project:

* a. Start Date: 01/01/2013

* b. End Date: 12/31/2014

18. Estimated Funding (\$):

* a. Federal	50,551.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,551.00

* 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 05/16/2012
- 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 28, 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: G. Paul
 Middle Name:
 * Last Name: Storey
 Suffix:

* Title: Executive Director

* Telephone Number: 909-869-2951 Fax Number: 909-869-5067

* Email: gpstorey@csupomona.edu

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

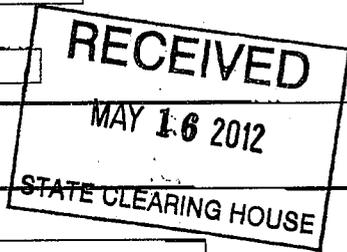
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8506-1274-CA
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: COUNTY OF FRESNO, BOARD OF SUPERVISORS		Department: DEPARTMENT OF AGRICULTURE	
Organizational DUNS: 786240150		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: HALL OF RECORDS 2281 TULARE STREET		Prefix:	First Name: CAROL
City: FRESNO		Middle Name:	
County: FRESNO		Last Name: HAFNER	
State: CALIFORNIA		Suffix:	
Zip Code: 93721	Email: chafner@co.fresno.co.us		
Country: UNITED STATES OF AMERICA		Phone Number (give area code): (559)-600-7510	Fax Number (give area code): (559)-455-2415
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000512		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA,APHIS,PPQ	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AREA WIDE MANAGEMENT OF GLASSY-WINGED SHARPSHOOTER	
TITLE (Name of Program): PLANT & ANIMAL DISEASE PEST CONTROL & ANIMAL CARE			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTY OF FRESNO		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
13. PROPOSED PROJECT Start Date: JULY 1, 2012 Ending Date: JUNE 30, 2013		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/16/2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 100,000.00		
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 100,000.00		
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. Authorized Representative		Middle Name	
Prefix	First Name DEBBIE		
Last Name POOCHIGIAN		Suffix	
b. Title CHAIRMAN OF THE BOARD OF SUPERVISORS		c. Telephone Number (give area code) (559)-600-3529	
d. Signature of Authorized Representative		e. Date Signed	

RECEIVED
MAY 16 2012
STATE CLEARING HOUSE

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

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/>	
		* Other (Specify): <input type="text"/>	
* 3. Date Received: <input type="text" value="05/16/2012"/>		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="The Regents of the University of California"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6002123"/>		* c. Organizational DUNS: <input type="text" value="1247267250000"/>	
d. Address:			
* Street1:	<input type="text" value="Sponsored Projects Office"/>		
Street2:	<input type="text" value="2150 Shattuck Ave., Suite 300"/>		
* City:	<input type="text" value="Berkeley"/>		
County/Parish:	<input type="text" value="Alameda"/>		
* 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="94704-5940"/>		
e. Organizational Unit:			
Department Name: <input type="text" value="Sponsored Projects Office"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text" value="Ms."/>	* First Name:	<input type="text" value="Wendi"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Hayes"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Research Administrator"/>		
Organizational Affiliation: <input type="text"/>			
* Telephone Number:	<input type="text" value="510-643-3391"/>	Fax Number:	<input type="text" value="510-642-8236"/>
* Email:	<input type="text" value="wendih@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

*** Title:**

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Evaluating Fully Nonlinear Effective Stress Site Response Computer Programs using Records from the Canterbury Earthquake Sequence

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-009

b. Program/Project CA-009

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

[Empty text box for additional districts]

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal	89,985.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	89,985.00

* 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 05/17/2012
- 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: Ms. * First Name: Patricia
 Middle Name: [Empty]
 * Last Name: Gates
 Suffix: [Empty]

* Title: Associate Director

* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

* Email: spo_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative: Patricia Gates * Date Signed: 05/18/2012

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		Pre-application		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction		State Application Identifier	
<input type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
				Federal Identifier	
				12/8506-0652-CA	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
County of Riverside			Department: Agricultural Commissioner's Office		
Organizational DUNS: 146761429			Division:		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 4080 Lemon Street, Room 19 P.O. Box 1089			Prefix: First Name: John		
City: Riverside			Middle Name:		
County: Riverside			Last Name: Snyder		
State: CA		Zip Code: 92502-1089		Suffix:	
Country: USA			Email: AgDept@rivcoag.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			Phone Number (give area code)		Fax Number (give area code)
95-6000930			(951) 955-3011		(951) 955-3047
8. TYPE OF APPLICATION:			7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision			B		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY:		
			USDA / APHIS		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10-025			Coachella Valley and Temecula Valley Area-Wide Management and Treatment Program		
TITLE (Name of Program): Glassy-winged Sharpshooter Area-wide Management Program					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
Coachella Valley and Temecula Valley in Riverside County California					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2011		Ending Date: 09/30/2012		a. Applicant California b. Project California	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 250,000.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$.00			DATE: May 16, 2012		
c. State \$.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00			<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 250,000.00					
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. Authorized Representative					
Prefix		First Name John		Middle Name	
Last Name Snyder				Suffix	
b. Title Agricultural Commissioner / Sealer of Weights and Measures				c. Telephone Number (give area code) (951) 955-3011	
d. Signature of Authorized Representative <i>John Snyder</i>				e. Date Signed 05/16/12	

Previous Edition Usable
Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

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

d. Address:

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



e. Organizational Unit:

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

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

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

Title: FISCAL ANALYST

Organizational Affiliation: _____

***Telephone Number:** (559) 802 - 1653 **Fax Number:** (559) 651-3634

***Email:** patricki@selfhelpenterprises.org

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

11. Catalog of Federal Domestic Assistance Number:
10.433

CFDA Title:
RURAL HOUSING PRESERVATION GRANTS

***12 Funding Opportunity Number:**
USDA-RD-HCFP-HPG-2012: HOUSING PRESERVATION GRANTS

*Title:
NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2012

13. Competition Identification Number:

Title:

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

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: 21 *b. Program/Project: 18-21

17. Proposed Project:
*a. Start Date: 09/01/2012 *b. End Date: 9/1/2013

18. Estimated Funding (\$):

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

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on 4/30/2012
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

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

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

Authorized Representative:

Prefix: MR. *First Name: PETER
Middle Name: NUGENT
*Last Name: CAREY
Suffix: _____

*Title: PRESIDENT & CEO

*Telephone Number: (559) 651-1000 Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

*Signature of Authorized Representative:  *Date Signed: 7.30.12

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

MAY 16 2012

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

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:

Cal Poly Pomona Foundation, Inc.

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

952417645

* c. Organizational DUNS:

0289294380000

d. Address:

* Street1:

3801 W. Temple Avenue

Street2:

* City:

Pomona

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

917682557

e. Organizational Unit:

Department Name:

Geological Sciences

Division Name:

College of Science

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

Prefix:

Mrs.

* First Name:

Elea

Middle Name:

* Last Name:

Najar

Suffix:

Title:

Sponsored Contracts Associate

Organizational Affiliation:

Office of Research and Sponsored Programs

* Telephone Number:

909-869-4543

Fax Number:

909-869-2993

* Email:

enajar@csupomona.edu

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)3 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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CPDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Incorporating Hypocentral Depths in Rapid Estimates of Rupture Extent for Large Earthquakes Using Aftershocks

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-38

b. Program/Project CA-038

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

[Attachment buttons: Add Attachment, Delete Attachment, View Attachment]

17. Proposed Project:

* a. Start Date: 01/01/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal	44,396.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	44,396.00

* 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 05/16/2012
- 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

[Attachment 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: Mr. * First Name: G. Paul
 Middle Name:
 * Last Name: Storey
 Suffix:

* Title: Executive Director

* Telephone Number: 909-869-2951 Fax Number: 909-869-5067

* Email: gstorey@csupomona.edu

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

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

Application for Federal Assistance SF-424			
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		STATE CLEARING HOUSE	
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: Cal Poly Pomona Foundation, Inc.			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 952417645		* c. Organizational DUNS: 02B9294380000	
d. Address:			
* Street1:	3801 W. Temple Avenue		
* Street2:	<input type="text"/>		
* City:	Pomona		
* County/Parish:	<input type="text"/>		
* State:	CA: California		
* Province:	<input type="text"/>		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	917682557		
e. Organizational Unit:			
Department Name: Geological Sciences		Division Name: College of Science	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Mrs.	* First Name:	Eisa
Middle Name:	<input type="text"/>		
* Last Name:	Najar		
Suffix:	<input type="text"/>		
Title:	Sponsored Contracts Associate		
Organizational Affiliation: Office of Research and Sponsored Programs			
* Telephone Number:	909-869-4543	Fax Number:	909-869-2993
* Email:	enajar@csupomona.edu		

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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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



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

Microseismicity Study of the Koa'e Fault System on the Big Island of Hawaii

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="79,720.00"/>
* 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="79,720.00"/>

*** 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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

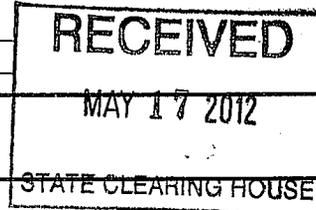
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

05/17/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

Fish and Game

Division Name:

Grants Management Branch

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

Prefix:

* First Name:

Jason

Middle Name:

* Last Name:

Williams

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

(516) 327-0062

Fax Number:

* Email:

jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

* Title:

RS (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.):

ALL

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

Wildlife Habitat Inventories & Research - Management of Elk and Antelope

Attach supporting documents as specified in agency instructions.

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="181,424.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="60,475.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="241,899.00"/>

* 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 28, 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

RECEIVED

MAY 17 2012

STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

808322358

d. Address:

* Street1:

1831 NINTH STREET

Street2:

[Empty box]

* City:

SARAMENTO

County:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811

e. Organizational Unit:

Department Name:

DEPARTMENT OF FISH AND GAME

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

JASON

Middle Name:

[Empty box]

* Last Name:

WILLIAMS

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

jwilliams@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F12AS00019

*** Title:**

R0 (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.):

IMPERIAL, INYO, RIVERSIDE, MONO, AND SAN BERNARDINO

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

WILDLIFE HABITAT INVENTORIES AND RESEARCH - WILDLIFE MANAGEMENT - INLAND DESERTS REGION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="3"/>	* b. Program/Project <input type="text" value="45, 51"/>
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="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="164,696.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="61,565.00"/>	
* 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="246,261.00"/>	
* 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="05/17/2012"/>
<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"/>	
<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 218, 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>		
Authorized Representative:		
Prefix:	<input type="text" value="Mrs."/>	* 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="STAFF SERVICES MANAGER I"/>	
* Telephone Number:	<input type="text" value="916-445-3701"/>	Fax Number: <input type="text" value="916-327-6320"/>
* Email:	<input type="text" value="lbayaa@dfg.ca.gov"/>	
* 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:**

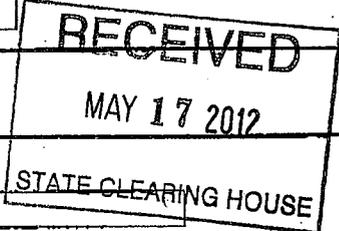
- Preapplication
- Application
- Changed/Corrected Application

*** 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:**

President and Board of Trustees of Santa Clara College

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

94-1156617

*** c. Organizational DUNS:**

0548002140000

d. Address:

*** Street1:**

500 El Camino Real

Street2:

*** City:**

Santa Clara

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95053-0251

e. Organizational Unit:

Department Name:

Civil Engineering

Division Name:

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

Prefix:

Prof.

*** First Name:**

Mark

Middle Name:

*** Last Name:**

Aschheim

Suffix:

Title:

Chair and Professor

Organizational Affiliation:

*** Telephone Number:**

408-554-6871

Fax Number:

408-554-5474

*** Email:**

maschheim@scu.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

*** Title:**

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Direct Performance-Based Seismic Design Incorporating Uncertainty

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="CA-015"/>	b. Program/Project <input type="text" value="CA-015"/>
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="12/01/2012"/>	* b. End Date: <input type="text" value="11/30/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="59,913.00"/>
* 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="59,913.00"/>
* 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="05/17/2012"/>	
<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="Ms."/>	* First Name: <input type="text" value="Linda"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Campbell"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Director of Sponsored Projects"/>	
* Telephone Number: <input type="text" value="408-554-4806"/>	Fax Number: <input type="text" value="408-554-2389"/>
* Email: <input type="text" value="ashachter@scu.edu"/>	
* 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:**

- 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:

RECEIVED

MAY 17 2012

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:**

San Francisco State University

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

93-1137247

*** c. Organizational DUNS:**

9425149850000

d. Address:

*** Street1:**

1600 Holloway Ave.

Street2:

*** City:**

San Francisco

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94132-1722

e. Organizational Unit:

Department Name:

Research & Sponsored Programs

Division Name:

Academic Affairs

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

Prefix:

*** First Name:**

Candy

Middle Name:

*** Last Name:**

Mou

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

Research and Sponsored Programs

*** Telephone Number:**

415-405-4223

Fax Number:

415-338-2493

*** Email:**

candymoo@sfsu.edu

Application for Federal Assistance SF-424

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

*** Title:**

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Re-evaluating the Large Magnitude Earthquake Potential of the Greenville Fault at a LIDAR-selected Site: Collaborative Research with San Francisco State University, and California Geological Survey

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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="29,132.00"/>
* 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="29,132.00"/>

*** 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 <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"/>	
		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">MAY 17 2012</div>	
* 3. Date Received: <small>Completed by Grants.gov upon submission.</small>		4. Applicant Identifier: 12-329	
		<div style="border: 1px solid black; padding: 5px; font-weight: bold;">STATE CLEARING HOUSE</div>	
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: Cal Poly Corporation (for Calif Polytechnic State Univ.)			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 951648180		* c. Organizational DUNS: 0293262460000	
d. Address:			
* Street1:	1 Grand Avenue		
Street2:			
* City:	San Luis Obispo		
County/Parish:	San Luis Obispo		
* State:	CA: California		
Province:			
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	934070830		
e. Organizational Unit:			
Department Name: Irrigation Trng & Research Ctr		Division Name: College of Agriculture	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	Ms.	* First Name:	Susanne
Middle Name:			
* Last Name:	Gartner		
Suffix:			
Title:	Grants Analyst		
Organizational Affiliation: Grants Development			
* Telephone Number:	(805) 756-6271	Fax Number:	(805) 756-5466
* Email:	sgartner@calpoly.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:**

California State Office

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-CA-12-003

* Title:

Conservation Innovation Grant - CA

13. Competition Identification Number:

Title:

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

ProjectAreas.pdf

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

Reduced Sprinkler Evaluation on Strawberries

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
 * a. Applicant: CA-022 b. Program/Project: CA-022

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

17. Proposed Project:
 * a. Start Date: 09/01/2012 * b. End Date: 08/31/2014

18. Estimated Funding (\$):

* a. Federal	60,004.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	60,122.00
* f. Program Income	0.00
* g. TOTAL	120,126.00

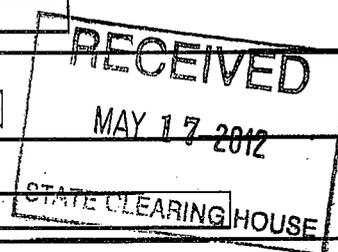
*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on: 05/17/2012
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

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

Authorized Representative:
 Prefix: Ms. * First Name: Xenia
 Middle Name: E.
 * Last Name: Bixler
 Suffix:
 * Title: Director, Grants Development
 * Telephone Number: (805) 756-2982 Fax Number: (805) 756-5466
 * Email: grants@calpoly.edu
 * Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="05/17/2012"/>	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="The Regents of the University of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006145W"/>	* c. Organizational DUNS: <input type="text" value="0948783940000"/>	
d. Address:		
* Street1:	<input type="text" value="OFFICE OF RESEARCH"/>	
* Street2:	<input type="text" value="UNIVERSITY OF CALIFORNIA"/>	
* City:	<input type="text" value="SANTA BARBARA"/>	
* County/Parish:	<input type="text" value="SANTA BARBARA"/>	
* 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="93106-2050"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="EARTH RESEARCH INSTITUTE"/>	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="Jamie"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Sprague"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Sponsored Projects Analyst"/>		
Organizational Affiliation: <input type="text" value="UNIVERSITY OF CALIFORNIA, SANTA BARBARA"/>		
* Telephone Number: <input type="text" value="805-893-8503"/>	Fax Number: <input type="text" value="805-893-2611"/>	
* Email: <input type="text" value="sprague@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Resolving the order of magnitude deformation rate discrepancy along the Gaviota Coast, 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: <input type="text" value="CA-023"/>	b. Program/Project: <input type="text" value="CA-023"/>
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="01/01/2013"/>	* b. End Date: <input type="text" value="12/31/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="57,415.00"/>
* 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="57,415.00"/>
* 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="05/17/2012"/>	
<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"/>	* First Name: <input type="text" value="George"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Hopwood"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Sponsored Projects Officer"/>	
* Telephone Number: <input type="text" value="805-893-5530"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="proposals@research.ucsb.edu"/>	
* Signature of Authorized Representative: <input type="text" value="George Hopwood"/>	* Date Signed: <input type="text" value="05/17/2012"/>

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 05/17/2012	4. Applicant Identifier: Scale 20121383	
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: The Regents of The University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006145W	* c. Organizational DUNS: 0948783940000	
d. Address:		
* Street1: 3227 Cheadle Hall	<input type="text"/>	
Street2: Office of Research	<input type="text"/>	
* City: Santa Barbara	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 93106-2050	<input type="text"/>	
e. Organizational Unit:		
Department Name: Earth Research Institute	Division Name: Research	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: Jamie	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: Sprague	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: Sponsored Projects Analyst		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 805-893-8503	Fax Number: 805-893-2611	
* Email: sprague@research.ucsb.edu		

RECEIVED
 MAY 17 2012
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.007

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Areas affected.docx

Add Attachment

Delete Attachment

View Attachment

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

Liquefaction Hazard in Western Washington, Part II: Data from the Seattle Liquefaction Array

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="CA-023"/>	b. Program/Project: <input type="text" value="CA-023"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="Additional Program.docx"/>	<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="01/01/2013"/>	* b. End Date: <input type="text" value="12/31/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="66,320.00"/>
* 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="66,320.00"/>
* 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="05/17/2012"/>	
<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"/>	* First Name: <input type="text" value="George"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Hopwood"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Sponsored Projects Officer"/>	
* Telephone Number: <input type="text" value="805-893-5530"/>	Fax Number: <input type="text" value="805-893-2611"/>
* Email: <input type="text" value="proposals@research.ucsb.edu"/>	
* Signature of Authorized Representative: <input type="text" value="George Hopwood"/>	* Date Signed: <input type="text" value="05/17/2012"/>

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="08/17/2012"/>	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 17 2012 STATE CLEARING HOUSE </div>
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="The Regents of the University of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006145W"/>	* c. Organizational DUNS: <input type="text" value="0948783940000"/>	
d. Address:		
* Street1:	<input type="text" value="OFFICE OF RESEARCH"/>	
* Street2:	<input type="text" value="UNIVERSITY OF CALIFORNIA"/>	
* City:	<input type="text" value="SANTA BARBARA"/>	
* County/Parish:	<input type="text" value="SANTA BARBARA"/>	
* 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="93106-2050"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="EARTH RESEARCH INSTITUTE"/>	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="Jamie"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Sprague"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Sponsored Projects Analyst"/>	
Organizational Affiliation: <input type="text" value="UNIVERSITY OF CALIFORNIA, SANTA BARBARA"/>		
* Telephone Number:	<input type="text" value="805-893-8503"/>	Fax Number: <input type="text" value="805-893-2611"/>
* Email:	<input type="text" value="sprague@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AG20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AG20013

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Robust Estimation to the Downdip Extension of Fault Slip of Global Large Earthquakes

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="77,588.00"/>
* 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="77,588.00"/>

*** 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 210, 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:**

05/17/2012

4. Applicant Identifier:

Road 20121393

RECEIVED
MAY 17 2012
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

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

956006145W

*** c. Organizational DUNS:**

0948783940000

d. Address:

*** Street1:**

3227 Cheadle Hall

Street2:

Office of Research

*** City:**

Santa Barbara

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93106-2050

e. Organizational Unit:

Department Name:

Earth Research Institute

Division Name:

Research

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

Prefix:

*** First Name:**

Jamie

Middle Name:

*** Last Name:**

Sprague

Suffix:

Title:

Sponsored Projects Analyst

Organizational Affiliation:

*** Telephone Number:**

805-893-8503

Fax Number:

805-893-2611

*** Email:**

sprague@research.ucsb.edu

Application for Federal Assistance SF-424

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

R: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Areas affected.docx

Add Attachment

Delete Attachment

View Attachment

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

Investigation of slip rate & fault interaction within Sierra Nevada Frontal Fault system, Western Mono Basin, California; Collaborative research with UC Santa Barbara and Lettis Consultants Internation

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="CA-023"/>	b. Program/Project: <input type="text" value="CA-023"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="Additional Program.docx"/>	<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="03/01/2013"/>	* b. End Date: <input type="text" value="02/28/2014"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="59,708.00"/>
* 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="59,708.00"/>
* 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="05/17/2012"/>	
<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"/>	* First Name: <input type="text" value="George"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Hopwood"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Sponsored Projects Officer"/>	
* Telephone Number: <input type="text" value="805-893-5330"/>	Fax Number: <input type="text" value="805-893-2611"/>
* Email: <input type="text" value="proposals@research.ucsb.edu"/>	
* Signature of Authorized Representative: <input type="text" value="George Hopwood"/>	* Date Signed: <input type="text" value="05/17/2012"/>

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="05/17/2012"/>	4. Applicant Identifier: <input type="text"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>MAY 17 2012</p> </div>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p>STATE CLEARING HOUSE</p> </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" value="The Regents of the University of California"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006145W"/>	* c. Organizational DUNS: <input type="text" value="0948783940000"/>	
d. Address:		
* Street1: <input type="text" value="OFFICE OF RESEARCH"/>	<input type="text"/>	
Street2: <input type="text" value="UNIVERSITY OF CALIFORNIA"/>	<input type="text"/>	
* City: <input type="text" value="SANTA BARBARA"/>	<input type="text"/>	
County/Parish: <input type="text" value="SANTA BARBARA"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Provinces: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="93106-2050"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="EARTH RESEARCH INSTITUTE"/>	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="Jamie"/>	
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: <input type="text" value="Sprague"/>	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: <input type="text" value="Sponsored Projects Analyst"/>		
Organizational Affiliation: <input type="text" value="UNIVERSITY OF CALIFORNIA, SANTA BARBARA"/>		
* Telephone Number: <input type="text" value="805-893-8503"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="sprague@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AG20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AG20013

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Resolving Uncertainty in Estimates of Stress Drop

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-023

b. Program/Project CA-023

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

Table with 2 columns: Category (a. Federal, b. Applicant, c. State, d. Local, e. Other, f. Program Income, g. TOTAL) and Amount (73,446.00, 0.00, 0.00, 0.00, 0.00, 0.00, 73,446.00)

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

- Radio button options: a. This application was made available to the State under the Executive Order 12372 Process for review on 05/17/2012; 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.)

- Radio button options: Yes, No (selected)

If "Yes", provide explanation and attach

Attachment management 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:

Form fields for Authorized Representative: Prefix, First Name (George), Middle Name, Last Name (Hopwood), Suffix

* Title: Sponsored Projects Officer

* Telephone Number: 805-893-5530 Fax Number:

* Email: proposals@research.ucsb.edu

* Signature of Authorized Representative: George Hopwood * Date Signed: 05/17/2012

Application for Federal Assistance SF-424

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

RECEIVED

MAY 17 2012

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

Special District

*10. Name of Federal Agency:

U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

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

*12. Funding Opportunity Number: Tracking Number 12-168

*Title:

13. Competition Identification Number:

Title:

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

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

*15. Descriptive Title of Applicant's Project:

S103 Research Grant: National Air Toxics Trends Station Monitoring

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 42

*b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: July 1, 2012

*b. End Date: June 30, 2013

18. Estimated Funding (\$):

*a. Federal \$310,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$310,000.00

*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 5-17-12
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: *First Name: Barry

Middle Name: R.

*Last Name: Wallerstein

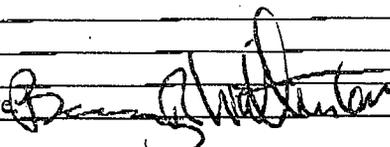
Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100

Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative: 

Date Signed: 5-17-12

APPROVED AS TO FORM
KURT R WESE GENERAL COUNSEL

By: 
Date: 5/16/12

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):**

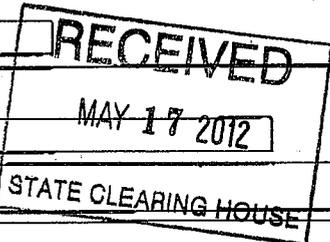
*** 3. Date Received:**

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:

B. APPLICANT INFORMATION:

*** a. Legal Name:**

The University Corporation

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

95-1992732

*** c. Organizational DUNS:**

0557523310000

d. Address:

*** Street1:**

10111 Nordhoff St.

Street2:

*** City:**

Northridge

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

91330-8232

e. Organizational Unit:

Department Name:

Geological Sciences

Division Name:

Science & Mathematics

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

Prefix:

Dr.

*** First Name:**

Douglas

Middle Name:

*** Last Name:**

Yule

Suffix:

Title:

Professor

Organizational Affiliation:

California State University, Northridge

*** Telephone Number:**

818-677-6238

Fax Number:

818-677-2820

*** Email:**

doug.yule@csun.edu

Application for Federal Assistance SF-424		
* 9. Type of Applicant 1: Select Applicant Type:		
<input type="text" value="S: Hispanic-serving Institution"/>		
Type of Applicant 2: Select Applicant Type:		
<input type="text" value="H: Public/State Controlled Institution of Higher Education"/>		
Type of Applicant 3: Select Applicant Type:		
<input type="text"/>		
* Other (specify):		
<input type="text"/>		
* 10. Name of Federal Agency:		
<input type="text" value="U. S. Geological Survey"/>		
11. Catalog of Federal Domestic Assistance Number:		
<input type="text" value="15.807"/>		
CFDA Title:		
<input type="text" value="Earthquake Hazards Reduction Program"/>		
* 12. Funding Opportunity Number:		
<input type="text" value="G12AS20013"/>		
* Title:		
<input type="text" value="2013 Earthquake Hazards Program"/>		
13. Competition Identification Number:		
<input type="text" value="G12AS20013"/>		
Title:		
<input type="text"/>		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
<input type="text"/>	<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:		
<input type="text" value="Megatrenching to determine a lengthy record of San Geronio Pass fault zone ruptures; Possible super earthquakes on the southern San Andreas fault system"/>		
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="CA-027"/>	b. Program/Project: <input type="text" value="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"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="04/01/2013"/>	* b. End Date: <input type="text" value="03/31/2014"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="83,625.00"/>
* 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="83,625.00"/>
* 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="05/17/2012"/>	
<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	
<small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Scott"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Perez"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Director, Research & Sponsored Projects"/>	
* Telephone Number: <input type="text" value="818-677-2901"/>	Fax Number: <input type="text" value="818-677-4691"/>
* Email: <input type="text" value="scott.perez@csun.edu"/>	
* 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."/>

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

Application for Federal Assistance SF-424		Version 02
<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"/> Completed by Grants.gov upon submission.		
<p>4. Applicant Identifier:</p> <input type="text"/>		
<p>5a. Federal Entity Identifier:</p> <input type="text"/> F-89-D-16		
<p>* 5b. Federal Award Identifier:</p> <input type="text"/> F-89-D-16		
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/> 04/18/2012</p>		
<p>7. State Application Identifier: <input type="text"/> G1298033</p>		
<p>8. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/> STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-1697567</p>		
<p>* c. Organizational DUNS: <input type="text"/> 808322358</p>		
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 1811 NINTH STREET</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> SACRAMENTO</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 95811</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/> CA. DEPT. OF FISH AND GAME</p>		
<p>Division Name: <input type="text"/> GRANTS MANAGEMENT BRANCH</p>		
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/> Mr. * First Name: <input type="text"/> STEVE</p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> WONG</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> GRANT ADMINISTRATOR</p>		
<p>Organizational Affiliation: <input type="text"/></p>		
<p>* Telephone Number: <input type="text"/> (916) 445-3694 Fax Number: <input type="text"/> (916) 327-6320</p>		
<p>* Email: <input type="text"/> scwong@dfg.ca.gov</p>		

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:**

F12AS00047

* Title:

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

13. Competition Identification Number:

Title:

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

STATEWIDE

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

MAINTENANCE OF SPORT FISH HABITAT AND ANGLER OPPORTUNITY ON STATE WILDLIFE AREAS (F-B9-D)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="3"/>	* b. Program/Project <input type="text" value="99"/>
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="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="142,405.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="47,468.00"/>	
* 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="189,873.00"/>	
* 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="05/16/2012"/>
<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" value="Mr."/> * First Name: <input type="text" value="BLAINE"/>	
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="NICKENS"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="CHIEF, GRANTS MANAGEMENT BRANCH"/>	
* Telephone Number:	<input type="text" value="(916) 445-9300"/>	Fax Number: <input type="text" value="(916) 327-6320"/>
* Email:	<input type="text" value="bnickens@dfg.ca.gov"/>	
* 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."/>

Authorized for Local Reproduction

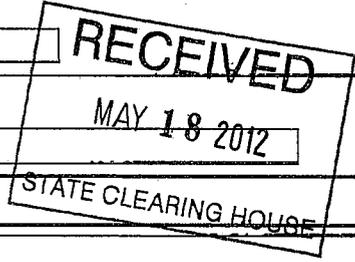
Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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: 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 Ave. 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: Berkeley Seismology Laboratory	Division Name: Physical Sciences
---	----------------------------------

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

Prefix: _____	* First Name: Christine
Middle Name: _____	
* Last Name: Luppino	
Suffix: _____	
Title: _____	

Organizational Affiliation: Sponsored Projects Office

* Telephone Number: 510-643-6113	Fax Number: 510-642-8236
* Email: cluppino@berkeley.edu	

Application for Federal Assistance SF-424

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

R: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Source-Scaling Validation for Selected Southern California Earthquake Sequences and Application to Ground Motion Prediction

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="75,000.00"/>
* 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="75,000.00"/>

*** 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify):

[Redacted]

RECEIVED

MAY 18 2012

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

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 Ave. Suite 300

Street2:

[Redacted]

* City:

Berkeley

County/Parish:

Alameda

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94704-5940

e. Organizational Unit:

Department Name:

Berkeley Seismology Lab

Division Name:

Physical Science

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

Prefix:

[Redacted]

* First Name:

Christine

Middle Name:

[Redacted]

* Last Name:

Luppino

Suffix:

[Redacted]

Title:

[Redacted]

Organizational Affiliation:

Sponsored Projects Office

* Telephone Number:

510-643-6113

Fax Number:

510-642-8236

* Email:

cluppino@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Initiations, Shut-offs and Restarts of Repeating Earthquakes at Parkfield, CA:
Post-seismic Changes in Deep Fault Properties.

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-009

b. Program/Project CA-009

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

[] Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2012

* b. End Date: 11/30/2013

18. Estimated Funding (\$):

* a. Federal	89,322.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	89,322.00

* 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 05/17/2012
- 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: Patricia

Middle Name: []

* Last Name: Gates

Suffix: []

* Title: Associate Director Federal Projects

* Telephone Number: 510-642-8109 Fax Number: 510-642-8236

* Email: sfo_grant_gov@lists.berkeley.edu

* 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:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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MAY 18 2012

STATE CLEARING HOUSE

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

6a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

The Regents of the University of California

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

94-6002123

*** c. Organizational DUNS:**

1247267250000

d. Address:

*** Street1:**

2150 Shattuck Ave, 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:

Berkeley Seismology

Division Name:

Physical Sciences

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

Prefix:

*** First Name:**

Christine

Middle Name:

*** Last Name:**

Luppino

Suffix:

Title:

Organizational Affiliation:

Sponsored Projects Office

*** Telephone Number:**

510-643-6113

Fax Number:

510-642-8236

*** Email:**

cluppino@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

*** Title:**

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Time-dependent creep of the Calaveras fault from 18-years of InSAR, GPS and repeating earthquakes

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	80,382.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	80,382.00

*** 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:

RECEIVED
MAY 18 2012
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

The Regents of the University of California

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

94-60032123

* c. Organizational DUNS:

1247267250000

d. Address:

* Street1:

2150 Shattuck Ave. Suite 300

Street2:

* City:

Berkeley

County/Parish:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94704-5940

a. Organizational Unit:

Department Name:

Berkeley Seismology Lab

Division Name:

Physical Sciences

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

Prefix:

* First Name:

Christine

Middle Name:

* Last Name:

Luppino

Suffix:

Title:

Organizational Affiliation:

Sponsored Projects Office

* Telephone Number:

510-643-6113

Fax Number:

510-642-8236

* Email:

cluppino@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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.607

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Taira.NEHRP.Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

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

Improved Estimations of Rupture Extent, Postseismic Creep, and Fault Healing Associated with the 1989 M 6.9 Loma Prieta Earthquake: Implications for Seismic Cycle along the Northern San Andreas Fault.

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-009

b. Program/Project CA-009

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal	80,040.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	80,040.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on 05/17/2012

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: Patricia

Middle Name: []

* Last Name: Oates

Suffix: []

* Title: Associate Director Federal Projects

* Telephone Number: 510-642-8109 Fax Number: 510-642-0236

* Email: SPO_grants_gov@lists@berkeley.edu

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED
MAY 18 2012
STATE CLEARING HOUSE

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

95-6006142W

* c. Organizational DUNS:

6277974260000

d. Address:

* Street1: Office of Research Affairs - Sponsored Programs

Street2: 200 University Office Bldg.

* City: Riverside

County/Parish: Riverside

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name:

Earth Science

Division Name:

College of Natural & Agric Sci

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

Prefix: Ms.

* First Name: Gillian

Middle Name: _____

* Last Name: Fischer

Suffix: _____

Title: Principal Contract and Grant Officer

Organizational Affiliation:

The Regents of the University of California

* Telephone Number: (951) 827-5535

Fax Number: (951) 827-4483

* Email: gillian.fischer@ucr.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:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Oglesby_David_G12AS20013_Affected_Areas.pdf

Add Attachment

Delete Attachment

View Attachment

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

Dynamic models of potential earthquakes in the San Geronio Pass Region: Collaborative Research with UC Riverside and the U. of Massachusetts

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-044	b. Program/Project: CA-044
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: 01/01/2013	* c. End Date: 12/31/2013
18. Estimated Funding (\$):	
* a. Federal	49,935.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	49,935.00
* 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 05/17/2012. <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: Ms.	* First Name: Gillian
Middle Name:	
* Last Name: Fischer	
Suffix:	
* Title: Principal Contract and Grant Officer	
* Telephone Number: (951) 827-4816	Fax Number: (951) 827-4483
* Email: gillian.fischer@ucr.edu	
* Signature of Authorized Representative: Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

RECEIVED
MAY 18 2012
STATE CLEARING HOUSE

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142W	* c. Organizational DUNS: 6277974260000

d. Address:

* Street1:	Office of Research Affairs - Sponsored Programs
Street2:	200 University Office Bldg.
* City:	Riverside
County/Parish:	Riverside
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92521-0217

e. Organizational Unit:

Department Name: Earth Science	Division Name: College of Natural & Agric Sci
-----------------------------------	--

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

Prefix: Ms.	* First Name: Gillian
Middle Name:	
* Last Name: Fischer	
Suffix:	
Title: Principal Contract and Grant Officer	
Organizational Affiliation: The Regents of the University of California	
* Telephone Number: (951) 827-5535	Fax Number: (951) 827-4483
* Email: gillian.fischer@ucr.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:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

* 12. Funding Opportunity Number:

G12AS20013

* Title:

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Dieterich James G12AS20013 Affected Areas.p

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Probabilistic evaluation of the effects of episodic aseismic slip events on the occurrence of great Cascadia earthquakes: A simulation-based approach

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="CA-044"/>	b. Program/Project <input type="text" value="CA-044"/>
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="01/01/2013"/>	* b. End Date: <input type="text" value="12/31/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="58,404.00"/>
* 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="58,404.00"/>
* 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="05/17/2012"/>	
<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="Ms."/>	* First Name: <input type="text" value="Gillian"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Fischer"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Principal Contract and Grant Officer"/>	
* Telephone Number: <input type="text" value="(951) 827-4816"/>	Fax Number: <input type="text" value="(951) 827-4483"/>
* Email: <input type="text" value="gillian.fischer@ucr.edu"/>	
* 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."/>

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

Application for Federal Assistance SF-424

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

RECEIVED
MAY 18 2012
STATE CLEARING HOUSE

* 3. Date Received: 05/17/2012	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: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6036142W	* c. Organizational DUNS: 6277974260000

d. Address:

* Street1: Office of Research Affairs - Sponsored Programs
Street2: 200 University Office Bldg.
* City: Riverside
County/Parish: Riverside
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Earth Science	Division Name: College of Natural & Agric Sci
--------------------------------	---

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

Prefx: Ms.	* First Name: Gillian
Middle Name: _____	_____
* Last Name: Fischer	_____
Suffix: _____	_____
Title: Principal Contract and Grant Officer	_____

Organizational Affiliation: The Regents of the University of California

* Telephone Number: (951) 827-5535	Fax Number: (951) 827-4483
------------------------------------	----------------------------

* Email: gillian.fischer@ucr.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:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G12AS20013

*** Title:**

2013 Earthquake Hazards Program

13. Competition Identification Number:

G12AS20013

Title:

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

Funning_Gareth_G12AS20013_Affected Areas.pdf

Add Attachment

Delete Attachment

View Attachment

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

Dynamic rupture modeling of partially creeping faults - estimating coseismic and postseismic hazards

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="CA-044"/>	b. Program/Project <input type="text" value="CA-044"/>
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="01/01/2013"/>	* b. End Date: <input type="text" value="12/31/2013"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="49,683.00"/>
* 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="49,683.00"/>
* 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="05/17/2012"/> . <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="Ms."/>	* First Name: <input type="text" value="Gillian"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Fischer"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Principal Contract and Grant Officer"/>	
* Telephone Number: <input type="text" value="(951) 827-4816"/>	Fax Number: <input type="text" value="(951) 827-4483"/>
* Email: <input type="text" value="gillian.fischer@ucr.edu"/>	
* Signature of Authorized Representative: <input type="text" value="Gillian Fischer"/>	* Date Signed: <input type="text" value="05/17/2012"/>

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

Application for Federal Assistance SF-424

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

RECEIVED
MAY 18 2012
STATE CLEARING HOUSE

* 3. Date Received: 05/17/2012	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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142W	* c. Organizational DUNS: 6277974260000
--	--

d. Address:

* Street1: Office of Research Affairs - Sponsored Programs

Street2: 200 University Office Bldg.

* City: Riverside

County/Parish: Riverside

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Earth Science	Division Name: College of Natural & Agric Sci
-----------------------------------	--

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

Prefix: Ms. * First Name: Gillian

Middle Name: _____

* Last Name: Fischer

Suffix: _____

Title: Principal Contract and Grant Officer

Organizational Affiliation:
The Regents of the University of California

* Telephone Number: (951) 827-5535 Fax Number: (951) 827-4483

* Email: gillian.fischer@ucr.edu

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	<input type="text"/>
Type of Applicant 2: Select Applicant Type:	
S: Hispanic-serving Institution	<input type="text"/>
Type of Applicant 3: Select Applicant Type:	<input type="text"/>
* Other (specify):	<input type="text"/>
* 10. Name of Federal Agency:	
U. S. Geological Survey	<input type="text"/>
11. Catalog of Federal Domestic Assistance Number:	
15.807	<input type="text"/>
CFDA Title:	
Earthquake Hazards Reduction Program	<input type="text"/>
* 12. Funding Opportunity Number:	
G12AS20013	<input type="text"/>
* Title:	
2013 Earthquake Hazards Program	<input type="text"/>
13. Competition Identification Number:	
G12AS20013	<input type="text"/>
Title:	<input type="text"/>
14. Areas Affected by Project (Cities, Counties, States, etc.):	
RichardsDinger_G12AS20013_Affected_Areas.pdf	<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:	
Incorporating Fine Scale Fault Structure in Earthquake Simulators for Improved Evaluation of Seismic Hazard: Collaboration Between UCR and USGS	
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 CA-044

b. Program/Project CA-044

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2013

* b. End Date: 03/31/2014

18. Estimated Funding (\$):

* a. Federal	50,208.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	50,208.00

* 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 05/17/2012
- 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

Attachment management 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: Ms. * First Name: Gillian

Middle Name:

* Last Name: Fischer

Suffix:

* Title: Principal Contract and Grant Officer

* Telephone Number: (951) 827-4816 Fax Number: (951) 827-4483

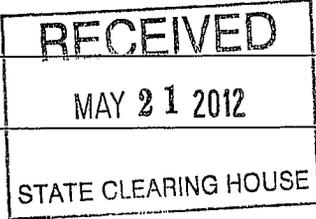
* Email: gillian.fischer@ucr.edu

* Signature of Authorized Representative: Gillian Fischer * Date Signed: 05/17/2012

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:	4. Application Identifier:
5a. Federal Entity Identifier: Control Number: 0651-1728	*5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Otherlab, Inc	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-474 9110	*c. Organizational DUNS: 830681800

d. Address:

*Street1: 3101 20th St
Street 2:
*City: San Francisco
County: San Francisco
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 94110

e. Organizational Unit:

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

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

Prefix: Dr. First Name: Saul
Middle Name:
*Last Name: Griffith
Suffix:
Title: CEO

Organizational Affiliation:

*Telephone Number: 415 225 3618	Fax Number:
*Email: saul@otherlab.com	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: R. Small Business

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Office of Energy Efficiency and Renewable Energy, Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Solar Energy Technologies Program

*12. Funding Opportunity Number: DE-FOA-0000651

*Title: SunShot Incubator Program

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Integrated Raytracing, Design, and Cost Optimization for Solar

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant **CA-008**

*b. Program/Project: **US-all**

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

17. Proposed Project:

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

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

18. Estimated Funding (\$):

*a. Federal **\$280,000.00**

*b. Applicant **\$70,000.00**

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL **\$350,000.00**

***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 **05/17/2012**

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: **Dr.** *First Name: **Saul**

Middle Name:

*Last Name: **Griffith**

Suffix:

*Title: **CEO**

*Telephone Number: **415 225 3618**

Fax Number:

*Email: **saul@otherlab.com**

*Signature of Authorized Representative:  Date Signed: **05/17/2012**

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

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify)**

*** 3. Date Received:**

05/21/2012

4. Applicant Identifier:

RECEIVED
MAY 21 2012

5a. Federal Entity Identifier:

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

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

51298040

8. APPLICANT INFORMATION:

*** a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

*** c. Organizational DUNS:**

808322358

d. Address:

*** Street1:**

1831 9TH STREET

Street2:

*** City:**

SACRAMENTO

County:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95811

e. Organizational Unit:

Department Name:

CA. DEPT. OF FISH AND GAME

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:

GRANT ADMINISTRATOR

Organizational Affiliation:

*** Telephone Number:**

(916) 445-3694

Fax Number:

(916) 327-6320

*** Email:**

scwong@dfg.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F12AS00047

* Title:

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

13. Competition Identification Number:

Title:

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

Trinity and Siskiyou Counties

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

RESOURCE ASSESSMENT AND DEVELOPMENT OF AQUATIC BIODIVERSITY MANAGEMENT PLANS IN THE TRINITY ALPS WILDERNESS AREAS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* 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="142,822.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="47,607.00"/>
* 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="190,429.00"/>

* 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

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/18/2012	Applicant Identifier CA-90-Y970
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y970

5. APPLICANT INFORMATION

Legal Name: Foothill Transit	Organizational Unit: Department: Finance
Organizational DUNS: 94-364-2124	Division:
Address: Street: 100 S. Vincent Avenue, Suite 200	Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Gil Middle Name:
City: West Covina	Last Name Victorio
County: Los Angeles	Suffix: NA
State: CA Zip Code 91790	Email: gvictorio@foothilltransit.org
Country: USA	Phone Number (give area code) (626) 931-7227
	Fax Number (give area code) (626) 931-7327

RECEIVED
 MAY 21 2012
 STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-4668218

8. TYPE OF APPLICATION:

New Continuation Revision

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

Other (specify)

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

Other (specify)
Joint Powers Authority

9. NAME OF FEDERAL AGENCY:
Federal Transit Authority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-507

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CNG-Fueled Replacement Buses

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

20 cities and Los Angeles County

13. PROPOSED PROJECT

Start Date: 08/30/2008 Ending Date: 04/30/2015

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District No. 26,29,32,38 & 42 b. Project Same

15. ESTIMATED FUNDING:

a. Federal	\$	25,774,970	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$	5,280,030	00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	31,055,000	00

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

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

DATE: 05/18/2012

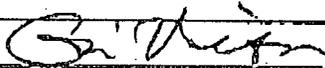
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

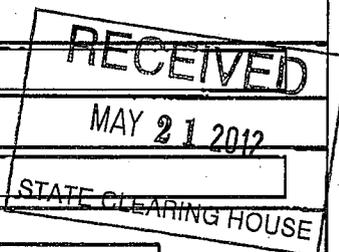
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Gil	Middle Name
Last Name Victorio	Suffix	
b. Title Finance Manager	c. Telephone Number (give area code) (626) 931-7227	
d. Signature of Authorized Representative 	e. Date Signed 05/18/2012	

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
MAY 17 2012		
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:	LAST FRONTIER HEALTHCARE dba MODOC MEDICAL CENTER	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
68-0095320	829690080	
d. Address:		
* Street1:	228 WEST MCDOWELL AVENUE	
Street2:		
* City:	ALTURAS	
County/Parish:	MODOC	
* State:	CA	
Province:		
* Country:	USA	
* Zip / Postal Code:	96101	
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: GREG	
Middle Name:		
* Last Name:	O'DONNELL	
Suffix:		
Title:	CONSULTANT	
Organizational Affiliation:		
HEALTHCARE FINANCE & DEVELOPMENT		
* Telephone Number:	(918)369-8516 Ext 1	Fax Number: (918)550-8293
* Email:	grego@bfd-usa.com	



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

O-NOT FOR PROFIT HOSPITAL

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA COMMUNITY FACILITIES DIRECT LOAN PROGRAM

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

COMMUNITY FACILITIES LOANS AND GRANTS

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

SEE ATTACHED

Add Attachment

Delete Attachment

View Attachment

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

- 1. REPLACE 16 BED CRITICAL ACCESS HOSPITAL WITH A 18 BED CRITICAL ACCESS HOSPITAL
- 2. ADDITION OF A DIALYSIS CENTER
- 3. ADDITION OF A SURGICAL WING
- 4. ADDITION OF A SKILLED NURSING FACILITY (59 BEDS)

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	DISTRICT 4
* b. Program/Project	
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	
* b. End Date:	
18. Estimated Funding (\$):	
* a. Federal	\$53,700,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$53,700,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	
<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="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	* First Name: Monica
Middle Name:	
* Last Name:	Dernier
Suffix:	
* Title:	CEO
* Telephone Number:	530-233-5883
Fax Number:	530-233-6609
* Email:	M.Dernier@ModocMedicalCenter.com
* Signature of Authorized Representative:	Monica Dernier
* Date Signed:	5-16-12

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 22, 2012	Applicant Identifier Dept. of Food and Agriculture	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE March 6, 2012	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 12-8506-1211-CA	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application			
5. APPLICANT INFORMATION				
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture		
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services		
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: First Name: Jason		
County: Sacramento		Middle Name: K		
State: California		Last Name: Chan		
Zip Code: 95814		Suffix:		
Country: United States		Email: jason.chan@cdfa.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-1211		Fax Number (give area code) (916) 654-0555
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) A - State Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian Citrus Psyllid		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California				
13. PROPOSED PROJECT Start Date: October 1, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52		
Ending Date: September 30, 2012		b. Project Asian Citrus Psyllid		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 10,093,109.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE: May 22, 2012		
c. State	\$ 1,772,805.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 11,865,914.00			
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. Authorized Representative				
Prefix		First Name Kathy		Middle Name
Last Name Alameda		Suffix		
b. Title Manager, Federal Funds Management Office		c. Telephone Number (give area code) (916) 403-6525		
d. Signature of Authorized Representative		e. 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:

0709-1511

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

[]

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

* a. Legal Name:

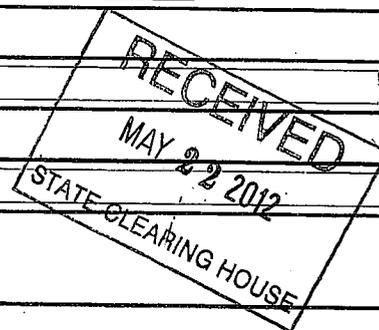
University of California/ Lawrence Berkeley Nat'l Laboratory

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

942951741

* c. Organizational DUNS:

078576738



d. Address:

* Street1:

1 Cyclotron Road

Street2:

[]

* City:

Berkeley

County:

Alameda County

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94720-8131

e. Organizational Unit:

Department Name:

[]

Division Name:

Environmental Energy Technologies Division

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

Prefix:

Dr.

* First Name:

Ashok

Middle Name:

[]

* Last Name:

Gadgil

Suffix:

[]

Title:

Division Director

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number:

(510) 486-7764

Fax Number:

(510) 486-5454

* Email:

ajgadgil@lbl.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Federally Funded Research and Development Center

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

DOE Biomass Program

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-0000709

*** Title:**

Technology Research, Development, and Tools for Clean Biomass Cookstoves

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)
Austin, TX (Travis County)
New Delhi & Mumbai, India

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

An Affordable Advanced Biomass Cookstove with Thin Film Thermoelectric Generator

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="3,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="145,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="3,145,000.00"/>

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

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

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

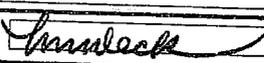
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
05/23/2012		
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
946002123	124726725	
d. Address:		
* Street1:	c/o Sponsored Projects Office	
Street2:	2150 Shattuck Ave., Suite 300	
* City:	Berkeley	
County:	Alameda	
* State:	California	
Province:		
* Country:	United States	
* Zip / Postal Code:	94704-8940	
e. Organizational Unit:		
Department Name:	Division Name:	
Engineering Research Support Organization (ERSO)		
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Anna
Middle Name:		
* Last Name:	Lau	
Suffix:		
Title:	Research Administrator	
Organizational Affiliation:		
The Regents of the University of California		
* Telephone Number:	Fax Number:	
(510) 842-8114	(510) 842-8236	
* Email:	annalau@berkeley.edu	

RECEIVED

MAY 23 2012

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

HHS Office of Inspector General, James Kenny. 415-437-8360

11. Catalog of Federal Domestic Assistance Number:

91087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0000709

*** Title:**

Technology Research, Development, and Tools for Clean Biomass Cookstoves

13. Competition Identification Number:

Title:

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

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

Development of Clean Biomass Cookstoves Through Improved Understanding and Physical Models

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

a. Applicant CA-009

b. Program/Project

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

17. Proposed Project:

a. Start Date: 09/01/2012

b. End Date: 08/31/2015

18. Estimated Funding (\$):

a. Federal	2,761,545.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	60,000.00
f. Program Income	0.00
g. TOTAL	2,821,545.00

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 05/23/2012
- 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 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: Ms. First Name: Patricia
 Middle Name:
 Last Name: Gates
 Suffix:

Title: Associate Director

Telephone Number: (510) 642-8109 Fax Number: (510) 642-8236

Email: spo_grants_gov@lists.berkeley.edu

Signature of Authorized Representative: Patricia A. Gates Date Signed: 5/23/12

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

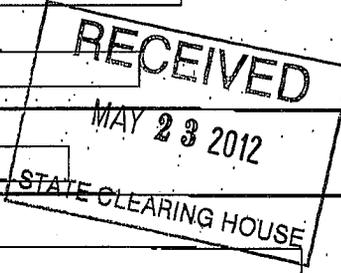
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* 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:**

Pine Cove Water District

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

95-6006060

*** c. Organizational DUNS:**

007372907

d. Address:

*** Street1:**

24917 Marion Ridge Drive

Street2:

*** City:**

Idyllwild

County:

Riverside

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92549

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:**

Vicki

Middle Name:

L

*** Last Name:**

Jakubac

Suffix:

Title:

General Manager

Organizational Affiliation:

Pine Cove Water District

*** Telephone Number:**

951-659-2675

Fax Number:

951-659-3112

****Email:**

vicki@powd.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Agriculture-Rural Development

11. Catalog of Federal Domestic Assistance Number:

10,760

CFDA Title:

Water and Waste Disposal Loans and Grants

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

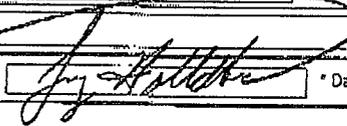
14. Areas Affected by Project (Cities, Counties, States, etc.):

Pine Cove/Idyllwild Community

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

Pipeline and Equipment Replacement Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant 45	* b. Program/Project 45
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date: 7/1/2012	* b. End Date: 7/1/2013
18. Estimated Funding (\$):	
* a. Federal \$332,500	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL \$332,500	
* 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.) Applicant Federal Debt Delinquency Explanation	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	* First Name: Jerry
Middle Name:	
* Last Name: Holdber	
Suffix:	
* Title: General Manager	
* Telephone Number: 951-659-2675	Fax Number: 951-659-3112
* Email: jerry@powd.org	
* Signature of Authorized Representative: 	* Date Signed: <input type="text"/>

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: 05/23/2012	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: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 946002123	* c. Organizational DUNS: 124726725
d. Address:	
* Street 1:	c/o Sponsored Projects Office
* Street 2:	2150 Shattuck Ave., Suite 300
* City:	Berkeley
* County:	Alameda
* State:	California
* Province:	<input type="text"/>
* Country:	United States
* Zip / Postal Code:	94704-5940
e. Organizational Unit:	
Department Name:	Division Name:
Engineering Research Support Organization (ERSO)	<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name: Anna
Middle Name:	<input type="text"/>
* Last Name:	Lau
Suffix:	<input type="text"/>
Title:	Research Administrator
Organizational Affiliation: The Regents of the University of California	
* Telephone Number:	(510) 642-8114
Fax Number:	(510) 642-8236
* Email:	annalau@berkeley.edu

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MAY 23 2012

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

HHS Office of Inspector General, James Kenny, 415-437-8360

11. Catalog of Federal Domestic Assistance Number:

81087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0000709

*** Title:**

Technology Research, Development, and Tools for Clean Biomass Cookstoves

13. Competition Identification Number:

Title:

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

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

A Collaborative Open Source Cookstove Design Tool (CDT)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	CA-009
* b. Program/Project	
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
* a. Start Date:	09/01/2012
* b. End Date:	08/31/2015
18. Estimated Funding (\$):	
* a. Federal	2,603,731.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	27,000.00
* f. Program Income	0.00
* g. TOTAL	2,630,731.00
* 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 05/23/2012
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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:	
Prefix:	Ms.
* First Name:	Patricia
Middle Name:	
* Last Name:	Gates
Suffix:	
* Title:	Associate Director
* Telephone Number:	(510) 642-8109
Fax Number:	(510) 642-8236
* Email:	spo_grants_gov@lists.berkeley.edu
* Signature of Authorized Representative:	Patricia A. Gates
* Date Signed:	5/23/12

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

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

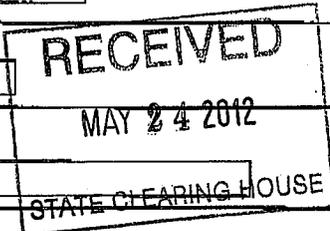
* If Revision, select appropriate letter(s):

* 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:

B. APPLICANT INFORMATION:

* a. Legal Name:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

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

94-6036494

* c. Organizational DUNS:

0471200840000

d. Address:

* Street1:

1850 RESEARCH PARK DRIVE

Street2:

SUITE 300

* City:

DAVIS

County/Parish:

YOLO

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95618-6153

e. Organizational Unit:

Department Name:

SPONSORED PROGRAMS

Division Name:

OFFICE OF RESEARCH

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

Prefix:

* First Name:

Patrick

Middle Name:

* Last Name:

Bell

Suffix:

Title:

Contracts and Grants Analyst

Organizational Affiliation:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

* Telephone Number:

530-754-0114

Fax Number:

530-752-0993

* Email:

pbbell@ucdavis.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:**

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

USDA-GRANTS-040212-001

^ Title:

National Clean Plant Network Request for Applications

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

GRAPEVINS, FRUIT TREES, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-001

b. Program/Project CA-001

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



17. Proposed Project:

* a. Start Date: 08/01/2012

* b. End Date: 07/31/2013

18. Estimated Funding (\$):

* a. Federal	2,157,854.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,157,854.00

* 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 05/25/2012.
- 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 216, 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: PatrickMiddle Name:

* Last Name: Bell

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-0114

Fax Number: 530-752-0333

* Email: pbbell@ucdavis.edu

* Signature of Authorized Representative: Patrick Bell

* Date Signed: 05/23/2012

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/21/2012	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: County of Sutter		Organizational Unit: Department: Public Works		
Organizational DUNS: 078123488		Division: Roads		
Address: Street: 1130 Civic Center Boulevard		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Yuba City		Prefix: Mr.		
County: Sutter		First Name: Neal		
State: CA		Middle Name Patrick		
Zip Code 95993		Last Name Hay		
Country: United States		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000542		Phone Number (give area code) (530) 822-7450		Fax Number (give area code) (530) 822-7457
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) B. County Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: Department of Transportation, Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Federal Aviation Administration Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sutter County Airport - Runway Lighting Improvements		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sutter				
13. PROPOSED PROJECT Start Date: November 2012		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2		
Ending Date: April 2013		b. Project District 2		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 565,852 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 35,802 ⁰⁰	DATE: 5/24/12		
c. State	\$ 29,293 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 650,947 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. Authorized Representative				
Prefix Mr.	First Name Douglas	Middle Name R.		
Last Name Gault			Suffix	
b. Title Director of Public Works			c. Telephone Number (give area code) (530) 822-7450	
d. Signature of Authorized Representative			e. Date Signed 5/22/12	

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

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier 110294	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-CA-11052051-127	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name:		Department: CA Department of Food and Agriculture		
State of California		Division: Plant Health and Pest Prevention Services		
Organizational DUNS: 807487885		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Address:		Prefix:		
Street: 1220 N St, Ste 221		First Name: Austin		
City: Sacramento		Middle Name		
County: Sacramento		Last Name Webster		
State: CA		Suffix:		
Zip Code 95814		Email: austln.webster@cdfa.ca.gov		
Country: USA		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Fax Number (give area code)		
68-0325104		916-654-0317		916-651-2900
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		State Government		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: United States Forest Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program): Forest Health Protection		Firewood Movement Education and Outreach Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF:		
State of California		a. Applicant CA5		
13. PROPOSED PROJECT		b. Project Various		
Start Date: 6/17/2011		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
Ending Date: 12/31/2014		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
15. ESTIMATED FUNDING:		DATE: 5/24/2012		
a. Federal \$ 281,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
b. Applicant \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State \$ 32,200		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other \$		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.		
f. Program Income \$		a. Authorized Representative		
g. TOTAL \$		Prefix		
		First Name Kathy		
		Middle Name		
		Last Name Alameda		
		Suffix		
		b. Title Federal Funds Manager		
		c. Telephone Number (give area code) 916-651-9888		
		d. Signature of Authorized Representative		
		e. Date Signed		

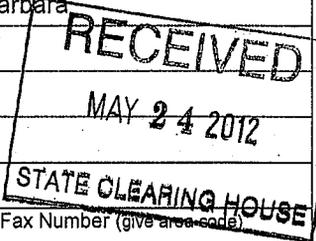
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier N/A
			3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01731

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Baker	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: bbaker@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
---	---	---

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.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sanger Community Center Park Development City of Sanger
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-67056
--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 20
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 51,895.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 3,395.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 48,500.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 103,790.00	

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. Authorized Representative		
Prefix Ms.	First Name Barbara	Middle Name
Last Name Baker		Suffix
b. Title Manager, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-7743
d. Signature of Authorized Representative <i>Barbara Baker</i>		e. Date Signed 5/24/12

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01730

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara
City: Sacramento	Middle Name
County: Sacramento	Last Name Baker
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: bbaker@parks.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
---	---	---

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) A. State Other (specify)
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-17988	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sycamore Valley Shady Slope Trail Bridge East Bay RPD
--	--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 11
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 147,120.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 9,624.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 137,495.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 294,239.00	

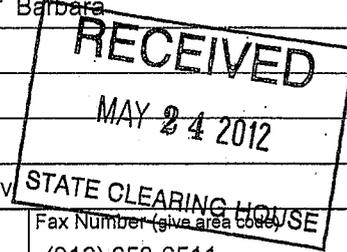
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Barbara	Middle Name
Last Name Baker	Suffix	
b. Title Manager, Office of Grants and Local Services	c. Telephone Number (give area code) (916) 651-7743	
d. Signature of Authorized Representative <i>Barbara Baker</i>	e. Date Signed 5/24/12	

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



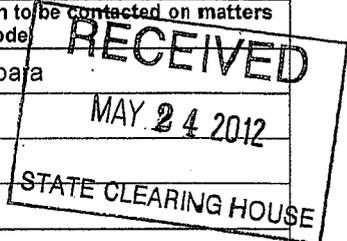
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01732
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Baker	
State: California	Zip Code: 94296-0001	Suffix:	
Country: USA		Email: pkeating@parks.ca.gov	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
---	---	---

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) A. State Other (specify)
--	--

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pierson Park Covered Picnic Area Development McKinleyville Community Services District
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-44910
--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 01
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 26,750.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 1,750.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 25,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 53,500.00	

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. Authorized Representative		
Prefix Ms.	First Name Barbara	Middle Name
Last Name Baker		Suffix
b. Title Manager, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-7743
d. Signature of Authorized Representative <i>Barbara Baker</i>		e. Date Signed 5/24/12

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01733
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Baker	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: bbaker@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
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) A. State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Barker Park Walking Path City of Wasco	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-83542		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 20	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 65,359.00		
b. Applicant	\$		
c. State	\$ 4,276.00		
d. Local	\$ 61,083.00		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 130,718.00		
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. Authorized Representative			
Prefix Ms.	First Name Barbara	Middle Name	
Last Name Baker		Suffix	
b. Title Manager, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-7743	
d. Signature of Authorized Representative <i>Barbara Baker</i>		e. Date Signed 5/24/12	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01734
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Baker	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: bbaker@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
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.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-19192		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Grand View Trail Link City of Diamond Bar	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 41	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 95,881.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 6,276.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 89,670.00		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 191,827.00	<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 Ms.	First Name Barbara	Middle Name	
Last Name Baker		Suffix	
b. Title Manager, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-7743	
d. Signature of Authorized Representative <i>Barbara Baker</i>		e. Date Signed 5/24/12	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01735
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento	State: California	Zip Code: 94296-0001	Country: USA
		Prefix: Ms.	First Name: Barbara
		Middle Name:	Last Name: Baker
		Suffix:	Email: bbaker@parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
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.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-08954		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Johnny Carson Park Trail & Nature Education Project City of Burbank	
13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 29	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 283,630.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 18,556.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 265,075.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 567,261.00		
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. Authorized Representative			
Prefix Ms.	First Name Barbara	Middle Name	
Last Name Baker			Suffix
b. Title Manager, Office of Grants and Local Services			c. Telephone Number (give area code) (916) 651-7743
d. Signature of Authorized Representative <i>Barbara Baker</i>			e. Date Signed 5/24/12

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**APPLICATION FOR
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Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01736

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807.		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) RECEIVED	
City: Sacramento		Prefix: Ms.	First Name: Barbara
County: Sacramento		Middle Name	
State: California		Last Name Baker	
Zip Code 94296-0001	Suffix:		
Country: USA	Email: bbaker@parks.ca.gov		

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MAY 24 2012
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
---	---	---

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) A. State Other (specify)
--	--

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tracks at Brea Development City of Brea
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-08100
--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 42
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15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 550,851.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 36,037.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 514,814.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 1,101,702.00	

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. Authorized Representative		
Prefix Ms.	First Name Barbara	Middle Name
Last Name Baker		Suffix
b. Title Manager, Office of Grants and Local Services		c. Telephone Number (give area code) (916) 651-7743
d. Signature of Authorized Representative <i>Barbara Baker</i>		e. Date Signed 5/24/12

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01737

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896

City: Sacramento

County: Sacramento

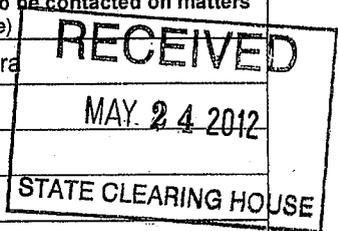
State: California Zip Code 94296-0001

Country: USA

Organizational Unit: Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: Ms. First Name: Barbara Middle Name: Last Name: Baker Suffix: Email: bbaker@parks.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606

Phone Number (give area code) (916) 651-7743 Fax Number (give area code) (916) 653-6511

8. TYPE OF APPLICATION: New Continuation Revision

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

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State
Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rancho Jurupa Park Development County of Riverside Regional Park and Open Space District

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-37692

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 44

15. ESTIMATED FUNDING:

a. Federal	\$	267,714.00
b. Applicant	\$	
c. State	\$	17,514.00
d. Local	\$	250,200.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	535,428.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Barbara Middle Name: Last Name Baker Suffix: Title Manager, Office of Grants and Local Services c. Telephone Number (give area code) (916) 651-7743 d. Signature of Authorized Representative *Barbara Baker* e. Date Signed 5/24/12

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01738
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit:	
Organizational DUNS: 172070807		Department: California Department of Parks and Recreation	
Address: Street: PO Box 942896		Division: Office of Grants and Local Services	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Barbara
State: California		Middle Name	
Zip Code: 94296-0001	Last Name: Baker		
Country: USA	Suffix:		
		Email: bbaker@parks.ca.gov	

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
---	---	---

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.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santee Lake Campground Playground Project Padre Dam Municipal Water District
--	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-70224
--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 52
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 64,006.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 4,187.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 59,819.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 128,012.00	

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. Authorized Representative		
Prefix Ms.	First Name Barbara	Middle Name
Last Name Baker	Suffix	
b. Title Manager Office of Grants and Local Services	c. Telephone Number (give area code) (916) 651-7743	
d. Signature of Authorized Representative <i>Barbara Baker</i>	e. Date Signed 5/24/12	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01739

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation

Organizational DUNS: 172070807

Address: PO Box 942896

City: Sacramento

County: Sacramento

State: California Zip Code 94296-0001

Country: USA

Organizational Unit: Department: California Department of Parks and Recreation

Division: Office of Grants and Local Services

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: Ms. First Name: Barbara Middle Name: Last Name: Baker Suffix: Email: bbaker@parks.ca.gov

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606

Phone Number (give area code) (916) 651-7743 Fax Number (give area code) (916) 653-6511

8. TYPE OF APPLICATION: New Continuation Revision

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

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State
Other (specify)

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916

TITLE (Name of Program): Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Crystal Springs Regional Trail South of Highway 92 County of San Mateo Division of Parks

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-05108

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015

14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 12

15. ESTIMATED FUNDING:

a. Federal	\$	578,777.00
b. Applicant	\$	
c. State	\$	37,864.00
d. Local	\$	540,914.00
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,157,555.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

a. Authorized Representative

Prefix Ms. First Name Barbara Middle Name: Last Name Baker Suffix: Title Manager, Office of Grants and Local Services c. Telephone Number (give area code) (916) 651-7743 d. Signature of Authorized Representative e. Date Signed 5/24/12

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01740

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Parks and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara
City: Sacramento	Middle Name
County: Sacramento	Last Name Baker
State: California Zip Code 94296-0001	Suffix:
Country: USA	Email: bbaker@parks.ca.gov

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
--	---	---

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) A. State Other (specify)
---	---

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund [15]-[916]	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Shade Structure at Pamela Monterosso Trailhead City of Modesto
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-48354

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 17
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 29,693.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 1,942.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 27,750.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 59,385.00	

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. Authorized Representative		
Prefix Ms.	First Name Barbara	Middle Name
Last Name Baker	Suffix	
b. Title Manager, Office of Grants and Local Services	c. Telephone Number (give area code) (916) 651-7743	
d. Signature of Authorized Representative <i>Barbara Baker</i>	e. Date Signed 5/24/12	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01741

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Parks and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Barbara	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Baker	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: bbaker@parks.ca.gov	

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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-7743	Fax Number (give area code) (916) 653-6511
---	---	---

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.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
---	--

9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Outdoor Nature Interpretive Center Area and Hiking Trail Pleasant Valley RPD
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-10046
--

13. PROPOSED PROJECT Start Date: Ending Date: 06/30/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 24
--	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 124,904.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/2012
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 8,171.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 116,732.00	
e. Other \$	
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 249,807.00	<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 Ms.	First Name Barbara	Middle Name
Last Name Baker	Suffix	
b. Title Manager, Office of Grants and Local Services	c. Telephone Number (give area code) (916) 651-7743	
d. Signature of Authorized Representative <i>Barbara Baker</i>	e. Date Signed 5/24/12	

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED: 5.25.2012	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: **Los Osos Community Services District**

Organizational DUNS: **0466 72262**

Address:
Street: **2122 9th Street Suite**

City: **Los Osos**

County: **San Luis Obispo**

State: **CA** Zip Code: **93402**

Country: **U.S.A.**

Organizational Unit:
Department: **Administration**

Division: _____

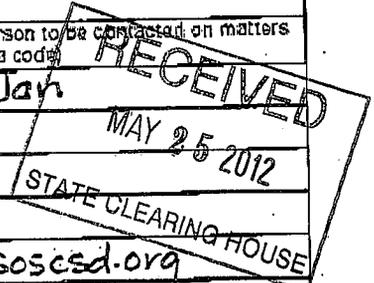
Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: _____ First Name: **Jay**

Middle Name: _____ Last Name: **Harper**

Suffix: _____

Email: **jharper@losososcsl.org**

Phone Number (give area code): **805.528.9370** Fax Number (give area code): **805.528.9377**



6. EMPLOYER IDENTIFICATION NUMBER (EIN): **777-052045710**

8. TYPE OF APPLICATION:
 New Continuation 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)
C
Other (specify): _____

9. NAME OF FEDERAL AGENCY: **US Dept of Agriculture, Rural Development**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **110-7616**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase of Building to provide office and meeting space for District

TITLE (Name of Program): **USDA Community Facilities Direct Loan**

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): **Prog. Los Osos, CA**

13. PROPOSED PROJECT
Start Date: _____ Ending Date: _____

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: **23rd District** b. Project: **23rd District**

15. ESTIMATED FUNDING:

a. Federal	\$	500,000
b. Applicant	\$	---
c. State	\$	---
d. Local	\$	---
e. Other	\$	---
f. Program Income	\$	---
g. TOTAL	\$	500,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: **5/25/2012**
b. No: PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

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

19. Authorized Representative

Prefix: **Mr.** First Name: **Mitch** Middle Name: _____

Last Name: **Cooney** Suffix: _____

b. Title: **Interim General Manager** c. Telephone Number (give area code): **805.528.9370**

d. Signature of Authorized Representative: *[Signature]* e. Date Signed: **5.25.2012**

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

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

Application for Federal Assistance SF-424		Version 02
<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): <input type="text"/> * Other (Specify): <input type="text"/> </p>		
<p>* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission. </p>		<p>4. Applicant Identifier: <input type="text"/> </p>
<p>5a. Federal Entity Identifier: <input type="text"/> </p>		<p>* 5b. Federal Award Identifier: <input type="text"/> </p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p>6. APPLICANT INFORMATION:</p>		
<p>* a. Legal Name: <input type="text"/> state of California</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-1697567 </p>		<p>* c. Organizational DUNS: <input type="text"/> 808322358 </p>
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 1831 9th Street</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> Sacramento</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 95811</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name: <input type="text"/> Fish and Game</p>		<p>Division Name: <input type="text"/> Grants Management Branch</p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text"/> Steve</p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> Wong</p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Grant Administrator</p>		
<p>Organizational Affiliation: <input type="text"/> </p>		
<p>* Telephone Number: <input type="text"/> 916-445-3694</p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text"/> acwong@dfg.ca.gov</p>		

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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:**

F12AS00047

Title:

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

13. Competition Identification Number:

Title:

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

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

Hatchery Stocked Rainbow and Lahontan Cutthroat Trout

Attach supporting documents as specified in agency instructions.

Add Attachments	Delete Attachments	View Attachments
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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="3"/>	* b. Program/Project <input type="text" value="4"/>
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="07/01/2012"/>	* b. End Date: <input type="text" value="06/30/2013"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="42,303.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="14,101.00"/>	
* 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="56,404.00"/>	
* 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="05/25/2012"/>	
<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="lbays@dfg.ca.gov"/>	
* 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."/>

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text" value="05/29/2012"/>	4. Applicant Identifier: <input type="text" value="0651-1652"/>	
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="Blue Juice, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="217 1954353"/>	* c. Organizational DUNS: <input type="text" value="034994123"/>	
d. Address:		
* Street1: <input type="text" value="1101 Fifth Ave, Suite 345"/>	Street2: <input type="text"/>	
* City: <input type="text" value="San Rafael"/>	County: <input type="text"/>	
* State: <input type="text" value="CA"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA"/>	* Zip / Postal Code: <input type="text" value="94901"/>	
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" value="Mr."/>	* First Name: <input type="text" value="Kent"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Redwine"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="CEO"/>	
Organizational Affiliation: <input type="text" value="Blue Juice, Inc."/>		
* Telephone Number: <input type="text" value="(415) 254-1890"/>	Fax Number: <input type="text" value="(415) 520-5209"/>	
* Email: <input type="text" value="kent@bluejuiceinc.com"/>		

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Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

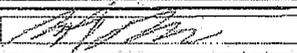
13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

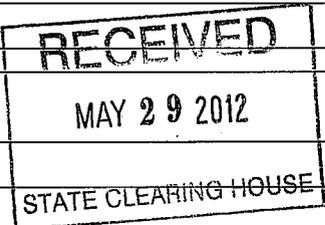
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA - 006	* b. Program/Project: MI-003
Attach an additional list of Program/Project Congressional Districts if needed.	
NJ-006, PA-017	
17. Proposed Project:	
* a. Start Date: 10/15/2012	* b. End Date: 10/15/2013
18. Estimated Funding (\$):	
* a. Federal	745,985.00
* b. Applicant	190,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	935,985.00
* 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 05/29/2012	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach.	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	* First Name: Kent
Middle Name:	
* Last Name: Redwine	
Suffix:	
* Title: CEO	
* Telephone Number: (415) 254-1890	Fax Number: (415) 520-5209
* Email: kent@bluejuiceinc.com	
* Signature of Authorized Representative: 	* Date Signed: 05/29/2012

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 21, 2012	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Adventist Health Clearlake Hospital	Organizational Unit: Department: Emergency Department
Organizational DUNS:	Division:
Address: Street: 15630 18th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David
City: Clearlake	Middle Name:
County: Lake	Last Name: Santos
State: CA Zip Code: 95422	Suffix:
Country: United States	Email: SantosDF@ah.org



6. EMPLOYER IDENTIFICATION NUMBER (EIN): [6][8]-[0][3][9][5][1][4][9]	Phone Number (give area code) (707) 994-6486	Fax Number (give area code) (707) 994-1082
---	---	---

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.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) M - Non-profit organization Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): [1][0]-[7][6][6]	9. NAME OF FEDERAL AGENCY: USDA Rural Development
	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Department Capital Project Equipment Purchase

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

13. PROPOSED PROJECT Start Date: January 2013	Ending Date: June 2013	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-001	b. Project CA-001
--	---------------------------	--	----------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 30,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 13,812.00	DATE:
c. State \$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 43,812.00	

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. Authorized Representative		
Prefix Mr.	First Name David	Middle Name
Last Name Santos	Suffix	
b. Title Vice President of Operations	c. Telephone Number (give area code) (707) 994-6486	
d. Signature of Authorized Representative	e. Date Signed May 21, 2012	

Application for Federal Assistance SF-424

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:		4. Application Identifier: 11-024		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 29 2012 STATE CLEARING HOUSE </div>	
5a. Federal Entity Identifier: LS 97952501		*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: 808321913		
d. Address:					
*Street1: 1001 I Street					
Street 2:					
*City: Sacramento					
County:					
*State: California					
Province:					
Country:					
*Zip/ Postal Code: 95814					
e. Organizational Unit:					
Department Name: State Water Resources Control Board			Division Name: Division of Water Quality		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Kevin			
Middle Name:					
*Last Name: Graves					
Suffix:					
Title: Senior Water Resources Control Engineer / Program Manager					
Organizational Affiliation: Division of Water Quality					
*Telephone Number: (916) 341-5782			Fax Number: (916) 341-5808		
*Email: kgraves@waterboard.ca.gov					

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.805

CFDA Title:

Leaking Underground Storage Tank Trust Fund Corrective Action Program

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

State of California

*15. Descriptive Title of Applicant's Project:

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

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-5

*b. Program/Project:

California - All

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

17. Proposed Project:

*a. Start Date: 7/1/12

*b. End Date: 6/30/13

18. Estimated Funding (\$):

*a. Federal

\$4,000,003.00

*d. Local

*b. Applicant

*e. Other

*c. State

\$782,259.00

*f. Program Income

*d. Local

*g. TOTAL

\$4,782,262.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on May 29, 2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

 Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Thomas

Middle Name:

*Last Name: Howard

Suffix:

*Title: Executive Director

*Telephone Number: 916-341-5615

Fax Number: (916) 341-5621

*Email: thoward@waterboards.ca.gov

*Signature of Authorized Representative:

Date Signed: 5/30/12

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

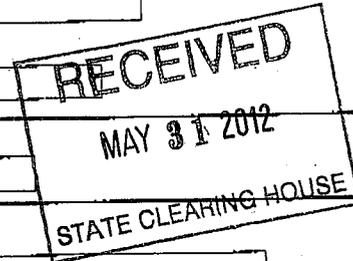
- Preapplication
- Application
- Changed/Corrected Application

*** 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:

B. APPLICANT INFORMATION:

* a. Legal Name: San Diego Unified Port District

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

952241453

* c. Organizational DUNS:

0095928250000

d. Address:

* Street1: 3165 Pacific Highway

Street2: _____

* City: San Diego

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 92101-0000

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: Jerine

Middle Name: _____

* Last Name: Rosato

Suffix: _____

Title: Sr. Mgr. External Relations

Organizational Affiliation: _____

* Telephone Number: 619.725.6084

Fax Number: _____

* Email: jrosato@portofsandiego.org

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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-12-05

*** Title:**

National Clean Diesel Funding Assistance Program FY 2012 RFP

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachments

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

Install shore-side infrastructure at the Port of San Diego's Tenth Avenue Marine Terminal and repower an excursion vessel operated by Hornblower Cruises & Events.

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 53

b. Program/Project 53

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

a. Start Date: 10/01/2012

b. End Date: 09/30/2014

18. Estimated Funding (\$):

a. Federal	2,426,675.00
b. Applicant	5,923,330.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	8,350,005.00

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 05/31/2012
- 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: Jeffrey

Middle Name:

* Last Name: McEntee

Suffix:

* Title: Chief Financial Officer/Treasurer

* Telephone Number: 619.686.6423 Fax Number:

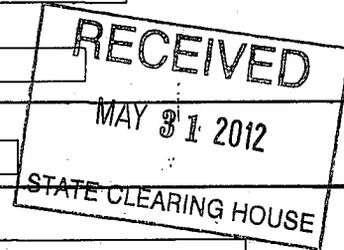
* Email: jmcntee@portofsandiego.org

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

Application for Federal Assistance SF-424

* 1. Type of Submission:			* 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:					
_____			_____					
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: San Joaquin Valley Unified Air Pollution Control District								
* b. Employer/Taxpayer Identification Number (EIN/TIN):						* c. Organizational DUNS:		
77-0262563						786808394		
d. Address:								
* Street1:		1990 E. Gettysburg Avenue						
Street2:		_____						
* City:		Fresno						
County:		_____						
* State:		CA: California						
Province:		_____						
* Country:		USA: UNITED STATES						
* Zip / Postal Code:		93726-0244						
e. Organizational Unit:								
Department Name:						Division Name:		
Strategies and Incentives Department						Incentives Section		
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:		Mr.		* First Name:		Aaron		
Middle Name:		Robert						
* Last Name:		Tarango						
Suffix:		_____						
Title:		Supervisor, Strategies and Incentives Department						
Organizational Affiliation:								

* Telephone Number:						Fax Number:		
(559) 230-5873						(559) 230-6112		
* Email:		aaron.tarango@valleyair.org						



Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District

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:

66.039

CFDA Title:

National Clean Diesel Funding Assistance Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-12-05

* Title:

FY 2012 Request for Proposal (RFP)

13. Competition Identification Number:

Title:

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

Counties: Fresno, Kern, Kings, Madera, San Joaquin, Stanislaus and Tulare
State: California

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

The SJVUAPCD Waste Transportation Truck Replacement Application

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-021

* b. Program/Project CA-021

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

CA-011, CA-018, CA-019, CA-020, CA-021, CA-022

17. Proposed Project:

* a. Start Date: 01/01/13

* b. End Date: 01/01/15

18. Estimated Funding (\$):

- * a. Federal \$2,700,000.00
- * b. Applicant \$0.00
- * c. State \$0.00
- * d. Local \$835,000.00
- * e. Other \$6,860,000.00
- * f. Program Income
- * g. TOTAL \$10,395,000.00

*** 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.) Applicant Federal Debt Delinquency Explanation**

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr.

Middle Name: * First Name: Seyed

* Last Name: Sadredin

Suffix:

* Title: Executive Director/APCO

* Telephone Number: (559) 230-6000

* Email: seyed.sadredin@valleyair.org Fax Number: (559) 230-6112

* Signature of Authorized Representative:  * Date Signed: