

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16 - 31, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID:	2271	RECEIVED
Recipient Name:	CLAREMONT, CITY OF	
Project ID:	CA-90-Z021-01	MAY 16 2013
Budget Number:	2 - Budget Pending Approval	
Project Information:	Preventative maintenance	STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-90-Z021-01
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE Post Office Box 880, CLAREMONT, CA 91711 0880
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$180,000
Project Number:	CA-90-Z021-01	Adjustment Amt:	\$0
Project Description:	Preventative maintenance	Total Eligible Cost:	\$180,000
Recipient Type:	City	Total FTA Amt:	\$144,000
FTA Project Mgr:	Charlene Lee Lorenzo	Total State Amt:	\$0
Recipient Contact:	Carl Sneed (909-399-5306)	Total Local Amt:	\$36,000
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507		
Sec. of Statute:	5307-2		

State Appl. ID:	LA0G887	Special Condition:	None Specified
Start/End Date:	Jul. 01, 2012 - Jun. 30, 2013	S.C. Tgt. Date:	None Specified
Recvd. By State:		S.C. Eff. Date:	None Specified
EO 12372 Rev:	YES	Est. Oblig Date:	None Specified
Review Date:	None Specified	Pre-Award Authority?:	Yes
Planning Grant?:	NO	Fed. Debt Authority?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 18, 2012	Final Budget?:	No
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--ANAHEIM, CA

Congressional Districts

State ID	District Code	District Official
6	26	David Dreier

Project Details

AMENDMENT #1

The City of Claremont will receive the grant funding to cover contract obligations to Pomona Valley Transportation Authority (PVTA) who administer Claremont's Dial A Ride program. The contract with PVTA includes maintenance of paratransit fleet vehicles that were purchased with FTA Section 5307 funds. This expense is part of the City's operating budget. As defined by NTD Reporting System (NTD), for FY2013 (July 2012-June 2013) the operating cost is \$486,589. Estimated Preventive Maintenance (PM) costs in the operating budget for equipment and facilities is \$194,635 less \$ 0 for warranty recovery leaving \$194,635 available for federal participation at the 80/20 rate. This grant will apply federal funds of \$144,000 to this allowable share.

Preventive Maintenance includes activities such as the purchase of lubricants, tires, parts, etc for fleet vehicles. Please see the attached Preventive Maintenance Inspection Sheet for more specific details as to services and products that will be purchased.

Preventive Maintenance is carried out at the Maintenance Yard located at 1400 E Mission Boulevard, Pomona, 91766 CA.

Other Operators: The City of Claremont is also serviced by Foothill Transit and Metrolink.

City of Claremont contact:
Cari Sneed

Management Analyst
Community & Human Services Department
City of Claremont
909-399-5306
csneed@ci.claremont.ca.us

The employees of the City of Claremont are represented by:
CEA- Claremont Employee's Association
Contact: Alonso Angel
Phone 909-399-5431
Fax 909-445-7822
1616 Monte Vista Ave, Claremont, CA 91711
Aangel@ci.claremont.ca.us

CMA- Claremont Management Association
Contact: Brian Desatnik
Phone 909-399-5321
Fax 909-399-5327
207 Harvard, Claremont, CA 91711
bdesatnik@ci.claremont.ca.us

CPEA - Claremont Professional Employees' Association
Contact: Chris Veirs
Phone 909-399-5470
Fax 909-399-5327
207 Harvard, Claremont, CA 91711
cveirs@ci.claremont.ca.us

SBPEA - San Bernardino Public Employees' Association
Contact: Bridgette Washington
Phone 909-889-8377
Fax 909-888-7429
433 North Sierra Way, San Bernardino, CA 92402-0432
representation@sbpea.com

PVTA and it's contractors are not represented by a Union or Association.

FY10 Section 5307 funds (LA UZA): \$144,000
Local Match Source - Prop A: \$ 36,000
TOTAL GRANT \$180,000

CA-90-Z021-00

The City of Claremont will receive the grant funding to cover contract obligations to Pomona Valley Transportation Authority (PVTA) who administer Claremont's Dial A Ride program. The contract with PVTA includes maintenance of paratransit fleet vehicles that were purchased with FTA Section 5307 funds. This expense is part of the City's operating budget. As defined by NTD Reporting System (NTD), for FY2012 (July 2011-June 2012) the operating cost is \$486,589. Estimated Preventive Maintenance (PM) costs in the operating budget for equipment and facilities is \$194,635 less \$ 0 for warranty recovery leaving \$194,635 available for federal participation at the 80/20 rate. This grant will apply federal funds of \$144,000 to this allowable share.

Preventative Maintenance includes activities such as the purchase of lubricants, tires, parts, etc for fleet vehicles. Please see the attached Preventative Maintenance Inspection Sheet for more specific details as to services and products that will be purchased.

Preventative Maintenance is carried out at the Maintenance Yard located at 1400 E Mission Boulevard, Pomona, 91766 CA.

Other Operators: The City of Claremont is also serviced by Foothill Transit and Metrolink.

City of Claremont contact:
Cari Sneed
Management Analyst
Community & Human Services Department
City of Claremont
909-399-5306
csneed@ci.claremont.ca.us

The employees of the City of Claremont are represented by:
CEA- Claremont Employee's Association
Contact: Alonso Angel
Phone 909-399-5431
Fax 909-445-7822
1616 Monte Vista Ave, Claremont, CA 91711
Aangel@ci.claremont.ca.us

CMA- Claremont Management Association
Contact: Brian Desatnik
Phone 909-399-5321
Fax 909-399-5327
207 Harvard, Claremont, CA 91711
bdesatnik@ci.claremont.ca.us

CPEA - Claremont Professional Employees' Association
Contact: Chris Veirs
Phone 909-399-5470
Fax 909-399-5327
207 Harvard, Claremont, CA 91711
cveirs@ci.claremont.ca.us

SBPEA - San Bernardino Public Employees' Association
Contact: Bridgette Washington
Phone 909-889-8377
Fax 909-888-7429
433 North Sierra Way, San Bernardino, CA 92402-0432
representation@sbpea.com

PVTA and it's contractors are not represented by a Union or Association.

FY10 Section 5307 funds (LA UZA): \$144,000
Local Match Source - Prop A: \$ 36,000
TOTAL GRANT \$180,000

Earmarks

No information found.

Security

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

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

State Use Only:

MAY 17 2013

6. Date Received by State:

[]

7. State Application Identifier:

[]

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Resource Conservation District of Santa Cruz County

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

80-0700832

* c. Organizational DUNS:

1462098740000

d. Address:

* Street1: 820 Bay Ave, Suite 136

Street2:

* City: Capitola

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95010-0000

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:

Sacha

Middle Name:

[]

* Last Name:

Lozano

Suffix:

[]

Title: Project Manager

Organizational Affiliation:

Resource Conservation District of Santa Cruz County

* Telephone Number: 831-464-2950 ext.11

Fax Number:

[]

* Email: slozano@rcdsantacruz.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:**

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-CIG-13-03FP

* Title:

2013 Conservation Innovation Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Performance-based Incentives for Conservation in Agriculture (PICA):
Rewarding water quality and conservation achievements

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="779,625.00"/>
* b. Applicant	<input type="text" value="11,200.00"/>
* c. State	<input type="text" value="176,960.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="613,754.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,581,539.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4910-0004
Expiration Date: 01/31/2009

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: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____	
RECEIVED MAY 17 2013 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>The Regents of the University of California</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>94-6002123</u>	* c. Organizational DUNS: <u>124726725</u>	
d. Address:		
* Street1: <u>2150 Shattuck Ave., Suite 300</u>	Street2: _____	
* City: <u>Berkeley</u>	County: <u>Alameda</u>	
* State: _____	CA: California	
Province: _____	Country: <u>USA: UNITED STATES</u>	
* Zip / Postal Code: <u>94704-5940</u>		
e. Organizational Unit:		
Department Name: <u>Sponsored Projects Office</u>	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: <u>Kate</u>	
Middle Name: _____	* Last Name: <u>Lewis</u>	
Suffix: _____	Title: <u>Contracts and Grants Officer</u>	
Organizational Affiliation: <u>The Regents of the University of California</u>		
* Telephone Number: <u>(510) 642-8817</u>	Fax Number: <u>(510) 642-8236</u>	
* Email: <u>kate.lewis@berkeley.edu</u>		

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

Version 02

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:**

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-13-0007

*** Title:**

CA State Conservation Innovation Grant

13. Competition Identification Number:

Title:

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

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

Farming for Native Bees: Technology Transfer

Attach supporting documents as specified in agency instructions.

ADD Attachments: [] [] []

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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-013

* b. Program/Project: CA-013

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

17. Proposed Project:

* a. Start Date: 09/01/2013

* b. End Date: 08/31/2015

18. Estimated Funding (\$):

* a. Federal	74,908.00
* b. Applicant	51,840.00
* c. State	0.00
* d. Local	11,200.00
* e. Other	19,000.00
* f. Program Income	0.00
* g. TOTAL	156,948.00

* 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: Kate

Middle Name:

* Last Name: Lewis

Suffix:

* Title: Contract and Grant Officer

* Telephone Number: (510) 642-8117

* Fax Number: (510) 642-8236

* 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.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/20 10)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version: 02

*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. Application Identifier: None provided	
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: California Association for Local Economic Development			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2645503		*c. Organizational DUNS: 119083145	
d. Address:			
*Street1: 550 Bercut Drive		RECEIVED MAY 17 2013 STATE CLEARING HOUSE	
Street 2: Ste G			
*City: Sacramento			
County:			
*State: CA			
Province:		*Zip/ Postal Code: 95811	
Country: USA			
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: Gurbax	
Middle Name:			
*Last Name: Sahota			
Suffix:			
Title: President/CEO			
Organizational Affiliation:			
*Telephone Number: 916-448-8252 x15		Fax Number: 916-448-3811	
*Email: gsahota@caled.org			

Application for Federal Assistance SF-424

Version 02

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

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:

United States Department of Agriculture Rural Development

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.):

Imperial County, CA

*15. Descriptive Title of Applicant's Project:

To explore Imperial county for a domestic sourcing opportunity and to encourage companies to locate their business operations there.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal	\$95,000.00
*b. Applicant	\$5,000.00
*c. State	
*d. Local	\$10,000.00
*e. Other	
*f. Program Income	
*g. TOTAL	\$110,000.00

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

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

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Authorized Representative:

Prefix:

*First Name: Gurbax

Middle Name:

*Last Name: Sahota

Suffix:

*Title: President & CEO

*Telephone Number: 916-448-8252 x15

Fax Number:

*Email: gsahota@caled.org

*Signature of Authorized Representative:

Date Signed: 5/15/2013

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

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

MAY 21 2013

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:**

West Valley College

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

770-268786

*** c. Organizational DUNS:**

076301530000

d. Address:

*** Street1:**

14000 Fruitvale Ave.

Street2:

*** City:**

Saratoga

County/Parish:

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95070-5640

e. Organizational Unit:

Department Name:

Advanced Trans tech & Energy (ATTE)

Division Name:

Economic Workforce Development

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

Prefix:

*** First Name:**

Frank

Middle Name:

*** Last Name:**

Kobayashi

Suffix:

Ph.D.

Title:

Dean, Career Program and Workforce Development

Organizational Affiliation:

West Valley College

*** Telephone Number:**

408-741-4084

Fax Number:

408-867-2522

*** Email:**

frank.kobayashi@westvalley.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:**

Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912

CFDA Title:

Environmental Quality Incentives Program

*** 12. Funding Opportunity Number:**

USDA-NRCS-NHQ-13-03

* Title:

2013 Conservation Innovation Grants

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Sustainable Agriculture & Natural Resources Conservation

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-014**

* b. Program/Project **015, 017**

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

17. Proposed Project:

* a. Start Date: **9/1/2013**

* b. End Date: **8/31/2015**

18. Estimated Funding (\$):

* a. Federal	199,919
* b. Applicant	109,080 cash match
* c. State	
* d. Local	
* e. Other	91,710 in-kind
* f. Program Income	
* g. TOTAL	400,709

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **3/22/2013**.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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

I AGREE

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

Authorized Representative:

Prefix: * First Name: **Frank**

Middle Name:

* Last Name: **Kobayashi**

Suffix: **Ph.D.**

* Title: **Dean, Career Program and Workforce Development**

* Telephone Number: **408-741-4084** Fax Number: **408-867-2522**

* Email: **frank.kobayashi@westvalley.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

Version 02

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

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: 07-83-06873
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RECEIVED
MAY 23 2013
STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Yuba-Sutter Economic Development Corporation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0342145	* c. Organizational DUNS: 120321596

d. Address:

* Street1: 1227 Bridge Street, Suite C
Street2: _____
* City: Yuba City
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95991

e. Organizational Unit:

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

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

Prefix: _____	* First Name: Dana
Middle Name: _____	
* Last Name: Burroughs	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	
* Telephone Number: 530-751-8555 x 105	Fax Number: 530-751-8515
* Email: dburroughs@ysedc.org	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

EDAPLANNING2012

* Title:

Planning Program and Local Technical Assistance Program

13. Competition Identification Number:

PL-TA

Title:

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

Yuba City MSA consisting of Sutter County and its cities of Live Oak and Yuba City, and Yuba County and its cities of Marysville and Wheatland in Northern California.

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

FY 2013 Yuba-Sutter Economic Development District Partnership Planning

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

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="32,143.00"/>
* 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="107,143.00"/>

* 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:

OMB Number: 4040-0004
Expiration Date: 06/30/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 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: PARKS AND RECREATION, CA DEPT OF		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: 301 CASPIAN WAY	Street2: _____	
* City: IMPERIAL BEACH	County/Parish: _____	
* State: _____	CA: California	
Province: _____	* Country: _____	
* Zip / Postal Code: 91932-9193	USA: UNITED STATES	
e. Organizational Unit:		
Department Name: _____	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Christopher	
Middle Name: _____	* Last Name: Peregrin	
Suffix: _____	Title: Reserve Manager	
Organizational Affiliation: _____		
* Telephone Number: 619-575-3613 ext. 303	* Fax Number: 619-575-6912	
* Email: chris.peregrin@parks.ca.gov		

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Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

[Empty text box]

Type of Applicant 3: Select Applicant Type:

[Empty text box]

* Other (specify):

[Empty text box]

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2013-2009673

* Title:

Y2013 National Estuarine Research Reserve Operations July 1 Start Dates

13. Competition Identification Number:

[Empty text box]

Title:

[Empty text box]

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

SF424_2_1-1236-Area Affected by Project.doc

Add Attachment

Delete Attachment

View Attachment

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

TRNERR MANAGEMENT AND OPERATIONS

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	235,000.00
* b. Applicant	0.00
* c. State	100,915.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	335,915.00

*** 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:	* 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:	
Completed by Grants.gov upon submission.	[]	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
[]	[]	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
[]	[]	
8. APPLICANT INFORMATION:		
* a. Legal Name: Biggs-Gridley Memorial Hospital		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-1049467	07-377-5173	
d. Address:		
* Street 1:	240 Spruce Street	
Street 2:	[]	
* City:	Gridley	
County/Parish:	Butte	
* State:	California	
Province:	[]	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95948	
e. Organizational Unit:		
Department Name:	Division Name:	
USDA	Rural Development	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	wade
Middle Name:	[]	
* Last Name:	Sturgeon	
Suffix:	[]	
Title: Chief Executive Officer/Chief Financial Officer		
Organizational Affiliation:		
[]		
* Telephone Number:	Fax Number:	
(530) 846-5671	(530) 846-9027	
* Email: wsturgeon@bgmh.us		

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Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Not for Profit Organization

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

*** 12. Funding Opportunity Number:**

N/A

* Title:

Biggs-Gridley Memorial Hospital

13. Competition Identification Number:

N/A

Title:

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

Butte County (CA), Biggs, Gridley,

Richvale & Live Oak

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

Emergency room and radiology addition

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA 2nd

* b. Program/Project CA 2nd

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date: 06-01-2015

* b. End Date: 01-01-2015

18. Estimated Funding (\$):

* a. Federal	\$9,570,000.00
* b. Applicant	\$2,004,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$11,574,000.00

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

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

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name: Wade

Middle Name:

* Last Name: Sturgeon

Suffix:

* Title: Chief Executive Officer/Chief Financial Officer

* Telephone Number: (530) 846-5671 Fax Number: (530) 846-9027

* Email: wsturgeon@bgmh.us

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

* Date Signed: Completed by Grants.gov upon submission.



SF 424

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The SF 424 is part of the CPMP Annual Action Plan. SF 424 fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

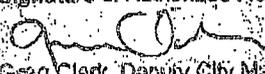
STATE CLEARING HOUSE

SF 424

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

April 30, 2013	Applicant Identifier	Type of Submission	
		Application	Pre-application
		<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
Applicant Information			
City of Redding		CA82958 REDDING	
777 Cypress Avenue		93-362-2800	
PO Box 496071		Local Government	
Redding	California		
96049	Country U.S.A.	Housing Division	
Employer Identification Number (EIN)		Shasta	
94-6000401		7/1	
Applicant Type		Specify Other Type or Description	
Local Government: City		Specify Other Type	
Program Funding			
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
Community Development Block Grant		14.218 Entitlement Grant	
CDBG Project Title(s)		Description of Areas Affected by CDBG Project(s)	
\$641,070	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged	\$Additional State Funds Leveraged		
\$Locally Leveraged Funds	\$Grantee Funds Leveraged		
\$44,000 Anticipated revolving loan funds	Other (Describe): \$90,660 Prior year CDBG		
Total Funds Leveraged for CDBG-based Project(s) \$775,750			
Home Investment Partnerships Program			
HOME Project Title(s)		14.239 HOME	
HOME Project Title(s)		Description of Areas Affected by HOME Project(s)	
\$587,410	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged	\$Additional State Funds Leveraged		
\$Locally Leveraged Funds	\$Grantee Funds Leveraged		

\$305,300 Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOME-based Project(s) \$892,710			
Housing Opportunities for People with AIDS		14,241 HOPWA	
HOPWA Project Titles		Description of Areas Affected by HOPWA Project(s)	
\$HOPWA Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for HOPWA-based Project(s)			
Emergency Shelter Grants Program		14,231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
\$ESG Grant Amount	\$Additional HUD Grant(s) Leveraged	Describe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged	
\$Locally Leveraged Funds		\$Grantee Funds Leveraged	
\$Anticipated Program Income		Other (Describe)	
Total Funds Leveraged for ESG-based Project(s)			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts	Project Districts	<input type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review.
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input type="checkbox"/> No	Program is not covered by EO 12372
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Program has not been selected by the state for review

Person to be contacted regarding this application	
Steve Bada	
Housing Manager	(530)245-7129
sbada@ci.redding.ca.us	www.ci.redding.ca.us
Signature of Authorized Representative	Date Signed
 Greg Clark, Deputy City Manager	April 30, 2013

OMB Number: 1545-0047
Expiration Date: 01/31/2012

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):

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MAY 23 2013

* 3. Date Received:

[]

4. Applicant Identifier:

[]

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:

California Manufacturing Technology Consulting

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

95-4491123

* c. Organizational DUNS:

94-6468030

d. Address:

* Street1:

690 Knox Street

Street2:

Suite 200

* City:

Torrance

County:

Los Angeles

* State:

California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90502

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:

Cheryl

Middle Name:

[]

* Last Name:

Slobodian

Suffix:

[]

Title:

Director of ISC

Organizational Affiliation:

[]

* Telephone Number:

310-263-3017

Fax Number:

310-808-1429

* Email:

cslobodian@cmtc.com

Application for Federal Assistance SF-424	
9. Type of Applicant 1: Select Applicant Type:	
Non-profit Organization	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Commerce - National Institute of Standards and Technology - MEP	
11. Catalog of Federal Domestic Assistance Number:	
10.769	
CFDA Title:	
Manufacturing Extension Partnership	
* 12. Funding Opportunity Number:	
Rural Business Enterprise Grant	
* Title:	
Rural Business Enterprise Grant	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
California	
* 15. Descriptive Title of Applicant's Project:	
Biobased Manufactured Products	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 37

* b. Program/Project 19-53

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

17. Proposed Project:

* a. Start Date: 06/01/2013

* b. End Date: 05/31/2016

18. Estimated Funding (\$):

* a. Federal \$14,000

* b. Applicant \$11,990

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$25,990

* 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

05/23/2013

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

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

 Yes No

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

 ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Robert

Middle Name:

* Last Name: Wee

Suffix:

* Title: Controller

* Telephone Number: 310-263-3072

Fax Number: 310-808-1372

* Email: rwee@cmtc.com

* Signature of Authorized Representative:

* Date Signed:

OMB Number: 2010-0014
Expiration Date: 05/31/2011

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify)

[Empty box]

* 3. Date Received:

[Empty box]

4. Applicant Identifier:

[Empty box]

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5a. Federal Entity Identifier:

[Empty box]

* 5b. Federal Award Identifier:

[Empty box]

MAY 24 2013

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

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8. APPLICANT INFORMATION:

* a. Legal Name: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

* b. Employer/Taxpayer Identification Number (EIN/TIN):
77-0282568

* c. Organizational DUNS:
786808394

d. Address:

* Street1: 1990 E. Gettysburg Avenue
 Street2: [Empty box]
 * City: Fresno
 County: [Empty box]
 * State: CA; California
 Province: [Empty box]
 * Country: USA; UNITED STATES
 * Zip / Postal Code: 93726-0244

e. Organizational Unit:

Department Name:
Administration

Division Name:
Administrative Services

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

Prefix: Mr. * First Name: Justin
 Middle Name: [Empty box]
 * Last Name: Benavides
 Suffix: [Empty box]

Title: Accountant II

Organizational Affiliation:

[Empty box]

* Telephone Number: (559) 230-6023

Fax Number: (559) 230-6063

* Email: justin.benavides@valleyair.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:**

EPA - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.034

CFDA Title:

Special Purpose Activities Relating to the Clean Air Act

*** 12. Funding Opportunity Number:**

N/A

* Title:

FY-13 Dairy Digester Technology Demonstration

13. Competition Identification Number:

Title:

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

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

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

San Joaquin Valley Unified Air Pollution Control District Dairy Digester Technology Demonstration

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-022

17. Proposed Project:

* a. Start Date: 6/1/2013

* b. End Date: 10/31/2015

18. Estimated Funding (\$):

- * a. Federal \$50,000.00
- * b. Applicant -
- * c. State -
- * d. Local -
- * e. Other -
- * f. Program Income -
- * g. TOTAL \$50,000.00

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

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

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 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 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: Seyed
 Middle Name:
 Last Name: Sadredin
 Suffix:
 Title: Executive Director / A.P.C.O.

* Telephone Number: (559) 230-0000 Fax Number:
 * Email: seyed.sadredin@vallayuir.org

* Signature of Authorized Representative: [Signature] * Date Signed: 5/24/2013

APCC

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): _____
--	--	--

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MAY 24 2013

* 3. Date Received: _____	4. Applicant Identifier: 0823-1890
------------------------------	---------------------------------------

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

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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: 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: 94720-8134

e. Organizational Unit:

Department Name: Building Technology and Urban Systems	Division Name: Environmental Energy Technologies Division
--	---

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

Prefix: _____	* First Name: Dragan
Middle Name: Charlie	
* Last Name: Curcija	
Suffix: _____	

Title: Deputy Group Leader - Windows & Envelope Materials Group

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number: (510) 495-2602	Fax Number: (510) 486-4089
------------------------------------	----------------------------

* Email: dcurcija@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:**

Department of Energy - Energy Efficiency & Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

81086

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000823

* Title:

Building Technologies Innovations Program

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)
Cranberry Twp, PA (Butler County)
Portland, OR (Multnomah County)

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

Autonomous Packaged Energy Recovery Ventilation Unit for Window Frames

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="750,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="65,922.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="815,922.00"/>

*** 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:

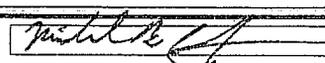
* Last Name:

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)

RECEIVED

MAY 24 2013

* 3. Date Received:

4. Applicant Identifier:

[]

0823-1661

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

[]

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

2. 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:

94720-8135

e. Organizational Unit:

Department Name:

Building Technology and Urban Systems

Division Name:

Environmental Energy Technologies Division

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

Prefix:

[]

* First Name:

Phillip

Middle Name:

[]

* Last Name:

Havea

Suffix:

[]

Title:

Group Leader - Simulation Research Group

Organizational Affiliation:

Lawrence Berkeley National Laboratory

* Telephone Number:

(510) 486-6512

Fax Number:

(510) 486-4092

* Email:

phavea@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:

Department of Energy - Energy Efficiency & Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

81086

CFDA Title:

Conservation Research and Development

* 12. Funding Opportunity Number:

DE-FOA-0000823

* Title:

Building Technologies Innovations Program

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)
San Francisco, CA (San Francisco County)
Portland, OR (Multnomah County)

* 15. Descriptive Title of Applicant's Project:

Enabling Accountability for Building Energy Performance: Whole Building Energy Commissioning and Retro-Commissioning

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 CA-009

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

CA-008; OR-001

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 08/30/2015

18. Estimated Funding (\$):

* a. Federal	694,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	35,000.00
* f. Program Income	
* g. TOTAL	729,000.00

* 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 05/24/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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

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

 ** I AGREE

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

Authorized Representative:

Prefix: * First Name: Michael

Middle Name:

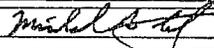
* Last Name: Lofy

Suffix:

* Title: Principal Resource Analyst

* Telephone Number: (510) 495-2405 Fax Number: (510) 486-5018

* Email: mlofy@lbl.gov

* Signature of Authorized Representative:  * Date Signed: 05/24/2013

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	

RECEIVED

* 3. Date Received:	4. Applicant Identifier:	MAY 24 2013
	0823-1650	

Sa. 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: University of California/ Lawrence Berkeley Nat'l Laboratory
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942951741
* c. Organization's 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: 94720-8135

e. Organizational Unit:

Department Name: Building Technology and Urban Systems	Division Name: Environmental Energy Technologies Division
--	---

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

Prefix:	* First Name: Michael
Middle Name:	
* Last Name: Welter	
Suffix:	
Title: Deputy Group Leader - Simulation Research Group	
Organizational Affiliation: Lawrence Berkeley National Laboratory	
* Telephone Number: (510) 486-6990	Fax Number: (510) 486-4263
* Email: mwelter@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:

Department of Energy - Energy Efficiency & Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

81 086

CFDA Title:

Conservation Research and Development

* 12. Funding Opportunity Number:

DE-FOA-0000823

* Title:

Building Technologies Innovations Program

13. Competition Identification Number:

Title:

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

Berkeley, CA (Alameda County)
New Jersey, NJ (Somerset County)

* 15. Descriptive Title of Applicant's Project:

Building Energy and Control Systems Laboratory (BECSLab)

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 CA-009

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

NJ-012

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 09/30/2015

18. Estimated Funding (\$):

* a. Federal	750,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	187,500.00
* f. Program Income	
* g. TOTAL	937,500.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/24/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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

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

Middle Name:

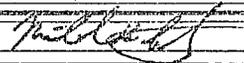
* Last Name: Lofy

Suffix:

* Title: Principal Resource Analyst

* Telephone Number: (510) 495-2405 Fax Number: (510) 486-6018

* Email: mlofy@lbl.gov

* Signature of Authorized Representative:  * Date Signed: 05/24/2013

Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received:	4. Applicant Identifier:

RECEIVED

MAY 24 2013

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

STATE CLEARING-HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name:	Tuolumne Band of Indians
------------------	--------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational OUNS:
77-0121021	603089541

* d. Address:	
* Street 1:	19595 MiWu Street
* Street 2:	
* City:	Tuolumne
* County:	Tuolumne
* State:	CA
* Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95379

* e. Organizational Unit:	
Department Name:	Division Name:
Education Dept.	Adult Education and Small Business Dev

* f. Name and contact information of person to be contacted on matters involving this application:	
Prefix:	* First Name: Ginger
Middle Name:	C
* Last Name:	Perry-Nash
Suffix:	

Title:	Manager of Education
--------	----------------------

Organizational Affiliation:	Tuolumne Band of Me-Wuk Indians
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* Telephone Number:	(209) 928-5333	Fax Number:	(209) 928-9779
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* Email:	gperrynash@mewuk.com
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Application for Federal Assistance SF-424

Version: 02

9. Type of Applicant 1 - Select Applicant Type:

K. Indian Tribe

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

NGMS Agency USDA, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

* Title:

MBL-SF424 FAMILY - ALL FORMS

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

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

Tuolumne City, CA

* 15. Descriptive Title of Applicant's Project:

Small Business Development and Micro-enterprise

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 0985-0177
Expiration Date: 03/31/2013

Application for Federal Assistance SF-424

Version: 02

16. Congressional Districts Of:

* a. Applicant CA-001

* b. Program/Project CA-004

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 (\$):

* a. Federal	\$ 83,790.00
* b. Applicant	\$ 25,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	\$ 25,000.00
* f. Program Income	0.00
* g. TOTAL	\$ 133,790.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/15/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No 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)

** 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: Kevin

Middle Name: A

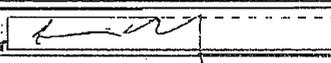
* Last Name: Day

Suffix:

* Title: Tribal Chairman

* Telephone Number: (209) 928-5300 Fax Number: (209) 928-1419

* Email: kday@mewuk.com

* Signature of Authorized Representative:  * Date Signed: 05-15-2013

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

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

5. APPLICANT INFORMATION

Legal Name: City of Woodlake	Organizational Unit: Department: Public Works
Organizational DUNS: 169200177	Division:
Address: Street: 350 N. Valencia Blvd	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs First Name: Monique
City: Woodlake	Middle Name
County: Tulare	Last Name Mello
State: California	Suffix: P.E.; City Engineer
Zip Code 93286	Email: moniquem@quadknopf.com
Country: USA	

RECEIVED

MAY 28 2013

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000458

7. TYPE OF APPLICANT: (See back of form for Application Types)
City or Township Government
Other (specify)

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)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Improvements to the Community Water System including a) installation of Supervisory Control and Data Acquisition system for water production, b) installation of new and conversion of existing water meters utilizing SMART meters, and c) construction of a new domestic water well and appurtenances.

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

13. PROPOSED PROJECT
Start Date: 05/01/2013 Ending Date: 05/01/2014

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 21st b. Project 21st

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 4,163,714.00	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:	
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	\$ 4,163,714.00		

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 Ramon	Middle Name
Last Name Lara	Suffix	
b. Title City Administrator	c. Telephone Number (give area code) 559-564-8055	
d. Signature of Authorized Representative <i>Ramon Lara</i>	e. Date Signed 04/04/2013	



210 N. Church St., Ste. B
Visalia, California 93291
(559)623-0450
FAX (559)733-6720
www.tularecog.org

May 22, 2013

Scott Morgan
California State Clearinghouse
1400 Tenth Street, Room 113
P.O. Box 3044
Sacramento, CA 95812-3044

RE: **Local Clearinghouse Review No. 2013-02:** City of Woodlake, Pre-Application for Federal Assistance from USDA Rural Development, Community Facilities Loan Program funds

Dear Mr. Morgan:

The TCAG Board of Governors has reviewed the proposal referenced above and voted on May 20, 2013 to endorse L.R. 2013-02.

Attached is a copy of the local clearinghouse report. This review has been conducted in compliance with Presidential Order 12372 of the State of California Office of Planning and Research entitled "Intergovernmental Review of Federal Programs".

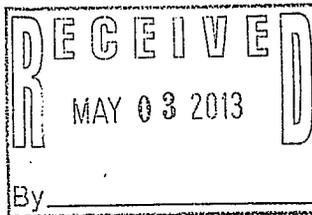
If you have any questions or concerns regarding this matter, please feel free to contact me at (559) 623-0461.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Pilegard".

Barbara Pilegard
Associate Regional Planner
TCAG

Attachments: Local Clearinghouse Report No. 2013-02
Copy of comments received regarding L.R. 2013-02



210 N. Church St., Ste. B
 Visalia, California 93291
 (559)623-0450
 FAX (559)733-6720
 www.tularecog.org

LOCAL CLEARINGHOUSE REVIEW - AGENCY COMMENTS/RECOMMENDATIONS

DATE: April 17, 2013
 TO: Interested Agencies
 FROM: Barbara Pilegard, TCAG Staff
 SUBJECT: LOCAL CLEARINGHOUSE REVIEW L.R. 2013-02

The City of Woodlake is submitting a pre-application for federal assistance from USDA Rural Development. The project consists of improvements to the community water system, including installation of a Supervisory Control and Data Acquisition system, installation of SMART water meters, and construction of a new well. The project will serve the community of Woodlake. Please review the attached summary report of the local clearinghouse proposal for conformance and consistency with your local plans and programs. Any comments and/or recommendations that you feel are appropriate may be written below in the spaces provided or in a separate letter. All comments must be returned to this office by **5:30 p.m. on Thursday May 2, 2013** in order to be reviewed and forwarded by the TCAG Board of Governors to the State Clearinghouse, thereby completing our local review of the proposal. Thank you for your time and consideration in this matter.

Please return comments to:
Tulare County Association of Governments, Attn: Barbara Pilegard, 210 N. Church Street, Suite B, Visalia, CA 93277.

- The proposal does not duplicate or conflict with any of our programs or policies.
- The proposal is consistent with our General Plan, zoning and/or growth policies.
- The proposal is not consistent with our General Plan, zoning and/or growth policies.
(Please explain below or attach supplement)
- The proposal is not consistent with our General plan, zoning and/or growth policies.
(Please explain below or attach supplement)
- We have no objections/comments regarding this proposal.

This proposal/funding request should be: Approved
 Approved with modifications
 Denied

Comments: _____

Completed by: DAVID P. BRYANT
 Agency: COUNTY OF TULARE RESOURCE MGT. AGENCY

TULARE COUNTY ASSOCIATION OF GOVERNMENTS

Local Clearing House Review 2013-02

USDA Rural Development, Community Facilities Loan Program Funding

APPLICATION

The City of Woodlake is submitting a pre-application for federal assistance from USDA Rural Development for funding to improve the community water system.

Funds requested are as follows:

Federal:	\$	4,163,714
Applicant:	\$	0
State:	\$	0
Local:	\$	0
Other:	\$	0
Program Income	\$	0
Total:	\$	<u>4,163,714</u>

SCOPE OF PROJECT

Cities are under a State mandate that requires all water suppliers to install water meters. The City of Woodlake is applying for funding to make improvements to their community water system, including: a) installation of a Supervisory Control and Data Acquisition (SCADA) system; b) installation of new SMART water meters and conversion of existing water meters; and c) construction of a new domestic water well and appurtenances for increased production. The proposed project would serve the community of Woodlake.



Quad Knopf



April 8, 2013

Tulare County Association of Governments (TCAG)
5961 S. Mooney Blvd.
Visalia, California 93277

RE: USDA Pre-Application Review request and Cover Letter

Dear Sirs:

By directive from the Preapplication Guide, applicants must submit a copy, see attached, of the first page of Form SF 424 along with a cover letter requesting a review under Executive Order 12372 to both the State Clearinghouse and the appropriate local clearinghouse agency, Tulare County Association of Governments (TCAG).

Thank you for your help in the matter. If you have any questions, please contact me at (559) 786-6977.

Sincerely,

Paul Newkirk, DSA Class I
Senior Construction Inspector

W130005/01
GDN/jla

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 13-8506-1050-CA	* 5b. Federal Award Identifier: _____
---	--

State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: 12-0406-FR

RECEIVED

8. APPLICANT INFORMATION:

MAY 28 2013

* a. Legal Name: State of California

STATE CLEARING HOUSE

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

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

e. Organizational Unit:	
Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services

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

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

Title: _____

Organizational Affiliation: California Department of Food and Agriculture
--

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

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

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Citrus Commodities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 42

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 5/1/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal 405,244

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 405,244

*** 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 28, 2013

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed:

OMB Number: 4040-0064
Expiration Date: 01/31/2012

Version: 02

Application for Federal Assistance SF-424

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED

MAY 28 2013

3. Date Received:

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:

B. APPLICANT INFORMATION:

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

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-603-6494

*c. Organizational DUNS:
60-459-1926

d. Address:

*Street 1: 1111 Franklin Street, 10th Floor

Street 2: _____

*City: Oakland

County: Alameda

*State: CA

Province: _____

*Country: _____

*Zip / Postal Code 94607-5200

e. Organizational Unit:

Department Name:
Agriculture and Natural Resources

Division Name:
Office of Contracts & Grants

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

Prefix: _____ *First Name: Steven

Middle Name: _____

*Last Name: Tjosvold

Suffix: _____

Title: Farm Advisor

Organizational Affiliation: _____

*Telephone Number: (831) 763-8013

Fax Number: (831) 763-8006

*Email: satjosvold@ucdavis.edu

OMB Number: 0704-0187
Expiration Date: 10/31/2011

Application for Federal Assistance SF-424

Version 02

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

H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

***Other (Specify)**

***10 Name of Federal Agency:**

USDA - APHIS - PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

***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:**

Management of Phytophthora Species in Nursery Crops Using Polyacrylamide

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-013

*b. Program/Project: CA-017

17. Proposed Project:

*a. Start Date: 04/01/2013

*b. End Date: 09/30/13

18. Estimated Funding (\$):

*a. Federal	60,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	60,000

*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 5/23/13
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Heidi _____
 Middle Name: _____
 *Last Name: von Geldern _____
 Suffix: _____

*Title: Sr, Contracts & Grants Analyst

*Telephone Number: 530-754-8481

Fax Number: 530-754-3943

* Email: hvongeldern@ucanr.edu

*Signature of Authorized Representative:

*Date Signed: 5/23/13

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 29 2013

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

[]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

* a. Legal Name:

Maxwell Public Utility District

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

64-600890

* c. Organizational DUNS:

01-5903685

d. Address:

* Street 1:

54 N. San Francisco St.

Street 2:

[]

* City:

Maxwell

County/Parish:

Colusa

* State:

CA

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95955

e. Organizational Unit:

Department Name:

[]

Division Name:

[]

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

Prefix:

Mr.

* First Name:

David

Middle Name:

[]

* Last Name:

Wadsworth

Suffix:

[]

Title:

General Manager

Organizational Affiliation:

[]

* Telephone Number:

(530) 438-2505

Fax Number:

(530) 438-2902

* Email:

maxpud@frontiernet.net

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

G

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Rural Utility Services

11. Catalog of Federal Domestic Assistance Number:

10760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Town of Maxwell

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

New well to provide adequate potable drinking water in order to have redundancy when existing well produces coliform. Additionally, Generator, SCADA, radio read meters to upgrade current meters, and billing software are needed.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,500,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$2,500,000.00"/>

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

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

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

Other (Specify) _____

RECEIVED

MAY 29 2013

3. Date Received:

05/29/2013

4. Applicant Identifier:

MSI Knapp 20131203

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

936006145

* c. Organizational DUNS:

08-878394

d. Address:

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

e. Organizational Unit:

Department Name: Office of Research
 Division Name: _____

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

Prefix: _____ * First Name: Alexa
 Middle Name: _____
 * Last Name: Greco
 Suffix: _____
 Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-3890 Fax Number: 805-893-2611

* Email: greco@research.ucsb.edu

Application for Federal Assistance SF-424

8. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:

U.S. Geological Survey Research and Data Collection

*** 12. Funding Opportunity Number:**

G13AS00048

Title:

Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:

G13AS00048

Title:

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

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

Factors influencing reintroduction success of the endangered mountain yellow-legged frog

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="46,400.00"/>
* 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="46,400.00"/>

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

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

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

Yes No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or omissions 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:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)
Prescribed by OMB Circular A-102

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

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

MAY 29 2013

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

* a. Legal Name: University of Southern California

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

95-1642394

* c. Organizational DUNS:

0729333930000

d. Address:

* Street1: 3720 S. Flower Street, Suite 325

Street2:

[]

* City:

Los Angeles

County/Parish:

Los Angeles

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90089-0701

e. Organizational Unit:

Department Name:

Contracts & Grants

Division Name:

[]

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

Prefix:

[]

* First Name:

Michele

Middle Name:

[]

* Last Name:

Burrus

Suffix:

[]

Title: Principal Contracts and Grants Officer

Organizational Affiliation:

[]

* Telephone Number: (323) 442-2394

Fax Number: (213) 740-6070

* Email: mburrus@usc.edu

Application for Federal Assistance SF-424

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

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Reduction Program

*** 12. Funding Opportunity Number:**

G13AS00029

* Title:

2014 Earthquake Hazards Program

13. Competition Identification Number:

G13AS00029

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Structural System Identification of Buildings for Early Post Earthquake Damage Detection - Wave Method Calibration using ANSS and Chilean Strong Motion Data

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: <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: Terra Green CDC					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 331217398			* c. Organizational DUNS: 003358014		
d. Address:					
• Street 1: 117 Cardigan Bay					
Street 2: _____					
* City: Alameda					
County/Parish: Alameda County					
* State: CA					
Province: _____					
* Country: USA: UNITED STATES					
• Zip / Postal Code: 94502					
e. Organizational Unit:					
Department Name: Loan Department			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		* First Name: Marie			
Middle Name: _____					
• Last Name: Roberts De La Parra					
Suffix: _____					
Title: President					
Organizational Affiliation: President					
* Telephone Number: (510) 715-5659			Fax Number: (510) 522-1014		
* Email: marie@terragreencdc.org					

RECEIVED

MAY 29 2013

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

New

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

10.783

CFDA Title:

Rural Business Enterprise Grants - ARRA

*** 12. Funding Opportunity Number:**

RDBCP-09-RBEG-ARRA

* Title:

Rural Communities RLF Fresno County

13. Competition Identification Number:

Title:

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

Fresno County (Auberry, Biola, Caru

Add Attachments

Delete Attachments

View Attachments

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

Rural Communities RLF Fresno County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

**** I AGREE**

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

MAY 29 2013

5a. Federal Entity Identifier:

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

STATE CLEANING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

South East Los Angeles County Investment Board

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

33-02877492

*** c. Organizational DUNS:**

847788866

d. Address:

*** Street1:**

33 Outlet Drive

Street2:

*** City:**

Monroeville

County/Parish:

*** State:**

AL

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

36460

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:**

Dr. Felicito

Middle Name:

*** Last Name:**

Cajayon

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

(213) 891-2165

Fax Number:

(213) 891-2211

*** Email:**

cajayof@email.lacod.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

X. Other (specify) Southeast Los Angeles County Workforce Investment Board

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Jobs and Innovation Accelerator Challenge

11. Catalog of Federal Domestic Assistance Number:

10, 773

CFDA Title:

*** 12. Funding Opportunity Number:**

MIA2013

* Title:

Make it in America Challenge

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California Apps Creators Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **CA-39**

* b. Program/Project **AL-01**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **10/1/13**

* b. End Date: **9/30/15**

18. Estimated Funding (\$):

* a. Federal	300,000
* b. Applicant	/
* c. State	/
* d. Local	/
* e. Other	/
* f. Program Income	/
* g. TOTAL	300,000

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

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

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

Middle Name:

* Last Name: **Cajayon**

Suffix:

* Title: **Vice Chancellor of Economic and Workforce Development**

* Telephone Number: **(213) 891-2165** Fax Number: **(213) 891-2211**

* Email: **cajayof@email.laccd.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): RECEIVED MAY 29 2013 * Other (Specify)	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: STATE CLEARING HOUSE			
5a. Federal Entity Identifier: 1647			* 5b. Federal Award Identifier: 1647		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Culver City					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000701			* c. Organizational DUNS: 063833651		
d. Address:					
* Street 1: 4343 Duguesne Avenue					
Street 2:					
* City: Culver City					
County/Parish:					
* State: California					
Province:					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 90232					
e. Organizational Unit:					
Department Name: Transportation Department			Division Name: Administration/Finance		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		* First Name: B. Jane			
Middle Name:					
* Last Name: Leonard					
Suffix:					
Title: Sr. Management Analyst					
Organizational Affiliation:					
* Telephone Number: (310) 253-6523 Fax Number:					
* Email: jane.leonard@culvercity.org					

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

City Government (Transit Agency)

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

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

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

*** 12. Funding Opportunity Number:**

Grant CA-90-7069

* Title:

FTA Section 5307, FMB Funding for Capital Projects

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:**

FY14 Preventative Maintenance Activities, CNG Station Compressor Replacement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application Attached - following this form.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$2,865,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$785,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$3,650,000.00"/>

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

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

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

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

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

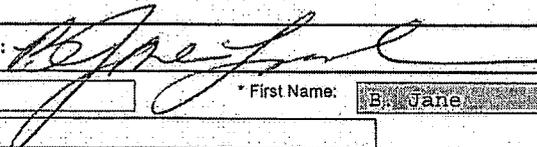
Yes No

If "Yes", provide explanation and attach.

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

** I AGREE

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

Authorized Representative: 

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 07

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier: 6DNC3			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Southern California Focus on Cooperation					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0621289			*c. Organizational DUNS: 078555892		
d. Address:					
*Street 1: C/O CCCD					
Street 2: 979 F St. Suite A-1					
*City: Davis					
County: Yolo					
*State: California					
Province:					
Country: USA					
*Zip/ Postal Code: 95616					
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: Elizabeth			
Middle Name: Kim					
*Last Name: Coontz					
Suffix:					
Title: Executive Director					
Organizational Affiliation:					
*Telephone Number: 530-297-1032			Fax Number: 530-297-1033		
*Email: ekcoontz@cccd.coop					

Application for Federal Assistance SF-424

Version: 02

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

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:
Rural Development, California

11. Catalog of Federal Domestic Assistance Number:

10.769

CFDA Title:

Rural Business Enterprise Grant

*12. Funding Opportunity Number: **RDBCP-09-RBEG-ARRA**

*Title: **Job Creation through Cooperative Development Lompoc, CA**

13. Competition Identification Number:

Title:

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

Lompoc, CA

*15. Descriptive Title of Applicant's Project:

Cooperative Job & Business Creation

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 6.2

16. Congressional Districts Of:

*a. Applicant

*b. Program/Project:

Lompoc, California

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

17. Proposed Project:

*a. Start Date: 06/01/2013

*b. End Date: 12/30/2013

18. Estimated Funding (\$):

*a. Federal \$60,000.00

*b. Applicant

*c. State

*d. Local

*e. Other \$18,000.00

*f. Program Income

*g. TOTAL \$78,000.00

*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 05/29/2013

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

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

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

Yes No

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

**I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: E...

Middle Name: Kim

*Last Name: Coontz

Suffix:

*Title: Executive Director

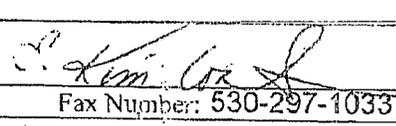
*Telephone Number: 530-297-1032

Fax Number: 530-297-1033

*Email: e@coontz@ccd.coop

*Signature of Authorized Representative:

Date Signed:



OMB Number: 0945-0046
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(a):
<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:	
Completed by Grants.gov upon submission.			
5a. Federal Entity Identifier:		5b. Federal Award Identifier:	
		F13AF	
State Use Only:			
6. Date Received by State:		7. State Application Identifier: G1398033	
B. APPLICANT INFORMATION:			
* a. Legal Name: STATE OF CALIFORNIA			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
94-1697567		8083223580000	
d. Address:			
* Street1:	1831 9TH STREET		
* Street2:			
* City:	SACRAMENTO		
County/Parish:			
* State:	CA: California		
Province:			
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95811-7011		
e. Organizational Unit:			
Department Name:		Division Name:	
FISH AND WILDLIFE		GRANTS MANAGEMENT BRANCH	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		* First Name:	PETE
Middle Name:			
* Last Name:	MARCELLANA		
Suffix:			
Title:	GRANT ADMINISTRATOR		
Organizational Affiliation:			
* Telephone Number:	916-445-4650	Fax Number:	
* Email:	PETE.MARCELLANA@WILDLIFE.CA.GOV		

Application for Federal Assistance SF-424

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

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13AS00081

* Title:

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

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

INLAND SPORTFISH RESOURCE ASSESSMENT AND MANAGEMENT

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

b. Program/Project CA-ALL

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

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

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	170,063.00
* b. Applicant	0.00
* c. State	56,688.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	226,751.00

* 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 05/28/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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 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: LISA
 Middle Name: []
 * Last Name: BAYS
 Suffix: []

* Title: SSMI

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

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

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

CMB Number: 4040-300-
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:

06/29/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1398041

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

808322350000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

* First Name:

KHANH

Middle Name:

* Last Name:

NGUYEN

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

(916) 445-3525

Fax Number:

* Email:

khanh.nguyen@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F13A900081

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment Delete Attachment View Attachment

* 15. Descriptive Title of Applicant's Project:

PLATWATER FISHERY MANAGEMENT & RESEARCH (P-126-R)

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

b. Program/Project CA-ALL

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

[] Add Attachment [] Delete Attachment [] View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 06/30/2014

18. Estimated Funding (\$):

* a. Federal	1,166,506.00
* b. Applicant	0.00
* c. State	388,835.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,555,341.00

* 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 05/28/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

[] Add Attachment [] Delete Attachment [] View Attachment

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

* Title: SSMI

* Telephone Number: (916)446-3701 Fax Number: []

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

* Signature of Authorized Representative: Lisa Bays * Date Signed: 05/28/2013

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

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

MAY 30 2013

5a. Federal Entity Identifier:

13-8506-1050-CA

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

12-0406-FR

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1:

1220 N Street, Room 315

Street2:

* City:

Sacramento

County:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

California Department of Food and Agriculture

Division Name:

Plant Health & Pest Prevention Services

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

Prefix:

* First Name:

Jason

Middle Name:

K

* Last Name:

Chan

Suffix:

Title:

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number:

(916) 654-1211

Fax Number:

(916) 654-0555

* Email:

jason.chan@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Citrus Commodities

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 42

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 6/1/2013

* b. End Date: 12/31/2013

18. Estimated Funding (\$):

* a. Federal 405,244

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 405,244

*** 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 28, 2013

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

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

RECEIVED

MAY 30 2013

STATE CLEARING HOUSE

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

5a. Federal Entity Identifier: USDA-APHIS-PPQ	* 5b. Federal Award Identifier: 13-8506-1005-CA
---	---

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665

d. Address:

* Street1: 3294 Meadowview Road
Street2:
* City: Sacramento
County:
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95832

e. Organizational Unit:

Department Name: Food and Agriculture	Division Name: Plant Health and Pest Prevention Services
---	--

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

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

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-262-1102	Fax Number: 916-262-2020
* Email: duane.schnabel@cdfa.ca.gov	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

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; 3rd

* b. Program/Project CA=22nd, 51st/AZ=4th

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

17. Proposed Project:

* a. Start Date: 10/1/12

* b. End Date: 9/30/13

18. Estimated Funding (\$):

* a. Federal 300,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 300,000

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

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

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

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

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

Yes

No

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

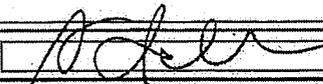
Suffix:

* Title: Federal Funds Manager

* Telephone Number: 916-403-6533

Fax Number:

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

* Signature of Authorized Representative: 

* Date Signed: 5/30/2013

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/33

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED: May 31, 2013	Applicant Identifier
<input checked="" type="checkbox"/> Construction	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			

5. APPLICANT INFORMATION

Legal Name: **Paul Violich, Violich Farms**

Organizational DUNS:

Address: **1010 Sir Francis Drake Blvd, p.o. Box 875**

City: **Kentfield**

County: **Marin**

State: **CA** Zip Code: **94914**

Country: **USA**

Organizational Unit: Department: **RECEIVED**

Division:

Name and telephone number of person involving this application (give area code): **MAY 30 2013**

Prefix: **Mr** First Name: **Tony** Middle Name: **David** Last Name: **Pastore**

Suffix:

Email: **pastore.tony@gmail.com**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **94-241-2203**

Phone Number (give area code): **530-308-2459** Fax Number (give area code): **415-454-4287**

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)

an individual

Other (specify):

9. NAME OF FEDERAL AGENCY: **USDA Rural Development**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): **9007 Rural Energy for America Program**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: **Solar Electric (photovoltaic) Production Facility at Road 6**

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

City of Orland, Glenn County, California, USA

13. PROPOSED PROJECT

Start Date: **10/01/2013** Ending Date: **12/01/2013**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant **6th** b. Project **3rd**

15. ESTIMATED FUNDING:

a. Federal	\$ 49,400
b. Applicant	\$ 148,200
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 197,600

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: **May 30, 2013**

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: **0** First Name: **Tony** Middle Name: **David**

Last Name: **Pastore** Suffix:

b. Title: **Energy Manager**

c. Telephone Number (give area code): **530-308-2459**

d. Signature of Authorized Representative **e. Date Signed:** **May 30, 2013**

OMB Number: 4304-004
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

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

MAY 30 2013

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1396008

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9TH STREET

Street2:

* City:

SACRAMENTO

County/Parish:

* State:

CA; California

Province:

* Country:

USA; UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

FISH AND WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

JASON

Middle Name:

* Last Name:

WILLIAMS

Suffix:

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

916-327-6320

* Email:

jason.williams@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:

FL3As00077

* Title:

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

13. Competition Identification Number:

Title:

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

Buttons: Add Attachment, Delete Attachment, View Attachment

* 15. Descriptive Title of Applicant's Project:

CA HUNTER EDUCATION PROGRAM (W-58-H9)

*Section 10 Enhanced ME also included

Attach supporting documents as specified in agency instructions.

Buttons: 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="1,424,534.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="465,214.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,889,748.00"/>

*** 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):

A

* Other (Specify)

RECEIVED

* 3. Date Received:

4. Applicant Identifier:

CA Department of Food and Agriculture

MAY 31 2013

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE
13-8506-1164-CA

State Use Only:

6. Date Received by State: 05/30/13

7. State Application Identifier: 12-0365-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address:

* Street1: 3294 Meadowview Road

Street2:

* City: Sacramento

County:

Sacramento

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95832

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix:

* First Name:

Duane

Middle Name:

L

* Last Name:

Schnabel

Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-262-1102

Fax Number: 916-262-2020

* Email: duane.schnabel@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Light Brown Apple Moth Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of: _____

* a. Applicant CA; 3rd

* 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 \$1,651,423

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$1,651,423

* 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:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: