

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16 - 31, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify)  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/>          Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text" value="F14AS00033"/></p>
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b> MAY 16 2014 STATE CLEARING HOUSE</p> </div>		
<b>State Use Only:</b>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text" value="G1498041"/></p>
<b>8. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-1697567"/></p>		<p>* c. Organizational DUNS:  <input type="text" value="8083223580000"/></p>
<b>d. Address:</b>		
<p>* Street1: <input type="text" value="1831 9TH STREET"/></p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text" value="SACRAMENTO"/></p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text" value="CA: California"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="95811-7011"/></p>		
<b>e. Organizational Unit:</b>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<p>Prefix: <input type="text"/> * First Name: <input type="text" value="PETE"/></p>		
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text" value="MARCELLANA..."/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="GRANTS ADMINISTRATOR"/></p>		
<p>Organizational Affiliation:  <input type="text"/></p>		
<p>* Telephone Number: <input type="text" value="916-445-4659"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="PETE.MARCELLANA@NLDLIFE.CA.GOV"/></p>		

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* Title:

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.):**

San Joaquin River, Stanislaus (10), Tuolumne (4), & Merced (16)

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

SAN JOAQUIN RIVER BASIN WATER TEMPERATURE MONITORING AND ASSESSMENT

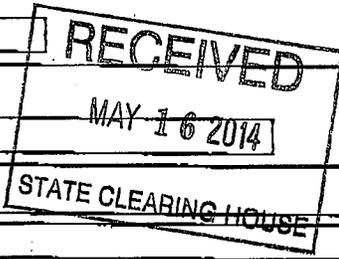
Attach supporting documents as specified in agency instructions.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	CA-005	* b. Program/Project
		CA-ALL
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/> <input type="text"/> <input type="text"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	07/01/2014	* b. End Date:
		06/30/2015
<b>18. Estimated Funding (\$):</b>		
* a. Federal		82,387.00
* b. Applicant		0.00
* c. State		27,462.00
* d. Local		0.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		109,849.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		05/15/2014
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
<input type="text"/>		
<p>21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>		
<b>Authorized Representative:</b>		
Prefix:		* First Name: LISA
Middle Name:		
* Last Name:	BAYS	
Suffix:		
* Title:	SSMI	
* Telephone Number:	916-445-3701	Fax Number:
* Email:	LISA.BAYS@WILDLIFE.CA.GOV	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:
		Completed by Grants.gov upon submission.

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission.       </p>		<p>4. Applicant Identifier:  <input type="text"/> </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text" value="F14AS00033"/> </p>
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text" value="G1498026"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-1697567"/> </p>		<p>* c. Organizational DUNS:  <input type="text" value="8083223580000"/> </p>
<p>d. Address:</p>		
<p>* Street1: <input type="text" value="1831 9TH STREET"/></p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text" value="SACRAMENTO"/></p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text" value="CA: California"/></p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text" value="USA: UNITED STATES"/></p>		
<p>* Zip / Postal Code: <input type="text" value="95811-7011"/></p>		
<p>a. Organizational Unit:</p>		
<p>Department Name: <input type="text"/></p>		<p>Division Name: <input type="text"/></p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/></p>		<p>* First Name: <input type="text" value="PETE"/></p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text" value="MARCELLANA"/></p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text" value="GRANTS ADMINISTRATOR"/></p>		
<p>Organizational Affiliation: <input type="text"/></p>		
<p>* Telephone Number: <input type="text" value="916-445-4658"/></p>		<p>Fax Number: <input type="text"/></p>
<p>* Email: <input type="text" value="PETE.MARCELLANA@WILDLIFE.CA.GOV"/></p>		



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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F14RS00033

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Del Norte (2), Humboldt (2), Lassen (1), Mendocino (2), Modoc (1), Shasta (1), Siskiyou (1), Tehama (1) and Trinity (2) counties.

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

NORTHERN REGION - STREAM & LAKE IMPROVEMENT FISH SCREEN, PASSAGE, AND SPORT FISH ENHANCEMENT

Attach supporting documents as specified in agency instructions.

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

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

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

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	308,919.00
* b. Applicant	0.00
* c. State	102,973.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	411,892.00

\* 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 05/15/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: SSMI

\* Telephone Number: 916-445-3701 Fax Number:

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

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

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

<b>Application for Federal Assistance SF-424</b>		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	
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s):  * Other (Specify):  	
5a. Federal Entity Identifier: 		4. Applicant Identifier: 	
5b. Federal Award Identifier: F14A900033			
<b>State Use Only:</b>			
6. Date Received by State:		7. State Application Identifier: G1498028	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: STATE OF CALIFORNIA			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567		* c. Organizational DUNS: 8083223580000	
<b>d. Address:</b>			
* Street1:	1831 9TH STREET		
* Street2:			
* City:	SACRAMENTO		
* County:			
* State:	CA: California		
* Province:			
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95811-7011		
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:		* First Name:	PETE
Middle Name:			
* Last Name:	MARCELLANA		
Suffix:			
Title:	GRANTS ADMINISTRATOR		
Organizational Affiliation:			
* Telephone Number:	916-445-4658	Fax Number:	
* Email:	PETE.MARCELLANA@WILDLIFE.CA.GOV		

**RECEIVED**  
MAY 16 2014  
STATE CLEARING HOUSE

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

19.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Mendocino (1), Sonoma (1), Napa (5), and Marin (1) Counties.

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

NORTHERN CENTRAL COAST WATERSHED RESTORATION PROJECT

Attach supporting documents as specified in agency instructions.

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

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-1&5

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	341,106.00
* b. Applicant	0.00
* c. State	113,702.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	454,808.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: SSMI

\* Telephone Number: 916-445-3701 Fax Number:

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

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

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

**RECEIVED**  
MAY 16 2014  
STATE CLEARING HOUSE

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498067

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:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* 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:

[Empty field]

\* First Name:

BRIAN

Middle Name:

[Empty field]

\* Last Name:

SALAZAR

Suffix:

[Empty field]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-323-6201

Fax Number:

916-327-6320

\* Email:

BRIAN.SALAZAR@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

F14AS00127

\* Title:

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

**13. Competition Identification Number:**

Title:

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

ALL COUNTIES

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

STATE WILDLIFE ACTION PLAN UPDATE PHASE III

Attach supporting documents as specified in agency instructions.

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

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant: CA-005

\* b. Program/Project: ALL

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	360,253.00
* b. Applicant	0.00
* c. State	120,084.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	480,337.00

\* 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 05/15/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

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

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

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

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

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):</p> <input type="text"/>  <p>* Other (Specify):</p> <input type="text"/> </td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):</p> <input type="text"/> <p>* Other (Specify):</p> <input type="text"/>			
<p>* 3. Date Received: Completed by Grants.gov upon submission.</p> <input type="text"/>		<p>4. Applicant Identifier:</p> <input type="text"/>			
<p>5a. Federal Entity Identifier:</p> <input type="text"/>		<p>* 5b. Federal Award Identifier:</p> <input type="text"/>			
<p>State Use Only:</p>					
<p>6. Data Received by State:</p> <input type="text"/>	<p>7. State Application Identifier: G1498068</p>				
<p>8. APPLICANT INFORMATION:</p>					
<p>* a. Legal Name: STATE OF CALIFORNIA</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <input type="text"/> 94-1697567	<p>* c. Organizational DUNS:</p> <input type="text"/> 8083223580000				
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* Street2:	<input type="text"/>				
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* County:	<input type="text"/>				
* State:	CA: California				
* Province:	<input type="text"/>				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95811-7011				
<p>e. Organizational Unit:</p>					
<p>Department Name:</p> <input type="text"/> FISH AND WILDLIFE	<p>Division Name:</p> <input type="text"/> GRANTS MANAGEMENT BRANCH				
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>					
<p>Prefix:</p> <input type="text"/>	* First Name:	BRIAN			
<p>Middle Name:</p> <input type="text"/>					
* Last Name:	SALAZAR				
Suffix:	<input type="text"/>				
Title:	GRANT ADMINISTRATOR				
<p>Organizational Affiliation:</p> <input type="text"/>					
* Telephone Number:	916-323-6201	Fax Number: 916-327-6320			
* Email:	BRIAN.SALAZAR@WILDLIFE.CA.GOV				

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MAY 16 2014  
STATE CLEARING HOUSE

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.634

**CFDA Title:**

State Wildlife Grants

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

F14AS00127

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

STATEWIDE

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

STATE WILDLIFE GRANT COORDINATION

Attach supporting documents as specified in agency instructions.

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

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant: CA-005

\* b. Program/Project: ALL

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

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	406,833.00
* b. Applicant	0.00
* c. State	219,064.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	625,897.00

\* 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 05/15/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [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: LISA  
Middle Name: [ ]  
\* Last Name: BAYS  
Suffix: [ ]

\* Title: STAFF SERVICES MANAGER I

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

\* Email: LISA.BAYS@WILDLYFE.CA.GOV

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

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
-------------------------------------	--

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<b>5a. Federal Entity Identifier:</b> United States Forest Service	<b>* 5b. Federal Award Identifier:</b> _____
---	---

MAY 16 2014

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

STATE CLEARING HOUSE

<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> State of California	_____
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 807487665

<b>d. Address:</b>	
<b>* Street1:</b> 1220 N. Street, Room 341	_____
<b>Street2:</b>	_____
<b>* City:</b> Sacramento	_____
<b>County:</b> Sacramento	_____
<b>* State:</b> California	_____
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95814	_____

<b>e. Organizational Unit:</b>	
<b>Department Name:</b>	<b>Division Name:</b>
_____	_____

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Dr.	<b>* First Name:</b> Dean
<b>Middle Name:</b>	_____
<b>* Last Name:</b> Kelch	_____
<b>Suffix:</b>	_____

<b>Title:</b> Senior Plant Taxonomist
---------------------------------------

<b>Organizational Affiliation:</b>
_____

<b>* Telephone Number:</b> 916-403-6650	<b>Fax Number:</b> 916-654-2403
---	---------------------------------

<b>* Email:</b> dean.kelch@cdfa.ca.gov
--

**Application for Federal Assistance SF-424**

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

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

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

**\* Other (specify):**

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

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

**CFDA Title:**

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

**\* Title:**

**13. Competition Identification Number:**

**Title:**

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant California

\* b. Program/Project California

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

**17. Proposed Project:**

\* a. Start Date: 7/1/14

\* b. End Date: 6/30/16

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

\* a. Federal 298,000

\* b. Applicant

\* c. State 337,575

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 635,575

**\* 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: Middle Name: \* First Name: Crystal

\* 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: *Crystal Myers* \* Date Signed: 5/16/14

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____
--	--

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<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
--	---

MAY 16 2014

STATE CLEARING HOUSE

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** University of Southern California

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-1642394	<b>* c. Organizational DUNS:</b> 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:**

<b>Department Name:</b> Contracts and Grants	<b>Division Name:</b> Office of Research
---	---

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

**Prefix:** \_\_\_\_\_ **\* First Name:** Alice  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** Young-Singleton  
**Suffix:** \_\_\_\_\_

**Title:** Contracts and Grants Officer

**Organizational Affiliation:**  
University of Southern California

**\* Telephone Number:** (213) 821-8235 **Fax Number:** (213) 740-6070

**\* Email:** youngsin@research.usc.edu

**Application for Federal Assistance SF-424**

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

0: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U. S. Geological Survey

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

15.807

CFDA Title:

Earthquake Hazards Reduction Program

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

G14AS00036

\* Title:

2015 EHP External Research Support

**13. Competition Identification Number:**

G14AS00036

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Structural System Identification and Health Monitoring of Buildings for Seismic Alert and Earthquake Early Warning Systems - Wave Method Calibration using ANSS and Chilean Strong Motion Data

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**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="74,959.00"/>
* 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="74,959.00"/>

**\* 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:

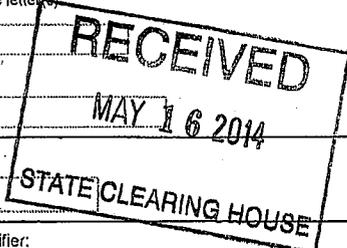
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
* 3. Date Received:		4. Applicant Identifier:
<input type="text"/>		B-14-MC-0575
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text"/>		<input type="text"/>
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<input type="text"/>		<input type="text"/>
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="City of Vista"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
<input type="text" value="956000478"/>		<input type="text" value="078726619"/>
d. Address:		
* Street 1: <input type="text" value="200 Civic Center Drive"/>		
Street 2: <input type="text"/>		
* City: <input type="text" value="Vista"/>		
County: <input type="text"/>		
* State: <input type="text" value="CA"/>		
Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input type="text" value="92084"/>		
e. Organizational Unit:		
Department Name:		Division Name:
<input type="text" value="Redevelopment &amp; Housing"/>		<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text" value="Mrs."/>	* First Name: <input type="text" value="Kathy"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Valdez"/>	
Suffix:	<input type="text"/>	
Title:	<input type="text" value="Program Manager"/>	
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	<input type="text" value="(760) 643-2892"/>	Fax Number: <input type="text" value="(760) 639-6188"/>
* Email:	<input type="text" value="kvaldez@cityofvista.com"/>	



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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1 - Select Applicant Type:

Municipal

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

NGMS Agency Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-218

CFDA Title:

Community Development Block Grant

\* 12. Funding Opportunity Number:

MBL-SF424 FAMILY-ALL FORMS

\* Title:

MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:

Title:

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

City of Vista

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

Vista Community Development Block Grant Program FY14/15

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

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

<b>Application for Federal Assistance SF-424</b>		<b>Version 02</b>
<b>16. Congressional Districts Of:</b>		
* a. Applicant	49	* b. Program/Project
		49
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
<b>17. Proposed Project:</b>		
* a. Start Date:	07-01-2014	* b. End Date:
		06-30-2015
<b>18. Estimated Funding (\$):</b>		
* a. Federal	\$854,222.00	
* b. Applicant		
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	\$854,222.00	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		
	05-15-2014	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	Mr.	* First Name:
		Patrick
Middle Name:		
* Last Name:	Johnson	
Suffix:		
* Title:	City Manager	
* Telephone Number:	(760) 639-6131	Fax Number:
		(760) 639-6132
* Email:	patrickj@cityofvista.com	
* Signature of Authorized Representative:	<i>Patrick Johnson</i>	* Date Signed:
		5/16/14

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-1 02



# SF 424

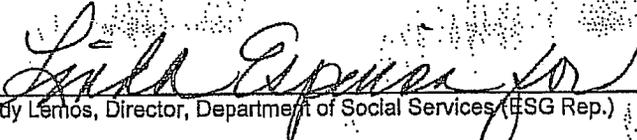
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

## SF 424

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

Date Submitted	Applicant Identifier	Type of Submission	
Date Received by state	State Identifier	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Pre-application
Date Received by HUD	Federal Identifier	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction
		<input checked="" type="checkbox"/> Non Construction	<input type="checkbox"/> Non Construction
<b>Applicant Information</b>			
County of Fresno		CA69019 FRESNO COUNTY	
2220 Tulare Street, 8th Floor		828927876	
Fresno	California	Public Works and Planning Department	
93721		Community Development Division	
Employer Identification Number (EIN):		Fresno County	
94-60000512		07/01	
Applicant Type:		Specify Other Type if necessary:	
Local Government: Fresno County			
<b>Program Funding</b>		U.S. Department of Housing and Urban Development	
Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding			
<b>Community Development Block Grant</b>		14.218 Entitlement Grant	
<b>CDBG Project Titles</b>		Description of Areas Affected by CDBG Project(s)	
<ul style="list-style-type: none"> <li>- General Management, Oversight, and Coordination</li> <li>- CDBG Housing Program Administration</li> <li>- Housing Assistance Rehabilitation Program</li> <li>- City Activities</li> <li>- Public Facilities and Infrastructure Improvement Projects</li> <li>- Public Service Programs</li> </ul>		The unincorporated area of Fresno County; the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma.	
CDBG Grant Amount: \$3,175,180			
Anticipated Program Income: \$500,000			
<b>Home Investment Partnerships Program</b>		14.239 HOME	
<b>HOME Project Titles</b>		Description of Areas Affected by HOME Project(s)	
<ul style="list-style-type: none"> <li>- HOME Program Administration</li> <li>- Homebuyer Assistance</li> <li>- Affordable Housing Development</li> <li>- Housing Assistance Rehabilitation Program</li> </ul>		The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger and Selma	
HOME Grant Amount: \$920,009			
Anticipated Program Income: \$500,000			

Housing Opportunities for People with AIDS		14,241 HOPWA	
HOPWA Project Titles: Not Applicable		Description of Areas Affected by HOPWA Project(s)	
HOPWA Grant Amount: \$0			
Emergency Solutions Grant Program		14,231 ESG	
ESG Project Titles		Description of Areas Affected by ESG Project(s)	
<ul style="list-style-type: none"> <li>- Emergency Solutions Grant Administration</li> <li>- Emergency Solutions Grant</li> </ul>		The County of Fresno	
ESG Grant Amount: \$264,149			
Congressional Districts of:		Is application subject to review by state Executive Order 12372 Process?	
Applicant Districts:	Project Districts		
4, 16, 21, 22	4, 16, 21, 22		
Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.		<input checked="" type="checkbox"/> Yes	This application was made available to the state EO 12372 process for review on 4/26/13
		<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		
Gigi Gibbs		
Community Development Manager	Phone (559) 600-4292	Fax (559) 600-4573
	<a href="http://www.co.fresno.ca.us">www.co.fresno.ca.us</a>	
Signature of Authorized Representative		Date Signed
		5/12/14
Alan Weaver, Director of Public Works & Planning (HOME & CDBG Rep.)		Date
		5/12/14
Judy Lemos, Director, Department of Social Services (ESG Rep.)		Date

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> 05/16/2014	<b>4. Applicant Identifier:</b> _____
--	--

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MAY 19 2014  
STATE CLEARING HOUSE

<b>5a. Federal Entry Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
---	---

**State Use Only:**

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

**B. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> California FarmLink	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 943332630	<b>* c. Organizational DUNS:</b> 1744715940000

**d. Address:**

<b>* Street1:</b> 303 Potrero Street
<b>Street2:</b> Suite 29-201
<b>* City:</b> Santa Cruz
<b>County/Parish:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95060-2759

**e. Organizational Unit:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
-------------------------------	-----------------------------

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

<b>Prefix:</b> _____	<b>* First Name:</b> Reggie
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Knox	
<b>Suffix:</b> _____	

**Title:** Executive Director

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

<b>* Telephone Number:</b> 831-425-0303	<b>Fax Number:</b> _____
---	--------------------------

**\* Email:** reggie@cafarmlink.org

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA- Rural Development

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

CFDA Title:

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

\* Title:

Rural Business Enterprise Grants

**13. Competition Identification Number:**

Title:

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

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

Grower Financing and Technical Assistance for Drought Response

Attach supporting documents as specified in agency instructions.

Attachments: [Redacted] [Redacted] [Redacted]

**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="99,793.00"/>
* b. Applicant	<input type="text" value="50,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="149,793.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>	<b>*If Revision, select appropriate letter(s):</b>
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation	<b>* Other (Specify)</b>
<input checked="" type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> CA-95-X263	
5a. Federal Entity Identifier: 7178		*5b. Federal Award Identifier:	
		MAY 20 2014	
<b>State Use Only:</b>		STATE CLEARING HOUSE	
6. Date Received by State:		7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: Marin County Transit District			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3835348		*c. Organizational DUNS: 828720842	
<b>d. Address:</b>			
*Street1: 711 Grand Ave, Suite 110			
Street 2:			
*City: San Rafael			
County:			
*State: CA			
Province:			
Country:			
*Zip/ Postal Code: 94901			
<b>e. Organizational Unit:</b>			
Department Name:		Division Name:	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:		First Name: Lauren	
Middle Name:			
*Last Name: Gradia			
Suffix:			
Title: Director of Finance and Capital Programs			
Organizational Affiliation:			
*Telephone Number: 415-226-0861		Fax Number:	
*Email: lgradia@marintransit.org			

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

\*12. Funding Opportunity Number: FTA Section 5307

\*Title: Urbanized Area Formula Program (5307)

13. Competition Identification Number:

Title:

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

Marin County, CA

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

Marin Transit will complete a \$258,063 preventative maintenance project for rehabilitation of buses and related equipment. 84% FY2014 STP funds (\$216,017) and 16% local sales tax funding. UZA-San Francisco-Oakland.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version: 02

16. Congressional Districts Of:

\*a. Applicant: CA-002

\*b. Program/Project: CA-002

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

17. Proposed Project: Preventative Maintenance component of contract service operation

\*a. Start Date: 02/15/2013

\*b. End Date: 7/30/2015

18. Estimated Funding (\$):

\*a. Federal \$216,017.00

\*b. Applicant

\*c. State

\$42,046.00

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

\$258,063.00

\*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 5/20/2014

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

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

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

Yes  No

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

\*\*I AGREE

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

Authorized Representative:

Prefix: \*First Name: Barbara

Middle Name:

\*Last Name: Duffy

Suffix:

\*Title: Interim General Manager

\*Telephone Number: 415-226-0855

Fax Number:

\*Email: bduffy@marintransit.org

\*Signature of Authorized Representative: *Barbara Duffy* Date Signed: 5/20/2014

**Application for Federal Assistance SF-424** Version 02

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

*3. Date Received:	4. Application Identifier: CA-90-Z194
--------------------	--

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



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Santa Monica Municipal Bus Lines	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790	*c. Organizational DUNS: 833665896

**d. Address:**

\*Street1: 1660 Seventh Street  
 Street 2:  
 \*City: Santa Monica  
 County:  
 \*State: California  
 Province:  
 Country:  
 \*Zip/ Postal Code: 90401

**e. Organizational Unit:**

Department Name: Big Blue Bus	Division Name: Transit Finance & Grants
----------------------------------	--

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

Prefix: Ms Middle Name:	First Name: Enny
*Last Name: Graham Suffix:	

Title: Senior Administrative Analyst

Organizational Affiliation:

*Telephone Number: (310) 458-2296	Fax Number:
*Email: enny.chung@smgov.net	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507

CFDA Title:

Federal Administration

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

City of Santa Monica, Culver City, City of Los Angeles, Los Angeles County

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

FTA Section 5307 funds

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: Santa Monica, Los Angeles, Culver City, etc.

\*a. Applicant 29, 30, 32, 33, 34, 35, 36, 37, 38 \*b. Program/Project: 29, 30, 32, 33, 34, 35, 36, 37, 38

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

17. Proposed Project:

\*a. Start Date: 4/30/2014 \*b. End Date: 12/30/2016

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

*a. Federal	\$7,717,233.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	\$1,929,308.00
*f. Program Income	
*g. TOTAL	\$9,646,541.00

**\*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 5/15/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr \*First Name: Rod

Middle Name:

\*Last Name: Gould

Suffix:

\*Title: City Manager

\*Telephone Number: (310) 458-8301

Fax Number: (310) 917-6640

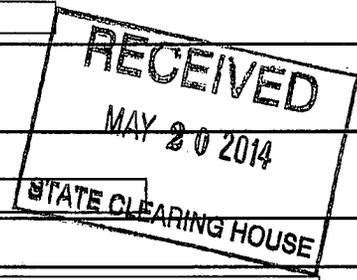
\*Email: rod.gould@smsgov.net

\*Signature of Authorized Representative: *Rod Gould*

Date Signed: May 9, 2014

**Application for Federal Assistance SF-424**

<b>1. Type of Submission</b>		<b>2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		_____	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		_____	
<b>* 3. Date Received:</b>		<b>4. Applicant Identifier:</b>			
Completed by Grants.gov upon submission.		_____			
<b>5a. Federal Entity Identifier:</b>			<b>* 5b. Federal Award Identifier:</b>		
_____			_____		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>			
_____		_____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> SPRINGVILLE PUBLIC UTILITY DISTRICT					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>			<b>* c. Organizational DUNS:</b>		
94-1731897			011235611		
<b>d. Address:</b>					
<b>* Street 1:</b> 35559 HIGHWAY 190					
<b>Street 2:</b> _____					
<b>* City:</b> SPRINGVILLE					
<b>County/Parish:</b> TULARE					
<b>* State:</b> CA					
<b>Province:</b> _____					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 93265					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b>			<b>Division Name:</b>		
_____			_____		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> MR.		<b>* First Name:</b> JAMES			
<b>Middle Name:</b> H.		_____			
<b>* Last Name:</b> WEGLEY		_____			
<b>Suffix:</b>		_____			
<b>Title:</b> CONSULTING CIVIL ENGINEER					
<b>Organizational Affiliation:</b>					
KELLER/WEGLEY CONSULTING ENGINEERS					
<b>* Telephone Number:</b> (559) 732-7938		<b>Fax Number:</b> (559) 732-7937			
<b>* Email:</b> KELLWEG@CAOL.COM					



**Application for Federal Assistance SF-424**

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

SPECIAL DISTRICT GOVERNMENT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

UNITED STATES DEPARTMENT OF AGRICULTURE, RURAL DEVELOPMENT

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

10.763

CFDA Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

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

10.763

\* Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

**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:**

REVER PUMP OPERATIONS PROJECT COMPLETED TO ENSURE CONTINUED SUPPLY OF SURFACE WATER TO DISTRICT WATER TREATMENT PLANT

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="\$14,600.00"/>
* 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="\$14,600.00"/>

**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.

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:

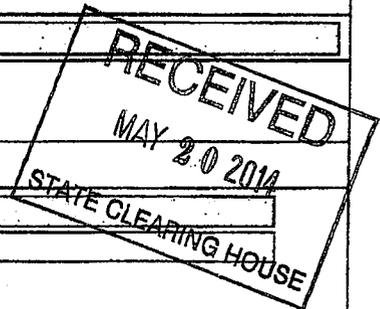
\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

  
Authorized Representative

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>- Other (Specify)</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> BAICWAG WATER SUPPLY	
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> TERRA BELLA IRRIGATION DISTRICT		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6003927	<b>* c. Organizational DUNS:</b> 04-863-2772	
<b>d. Address:</b>		
<b>* Street 1:</b> 24790 AVENUE 95	Street 2: _____	
<b>* City:</b> TERRA BELLA	County/Parish: _____	
<b>* State:</b> CA	Province: _____	
<b>* Country:</b> USA: UNITED STATES	Zip / Postal Code: 93270	
<b>e. Organizational Unit:</b>		
Department Name: _____	Division Name: _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> MR.	<b>* First Name:</b> JAMES	
<b>Middle Name:</b> H.	Last Name: WEGLEY	
<b>* Last Name:</b> WEGLEY	Suffix: _____	
<b>Title:</b> CONSULTING CIVIL ENGINEER		
<b>Organizational Affiliation:</b> KELLER/WEGLEY CONSULTING ENGINEERS		
<b>* Telephone Number:</b> (559) 732-7938	<b>Fax Number:</b> (559) 732-7937	
<b>* Email:</b> KELWEG1@AOL.COM		



**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:

SPECIAL DISTRICT GOVERNMENT

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

UNITED STATES DEPARTMENT OF AGRICULTURE, RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

\* 12. Funding Opportunity Number:

10.763

\* Title:

EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

EACWAG WATER SUPPLY: Purchase of 541 acre-feet at a higher drought condition price.

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="\$310,000.00"/>
* 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="\$310,000.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  
 a. This application was made available to the State under the Executive Order 12372 Process for review on   
 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:

  
Authorized Representative

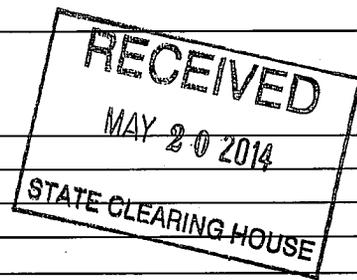
**Application for Federal Assistance SF-424**

Version 02

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

<p>*3. Date Received:</p>	<p>4. Application Identifier: CA-95-X292</p>
---------------------------	--

<p>5a. Federal Entity Identifier:</p>	<p>*5b. Federal Award Identifier:</p>
---------------------------------------	---------------------------------------



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Santa Monica Municipal Bus Lines

<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790</p>	<p>*c. Organizational DUNS: 833665896</p>
---	---

**d. Address:**

\*Street1: 1660 Seventh Street  
 Street 2:  
 \*City: Torrance  
 County:  
 \*State: California  
 Province:  
 Country: \*Zip/ Postal Code: 90401

**e. Organizational Unit:**

<p>Department Name: Big Blue Bus</p>	<p>Division Name: Transit Finance &amp; Grants</p>
--	--

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

Prefix: Ms. First Name: Enny  
 Middle Name:  
 \*Last Name: Graham  
 Suffix:

Title: Senior Administrative Analyst

Organizational Affiliation:

\*Telephone Number: (310) 458-2296 Fax Number:  
 \*Email: enny.chung@smsgov.net

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507

CFDA Title:

Federal Transit Administration

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

City of Santa Monica, Culver City, City of Los Angeles, Los Angeles County

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

FTA Section 5307 CMAQ Funds

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of: Santa Monica, Culver City, Los Angeles, etc.

\*a. Applicant 29, 30, 32, 33, 34, 35, 36, 37, 38

\*b. Program/Project: 29, 30, 32, 33, 34, 35, 36, 37, 38

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

17. Proposed Project:

\*a. Start Date: 4/30/2014

\*b. End Date: 6/30/2015

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

\*a. Federal \$2,159,360.00

\*b. Applicant

\*c. State

\*d. Local

\*e. Other \$539,840.00

\*f. Program Income

\*g. TOTAL \$2,699,200.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 5/15/2014  
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
 c. Program is not covered by E.O. 12372

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

- Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Mr.

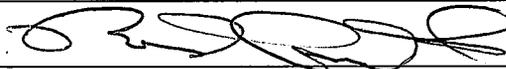
\*First Name: Rod

Middle Name:

\*Last Name: Gould

Suffix:

\*Title: City Manager



\*Telephone Number: (310) 458-8301

Fax Number:

\*Email: rod.gould@smgov.net

\*Signature of Authorized Representative:

Date Signed: May 9, 2014

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

<b>Application for Federal Assistance SF-424</b>		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received: 4/30/2014	4. Application Identifier: Citrus Research Board	
5a. Federal Entity Identifier: 95-3777492	*5b. Federal Award Identifier: 14-8130-0336-CA	
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name:		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3777492		*c. Organizational DUNS: 95-6360846
d. Address:		
*Street1: 217 N. Encina Street 2: P.O. Box 230 *City: Visalia County: *State: CA Province: Country: USA		
*Zip/ Postal Code: 93279		
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: Ken
Middle Name:		
*Last Name: Keck		
Suffix:		
Title: President		
Organizational Affiliation:		
*Telephone Number: 559-738-0246		Fax Number: 559-738-0607
*Email: ken@citrusresearch.org		

**RECEIVED**

MAY 20 2014

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

**APHIS**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

**No. 14-8130-0336-CA**

13. Competition Identification Number:

Title:

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

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

**Development of Mass-Rearing Methods for the Parasitoid, Tamarixia radiata.****Attach supporting documents as specified in agency instructions.**

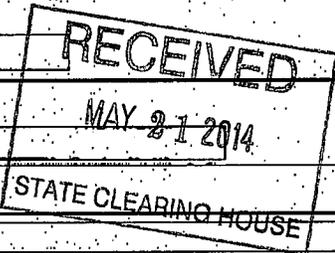
Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of: Devin Nunes		
*a. Applicant CA 021	*b. Program/Project:	
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
*a. Start Date: May 01, 2014	*b. End Date: April 30, 2015	
18. Estimated Funding (\$):		
*a. Federal	\$423,977.00	
*b. Applicant		
*c. State		
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	\$423,977.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> **I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: Mr.	*First Name: Ken	
Middle Name:		
*Last Name: Keck		
Suffix:		
*Title: President		
*Telephone Number: 559-738-0246	Fax Number: 559-738-0607	
*Email: ken@citrusresearch.org		
*Signature of Authorized Representative:	Date Signed:	

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

Application for Federal Assistance SF-424

<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	* If Revision, select appropriate letter(s):
<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 (write name upon submission):	EAICWAG



Ba. 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:	
------------------	--

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

d. Address:

* Street 1:	
Street 2:	
* City:	
* County/Parish:	Tulare
* State:	
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	

e. Organizational Unit:

Department Name:	Division Name:
Pixley Public Utility District	

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

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

Title:	Project Manager
--------	-----------------

Organizational Affiliation:	Provost and Pritchard Consulting Group
-----------------------------	--

* Telephone Number:	Fax Number:
	(559) 326-1090

* Email:	provost@ppcgroup.com
----------	----------------------

Application for Federal Assistance SF-424

6. Type of Applicant 1 - Select Applicant Type:

[Redacted]

Type of Applicant 2- Select Applicant Type:

[Redacted]

Type of Applicant 3- Select Applicant Type:

[Redacted]

\* Other (specify):

[Redacted]

\* 10. Name of Federal Agency:

[Redacted]

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency Community Water Assistance Grant

\* 12. Funding Opportunity Number:

[Redacted]

\* Title:

[Redacted]

13. Competition Identification Number:

[Redacted]

Title:

[Redacted]

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

Pixley [Redacted] [Redacted] [Redacted]

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

[Redacted]

Attach supporting documents as specified in agency instructions.

[Redacted] [Redacted] [Redacted]

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:  
 \* a. Applicant [REDACTED] \* b. Program/Project [REDACTED]

Attach an additional list of Program/Project Congressional Districts if needed:  
 [REDACTED] [REDACTED] [REDACTED]

17. Proposed Project:  
 \* a. Start Date: [REDACTED] \* b. End Date: [REDACTED]

18. Estimated Funding (\$):

* a. Federal	[REDACTED]
* b. Applicant	[REDACTED]
* c. State	[REDACTED]
* d. Local	[REDACTED]
* e. Other	[REDACTED]
* f. Program Income	[REDACTED]
* g. TOTAL	[REDACTED]

19. This application was made available to the State under the Executive Order 12972 Process for review on 5/21/2014

a. This application was made available to the State under the Executive Order 12972 Process for review on 5/21/2014

b. Program is subject to E.O. 12972 but has not been selected by the State for review.

c. Program is not covered by E.O. 12972.

20. [REDACTED]

Yes  No

If "Yes, provide explanation and attach:  
 [REDACTED] [REDACTED] [REDACTED]

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

[REDACTED]

\*\* 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: *Robert Chandler*

Prefix: [REDACTED] \* First Name: [REDACTED]  
 Middle Name: [REDACTED]  
 \* Last Name: [REDACTED]  
 Suffix: [REDACTED]

\* Title: [REDACTED]

Telephone Number: [REDACTED] Fax Number: (559) 757-3459

\* Email: [REDACTED]

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

## **SF 424 – Box 15: Project Description**

### ***Project Description and Location***

The proposed project is to construct a new well and to modify two existing wells. The project is located in the community of Pixley, a town which lies in the south-west portion of Tulare County in the state of California. **Figure 1** shows a map of the exact project locations.

The proposed well site is a vacant lot situated between residential houses to the east and west, and a vacant lot to the north. Residential housing comprises the area south of the well site. The proposed modifications are of two existing wells located in a commercial area of Pixley, in the center of town. No environmental impacts are anticipated as a result of the project, given that the sites are located in developed and populated areas.

### ***Drilling New Well***

A well will be drilled to provide a new source of water. Site improvements at the well site will include a clearing and grading, well pump and motor, well motor control center, hydropneumatic tank, chemical feed, and appurtenances including, but not limited to, piping, plumbing, conduits, conductors, boxes, fences with gates, SCADA control, and concrete equipment pads. Also, the necessary piping will be installed to deliver the water to the distribution system.

### ***Clearing and Grading***

The site is a vacant lot, covered in ruderal vegetation. The site is typically disked to control weeds growth. The site will be graded for drainage purposes, and a small basin will be constructed on the site.

### ***New Well***

As a result of the test well previously drilled, the well will be built as follows. The well will be drilled to a total depth of 585- feet. Blank casing would be installed from the surface to 370 feet in depth, and from 565 to 575 feet. A compression section would be placed from 270 to 290 feet in depth. Perforated casing would be installed from 370 to 565 feet in depth.

### ***Well Pump and Motor***

The pump will likely be a vertical turbine pump, with 14" bowls and 10" column. The design will be finalized pending the results of aquifer tests on the finished production well. The pump will be product (water) lubricated, as opposed to oil lubricated. A pre-lube system will be installed to deliver water from the pressurized distribution system to the column/shaft bearings prior to pump starting. The discharge head will be cast iron. The pump will likely be driven by a 200 Hp, premium efficiency, 3 phase, 60 Hz, 460 volt, vertical hollow shaft motor. The motor will be equipped with a soft-start.

### ***Well Appurtenances***

In addition to the well pump and motor, a check valve, air vents, a flow meter, and taps will be located at the wellhead. Two taps are provided for chlorine solution injection, and will be located downstream of the flow meter to prevent corrosion. The flow meter will

be a propeller meter type with a 4-20 mA transmitter to send flow data to the indicator in the control enclosure. An isolation valve will be located on the discharge pipe. Also a tee with valve will be located upstream of the check valve, to "waste" water prior to entering the distribution system.

#### Hydropneumatic Tank

A 15,000 gallon hydropneumatic tank located at each new well site will be used to deliver water within a pre-selected pressure range (35 psi to 50 psi), so the well pump does not run continuously or start up every time there is a call for water from the distribution system. The hydropneumatic tank will also serve to minimize pressure surges in the supply line. An air compressor will be used to maintain the air cushion in the tank. Operation of the compressor is automatically controlled by a level probe and a pressure switch contained in the unit.

#### Chemical Feed

Sodium hypochlorite (12.5% solution) will be provided at each well site for disinfection. The District is required to maintain a 1.0 mg/L residual. Chlorination of the well water is provided by injection of the sodium hypochlorite solution at the well head via an injection quill and metering pump. The injection point will be downstream of the flow meter. The solution will be stored in a 30 gallon drum on a spill containment pad within a pre-fabricated storage shelter adjacent to the well.

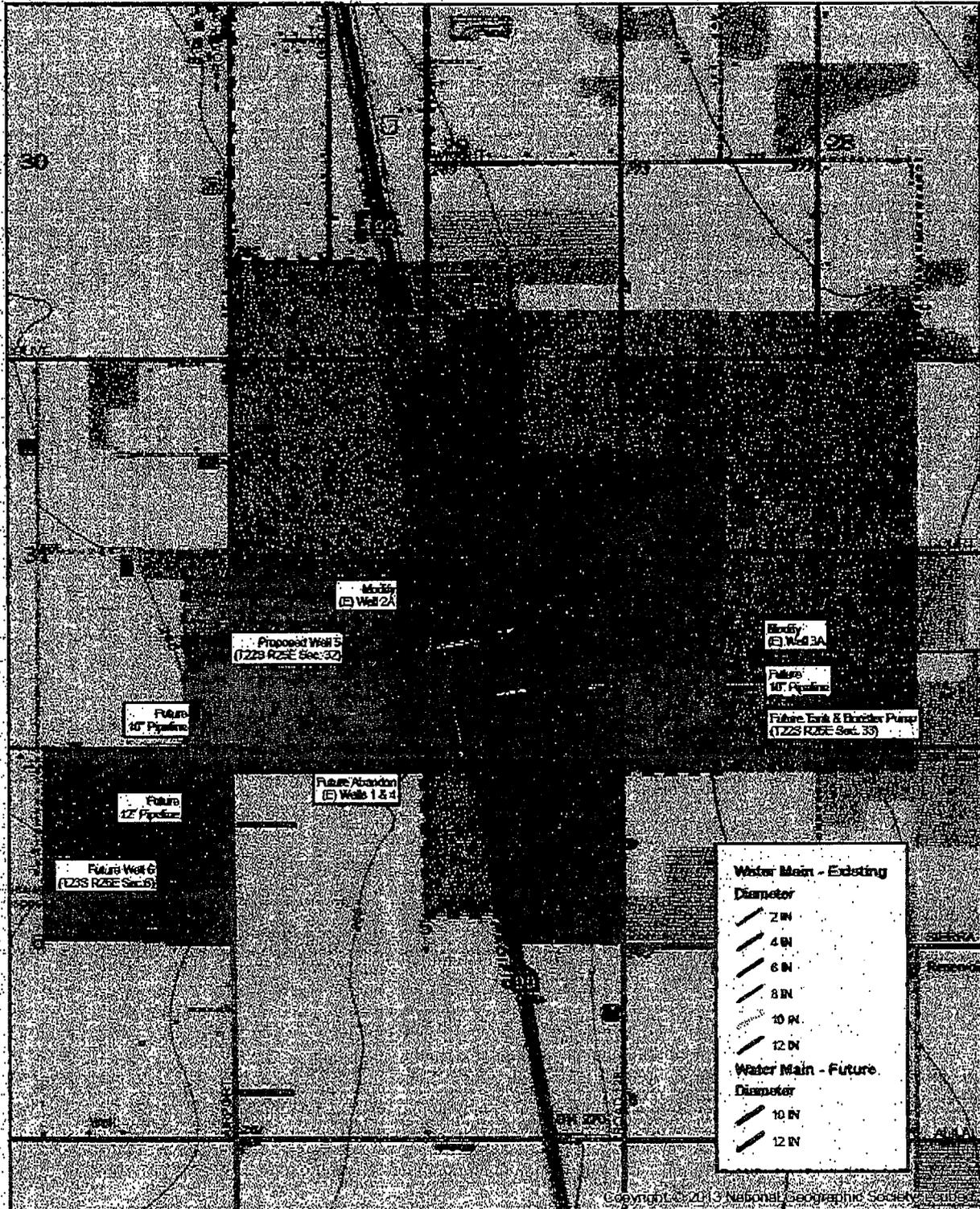
#### Off-Site Water System Improvements

Downstream of the hydropneumatic tanks the water will discharge into the existing distribution system. The adjacent water lines are not be sufficiently sized to accept the new supply. For this reason, the discharge pipeline will connect into two existing laterals so to not overload the existing infrastructure at a single point (e.g. a 10" pump discharge into a 6" distribution main).

#### Modifying Existing pumps

The District will modify two existing well to increase production. The first step will be removing the pumps from the wells and performing a video survey to assess the condition of the existing wells. Necessary patching and cleaning of the casing will then proceed. The condition of the existing column will be assessed also, and repairs will be made.

At Well #2A it is proposed that the well be lowered 80-feet (500-feet total depth). The bowls will be replaced to account for the increased TDH requirements to produce the additional flow. Well #3a is only proposed to install new bowls. The bowls have been lowered many times, but never replaced to account for the additional head requirements.



Water Main - Existing	
Diameter	
	2 IN
	4 IN
	6 IN
	8 IN
	10 IN
	12 IN
Water Main - Future	
Diameter	
	10 IN
	12 IN

0 1,000 2,000 Feet

**PROVOST & PRITCHARD**  
 288 W. Cromwell Ave.  
 Fresno, CA 93711-6162  
 (559) 449-2700

- Well - Existing
  - Well - Future
  - Tank Site - Future
  - Pixley RDA
  - Out Of District Service
  - Pixley PUD
  - Master Plan Study Area
- \*T/R/S ME, Diablo Modification

**Existing and Future Facilities**  
 Pixley PUD

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

		2. DATE SUBMITTED <b>March 13, 2014</b>	Applicant Identifier
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <b>Youth Centers of America</b>		Organizational Unit:	
Address (give city, county, State, and zip code): <b>580 Tulare St Parlier, CA 93648</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Trinidad Pimentel 559-646-3306 559-347-1140</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>77-0448258</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: <b>USDA Rural Development</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>10-766</b> TITLE: <b>Community Facilities Grant</b>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Food Pantry equipment</b>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>Parlier, Fresno County, California</b>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: <b>21</b>	
Start Date	Ending Date	a. Applicant <b>21 Valadao</b>	b. Project <b>21 Valadao</b>
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <b>2,670<sup>00</sup></b>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ <b>0<sup>00</sup></b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ _____ <sup>00</sup>		
e. Other	\$ <b>4,970<sup>00</sup></b>		
f. Program Income	\$ _____ <sup>00</sup>		
g. TOTAL	\$ <b>7,640<sup>00</sup></b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <b>Israel Lara Jr.</b>		b. Title <b>President</b>	c. Telephone Number <b>(559) 360-1857</b>
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed <b>3-13-14</b>	

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

**Application for Federal Assistance SF-424**

Version 02

\*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\*2. Type of Application

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify)

RECEIVED

MAY 21 2014

3. Date Received:

4. Applicant Identifier:

Control No.: 0974-1623

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**B. APPLICANT INFORMATION:**

\*a. Legal Name: C/e- Solutions, Inc.

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
205847529

\*c. Organizational DUNS:  
785304903

**d. Address:**

\*Street 1: 3718 Cal Island Rd.  
 Street 2:  
 \*City: West Sacramento  
 County: Yolo  
 \*State: CA  
 Province:  
 \*Country: USA  
 \*Zip / Postal Code: 95691

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix: Dr. \*First Name: James  
 Middle Name: Casey  
 \*Last Name: Smoot  
 Suffix: Ph.D.

Title: President

Organizational Affiliation:

\*Telephone Number: 530-848-1527

Fax Number:

\*Email: jc\_smoot@yahoo.com

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

**Application for Federal Assistance SF-424**

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

Department of Energy

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

81.087

CFDA Title:

Renewable Energy Research and Development

**\*12 Funding Opportunity Number:**

DE-EOA-0000974

\*Title:

Bioenergy Technologies Incubator

**13. Competition Identification Number:**

n/a

Title:

n/a

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

West Sacramento, Yolo Co., CA; Woodland, Yolo Co., CA; Seattle, King Co., WA; Tuscaloosa, Tuscaloosa Co., AL; Oak Ridge, Roane Co., TN

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

Validation of novel liquid biofuel production process

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant: CA-006

\*b. Program/Project: CA-003, WA-007, AL-007, TN-003

17. Proposed Project:

\*a. Start Date: 10-1-2014

\*b. End Date: 9-30-2014

18. Estimated Funding (\$):

*a. Federal	\$504,527
*b. Applicant	\$145,000
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$649,527

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 21, 2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes
- No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Dr. \*First Name: James  
 Middle Name: Casey  
 \*Last Name: Smoot  
 Suffix: Ph.D.

\*Title: President

\*Telephone Number: 530-848-1527

Fax Number:

\* Email: jc\_smoot@yahoo.com

\*Signature of Authorized Representative: 

\*Date Signed: 5-21-14

<b>Application for Federal Assistance SF-424</b>		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): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: E14AS00033	
<b>RECEIVED</b> <b>MAY 21 2014</b> <b>STATE CLEARINGHOUSE</b>		
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: G1498036	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: STATE OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
<b>d. Address:</b>		
* Street1: 1831 9TH STREET	<input type="text"/>	
Street2:	<input type="text"/>	
* City: SACRAMENTO	<input type="text"/>	
County:	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 95811-7011	<input type="text"/>	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
<input type="text"/>	<input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	<input type="text"/>	* First Name: PETE
Middle Name:	<input type="text"/>	
* Last Name: MARCELLANA	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: GRANTS ADMINISTRATOR		
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number: 916-445-4558	Fax Number:	
<input type="text"/>	<input type="text"/>	
* Email: PETS.MARCELLANA@WILDLIFE.CA.GOV		
<input type="text"/>		

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F14AS00033

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

Monterey, San Luis Obispo and San Benito Counties

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

CENTRAL CALIFORNIA COAST FISH PASSAGE, STREAM AND LAKE HABITAT IMPROVEMENT

Attach supporting documents as specified in agency instructions.

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

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-017

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	101,541.00
* b. Applicant	0.00
* c. State	33,847.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	135,388.00

\* 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 05/21/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: SSMI

\* Telephone Number: 916-445-3701 Fax Number:

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

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

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

MAY 21 2014

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier

STATE CLEARING HOUSE  
F14AS00033

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498010

B. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

909322358000

d. Address:

\* Street1:

1831 9TH STREET

Street2:

[Empty field]

\* City:

SACRAMENTO

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

a. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

STEVE

Middle Name:

[Empty field]

\* Last Name:

WONG

Suffix:

[Empty field]

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

[Empty field]

\* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

\* Email:

stara.wong@wildlife.ca.gov

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

E14AS00033

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Statewide

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

FISH HATCHERY OPERATIONS: FISH HEALTH LABORATORY

Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="328,956.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="109,652.00"/>
* 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="438,608.00"/>

\* 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: 01/31/2009

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[ ]

\* Other (Specify)

[ ]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[ ]

RECEIVED

5a. Federal Entity Identifier:

[ ]

\* 5b. Federal Award Identifier:

[ ]

MAY 21 2014

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

[ ]

7. State Application Identifier:

G1498024

8. APPLICANT INFORMATION:

\* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8083223580000

d. Address:

\* Street1:

1831 9TH STREET

Street2:

[ ]

\* City:

SACRAMENTO

County:

[ ]

\* State:

CA: California

Province:

[ ]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

95811-7011

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

[ ]

\* First Name:

STEVE

Middle Name:

[ ]

\* Last Name:

WONG

Suffix:

[ ]

Title:

Grant Administrator

Organizational Affiliation:

[ ]

\* Telephone Number:

916-445-3694

Fax Number:

916-327-6320

\* Email:

steve.wong@wildlife.ca.gov

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14A500033

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Statewide

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

Heritage and Wild Trout Resource Assessment and Management

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="916,827.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="305,609.00"/>
* 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="1,222,436.00"/>

\* 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 210, Section 1001)

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424

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: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

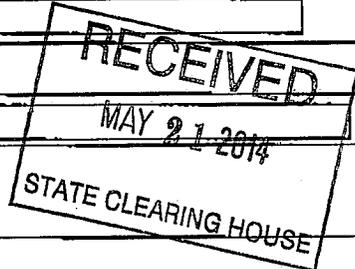
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: E14AS00033
---	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 61498033
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000



d. Address:

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

e. Organizational Unit:

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

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

Prefix:	_____	* First Name:	PETE
Middle Name:	_____		
* Last Name:	MARCELLANA		
Suffix:	_____		
Title:	GRANTS ADMINISTRATOR		
Organizational Affiliation:	_____		
* Telephone Number:	916-445-4658	Fax Number:	_____
* Email:	PETE.MARCELLANA@WILDLIFE.CA.GOV		

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.605

CFDA Title:

Sport Fish Restoration Program

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

F14AS00033

\* Title:

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

**13. Competition Identification Number:**

Title:

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

San Joaquin

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

DELTA PREDATOR/SALMON MONITORING AND ASSESSMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-009

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	177,088.00
* b. Applicant	0.00
* c. State	59,029.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	236,117.00

\* 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 05/21/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: 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.

Application for Federal Assistance SF-424

\* 1. Type of Submission:

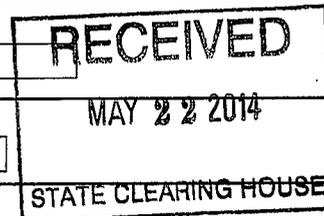
- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify)



\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name:

Cal Poly Pomona Foundation, Inc.

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

95.2417645

\* c. Organizational DUNS:

028929438

d. Address:

\* Street1:

3801 West Temple Avenue, Building #55

Street2:

\* City:

Pomona

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91789-4038

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

\* First Name:

Ali

Middle Name:

\* Last Name:

Sharbat

Suffix:

Title:

Assistant Professor

Organizational Affiliation:

California State Polytechnic University, Pomona

\* Telephone Number:

909 869 2175

Fax Number:

\* Email:

sharbat@csupomona.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

RECEIVED  
MAY 22 2014  
STATE CLEARING HOUSE

\* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.506

CFDA Title:

Water Desalination Research and Development Program

\* 12. Funding Opportunity Number:

R14AS00036

\* Title:

Desalination and Water Purification Research and Development Program (DWPR)

13. Competition Identification Number:

R14AS00036

Title:

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

Cities of Pomona, CA; Alamogordo, New Mexico

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

Development of Photovoltaic Electrodialysis (PV-ED) Desalination System

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
* a. Applicant	<input type="text" value="038"/>	* b. Program/Project <input type="text" value="038"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text" value="16_Additional_Congressional"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
<b>17. Proposed Project:</b>		
* a. Start Date:	<input type="text" value="10/01/2014"/>	* b. End Date: <input type="text" value="09/30/2015"/>
<b>18. Estimated Funding (\$):</b>		
* a. Federal	<input type="text" value="99,992.00"/>	
* 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="99,992.00"/>	
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/14/2014"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
<b>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)</b>		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
<b>Authorized Representative:</b>		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="G. Paul"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Storey"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Executive Director"/>	
* Telephone Number:	<input type="text" value="909 869 2951"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="gpstorey@csupomona.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

DATE: 5/22/14 P. Of Pages 3 **QUICK FAX OfficeMax**

To: State Clearinghouse From: CSUC Research Foundation

Co./Dept: RESP

Fax: 916-323-3018

Phone: 530-898-6627

Note: E-Mail:

24  
19  
12

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:  
 Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:  
 New  
 Continuation  
 Revision

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

\* Other (Specify):

\* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

**RECEIVED**  
 MAY 22 2014  
 STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: The CSU, Chico Research Foundation

\* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0388518

\* c. Organizational DUNS: 612177162

d. Address:

\* Street1: Building 25, CSU, Chico

Street2:

\* City: Chico

County: Butte

\* State: CA

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95929-0870

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: John

Middle Name:

\* Last Name: Miner

Suffix:

Title: Contracting Officer

Organizational Affiliation:

\* Telephone Number: 530-898-6621

Fax Number: 530-898-6804

\* Email: jminer@csuchico.edu

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>9. Type of Applicant 1: Select Applicant Type:</b> M. Nonprofit	
Type of Applicant 2: Select Applicant Type: 	
Type of Applicant 3: Select Applicant Type: 	
* Other (specify): 	
<b>* 10. Name of Federal Agency:</b> Bureau of Land Management	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 15.225	
CFDA Title: 	
<b>* 12. Funding Opportunity Number:</b> 	
* Title: 	
<b>13. Competition Identification Number:</b> 	
Title: 	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> Sacramento, CA	
<b>* 15. Descriptive Title of Applicant's Project:</b> Youth Summit	
Attach supporting documents as specified in agency instructions.	

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

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-001

\* b. Program/Project CA-006

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

## 17. Proposed Project:

\* a. Start Date: 5/1/2014

\* b. End Date: 9/30/2015

## 18. Estimated Funding (\$):

\* a. Federal \$50,000

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$50,000

## 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 5/22/14 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.

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

 Yes  No

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:  \* First Name: CarolMiddle Name: 

\* Last Name: Sager

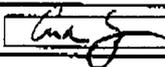
Suffix: 

\* Title: Director, Research &amp; Sponsored Programs

\* Telephone Number: 530-898-5700

Fax Number: 

\* Email: casager@csuchico.edu

\* Signature of Authorized Representative: 

\* Date Signed: 5/22/14

Authorized for Local Reproduction

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

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\* Other (Specify)

**\* 3. Date Received:**

**4. Applicant Identifier:**

RECEIVED

**5a. Federal Entity Identifier:**

R9 Tracking #08-368

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

MAY 22 2014

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

Toxic Substances Control, California Department of

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

68-0281381

**\* c. Organizational DUNS:**

949010870

**d. Address:**

**\* Street1:**

8800 Cal Center Drive

**Street2:**

**\* City:**

Sacramento

**County:**

Sacramento

**\* State:**

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95826

**e. Organizational Unit:**

**Department Name:**

Toxic Substances Control, California Department of

**Division Name:**

Brownfields and Environmental Restoration Program

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

**Prefix:**

Mr.

**\* First Name:**

John

**Middle Name:**

**\* Last Name:**

Scandura

**Suffix:**

**Title:**

Branch Chief

**Organizational Affiliation:**

Brownfields and Environmental Restoration Program

**\* Telephone Number:**

(714) 484-5440

**Fax Number:**

(714) 484-5437

**\* Email:**

jscandur@dtsc.ca.gov

**Application for Federal Assistance SF-424**

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

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

United States Environmental Protection Agency - Region9

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

66.802

CFDA Title:

SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS

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

N/A

\* Title:

**13. Competition Identification Number:**

Title:

N/A

**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

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

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

\* a. Federal \$523,700.00

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$523,700.00

**\* 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 05/15/2014

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:

Mr.

\* First Name:

Stewart

Middle Name:

W.

\* Last Name:

Black

Suffix:

\* Title:

Deputy Director, Brownfields and Environmental Restoration Program

\* Telephone Number:

(916) 324-3148

Fax Number:

(916) 323-3500

\* Email:

sblack@dtsc.ca.gov

\* Signature of Authorized Representative:

*Stewart W Black*

\* Date Signed:

5-16-14

**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 23 2014

STATE CLEARINGHOUSE

**\* 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:**

San Pasqual Band of Mission Indians

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

95-346938

**\* c. Organizational DUNS:**

8061139160000

**d. Address:**

**\* Street1:**

16400 Kumeyaay Way

**Street2:**

**\* City:**

Valley Center

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92082-0000

**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:**

Robert

**Middle Name:**

**\* Last Name:**

Bishop

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

760-749-3200

**Fax Number:**

**\* Email:**

bob@sanpasqualtribe.org

**Application for Federal Assistance SF-424**

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Homeland Security - FEMA

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

97.067

CFDA Title:

Homeland Security Grant Program

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

DHS-14-GPD-067-000-02

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

San Pasqual Homeland Security Initiative

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	387,908.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	387,908.00

**\* 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:	<input type="text"/>	* First Name:	<input type="text" value="Allen"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Lawson"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="Tribal Chairman"/>		
* Telephone Number:	<input type="text" value="760-749-3200 Ext: 105"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="AllenL@sanpasqualtribe.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:	<input type="text" value="Completed by Grants.gov upon submission."/>

OMB Number: 4040-0004  
Expiration Date: 6/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 05/22/2014	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 0471200840000	
d. Address:		
* Street1:	1050 RESEARCH PARK DRIVE	
Street2:	SUITE 300	
* City:	DAVIS	
County/Parish:	YOLO	
* State:	CA: California	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95618-6153	
e. Organizational Unit:		
Department Name: SPONSORED PROGRAMS OFFICE	Division Name: OFFICE OF RESEARCH	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: SHANNA	
Middle Name: <input type="text"/>		
* Last Name: JOSE		
Suffix: <input type="text"/>		
Title: CONTRACTS AND GRANTS ANALYST		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 530-754-8318	* Fax Number: 530-752-0333	
* Email: ORSPO-TeamA-Proposals-US@ad3.ucdavis.edu		

**RECEIVED**  
 MAY 23 2014  
 STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Animal and Plant Health Inspection Service

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

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

USDA-GRANTS-032414-001

\* Title:

National Clean Plant Network Request for Applications

**13. Competition Identification Number:**

Title:

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

Map Attachment

Postal Attachment

View Attachment

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

GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS (2014-2015)

Attach supporting documents as specified in agency instructions.

Map Attachment

Postal Attachment

View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-003

\* b. Program/Project CA-003

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

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/28/2014

\* b. End Date: 07/27/2015

18. Estimated Funding (\$):

* a. Federal	2,045,962.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,045,962.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

If "Yes", provide explanation and attach

Attachment buttons: Add Attachment, Delete Attachment, View Attachment

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

Middle Name:

\* Last Name: DYE-HIXENBAUGH

Suffix:

\* Title: CONTRACTS AND GRANTS ANALYST

\* Telephone Number: 530-754-8034 Fax Number: 530-752-0333

\* Email: CDDYE@UCDAVIS.EDU

\* Signature of Authorized Representative: Chris Dye-Hixenbaugh \* Date Signed: 05/22/2014

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

Application for Federal Assistance SF-424			
* 1. Type of Submission:		* 2. Type of Application:	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
		* If Revision, select appropriate letter(s): _____	
		* Other (Specify): _____	
* 3. Date Received: 05/21/2014		4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____	
State Use Only:		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 23 2014  <b>STATE CLEARING HOUSE</b> </div>	
6. Date Received by State: _____			
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494		* c. Organizational DUNS: 0471200840000	
d. Address:			
* Street1:	1850 RESEARCH PARK DRIVE		
* Street2:	SUITE 300		
* City:	DAVIS		
* County/Parish:	YOLO		
* State:	CA: California		
* Province:	_____		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	95618-6153		
e. Organizational Unit:			
Department Name: SPONSORED PROGRAMS OFFICE		Division Name: OFFICE OF RESEARCH	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	_____	* First Name:	SHANNA
Middle Name:	_____		
* Last Name:	JOSE		
Suffix:	_____		
Title:	CONTRACTS AND GRANTS ANALYST		
Organizational Affiliation: _____			
* Telephone Number:	530-754-8318	* Fax Number:	530-752-0333
* Email:	ORSFO-TEAMA-PROPOSALS-US@ADE.UCDAVIS.EDU		

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Animal and Plant Health Inspection Service

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

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

USDA-GRANTS-032414-001

\* Title:

National Clean Plant Network Request for Applications

**13. Competition Identification Number:**

Title:

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

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

NCPN ROSE PROGRAM

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-003

\* b. Program/Project CA-003

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

17. Proposed Project:

\* a. Start Date: 07/28/2014

\* b. End Date: 07/27/2015

18. Estimated Funding (\$):

* a. Federal	137,500.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	137,500.00

\* 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 05/23/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

Authorized Representative:

Prefix: Mrs. \* First Name: CHRIS  
 Middle Name: D  
 \* Last Name: DYE-HIXENBAUGH  
 Suffix:

\* Title: CONTRACTS AND GRANTS ANALYST

\* Telephone Number: 530-754-8034 Fax Number: 530-752-0333

\* Email: CDDYE@UCDAVIS.EDU

\* Signature of Authorized Representative: Chris Dye-Hixenbaugh Date Signed: 05/21/2014

## 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:

Temple Emanu-El

MAY 23 2014

## 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:

Temple Emanu-El

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

95-2583869

## \* c. Organizational DUNS:

1615411310000

## d. Address:

## \* Street1:

6299 Capri Drive

## Street2:

## \* City:

San Diego

## County/Parish:

San Diego

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

92120-4632

## e. Organizational Unit:

## Department Name:

Security Committee

## Division Name:

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

## Prefix:

Mr.

## \* First Name:

Ron

## Middle Name:

## \* Last Name:

Marx

## Suffix:

## Title:

Co-President

## Organizational Affiliation:

Temple Emanu-El

## \* Telephone Number:

619.993.5919

## Fax Number:

619.286-3176

## \* Email:

sitemarx@cox.net

**Application for Federal Assistance SF-424**

**\* 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:**

Department of Homeland Security - FEMA

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

97.008

CFDA Title:

Non-Profit Security Program

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

DHS-14-GPD-008-000-01

\* Title:

FY 2014 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Purchase and Installation of 34 roll-down, 18-gauge metal security screens with electric motors and back-up batteries for classrooms in the event of an active shooter incident on the school campus.

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="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

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

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

\* Other (Specify):

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

RECEIVED

MAY 23 2014

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

The Regents of the University of California

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

95-6006142W

**\* c. Organizational DUNS:**

6277974260000

**d. Address:**

**\* Street1:**

200 University Office Building

**Street2:**

**\* City:**

Riverside

**County/Parish:**

Riverside

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

92521-0217

**e. Organizational Unit:**

**Department Name:**

Nat. and Agricultural Sciences

**Division Name:**

Plant Pathology & Microbiology

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

**Prefix:**

Ms.

**\* First Name:**

Frosina

**Middle Name:**

**\* Last Name:**

Al Zgoul

**Suffix:**

**Title:**

Sr. Contract & Grant Officer

**Organizational Affiliation:**

**\* Telephone Number:**

951-827-4968

**Fax Number:**

951-827-4483

**\* Email:**

frosina.alzgoul@ucr.edu

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Animal and Plant Health Inspection Service

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

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

USDA-GRANTS-032414-001

\* Title:

National Clean Plant Network Request for Applications

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

This project will ensure that high quality citrus propagative material will continue to be produced, maintained, and supplied to scientists and the industry in the USA under the NCPN network.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant:

\* b. Program/Project:

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="1,745,886.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,745,886.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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

RECEIVED

MAY 27 2014

<b>*3. Date Received:</b>	<b>4. Application Identifier:</b>
<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>

STATE CLEARING HOUSE

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

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name: State Water Resources Control Board</b>	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0281986	<b>*c. Organizational DUNS:</b> 808321913

<b>d. Address:</b>	
*Street1: 1001 I Street Street 2:	
*City: Sacramento	
County:	
*State: California	
Province:	
Country:	*Zip/ Postal Code: 95814

<b>e. Organizational Unit:</b>	
<b>Department Name:</b> CA State Water Resources Control Board	<b>Division Name:</b> Division of Water Quality

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix:	First Name: Michael
Middle Name:	
*Last Name: Gjerde	
Suffix:	
Title: Engineering Geologist, Project Manager	
Organizational Affiliation:	

<b>*Telephone Number: (916) 341-5283</b>	<b>Fax Number: (916) 341-5284</b>
<b>*Email: mgjerde@waterboards.ca.gov</b>	

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

RECEIVED

MAY 27 2014

STATE CLEARING HOUSE

\*10. Name of Federal Agency:

U. S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.472

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

All of California

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

Implementation of Water Quality Monitoring and Public Notification.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant **CA-6th** \*b. Program/Project: **California - All**

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

17. Proposed Project:

\*a. Start Date: **10/01/2014** \*b. End Date: **09/30/2015**

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

*a. Federal	\$501,807.00	*d. Local	
*b. Applicant		*e. Other	
*c. State		*f. Program Income	
*d. Local		*g. TOTAL	\$501,807.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on **May 27, 2014**
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

Yes  No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: **Ms.** \*First Name: **Caren**

Middle Name:

\*Last Name: **Trgovcich**

Suffix:

\*Title: **Chief Deputy Director**

\*Telephone Number: **916-341-5727**

Fax Number: **916-341-5621**

\*Email: **ctrgovcich@waterboards.ca.gov**

\*Signature of Authorized Representative:

Date Signed: **5/27/14**

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

F14A800033

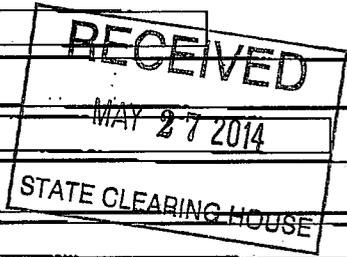
State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

G1498049



8. APPLICANT INFORMATION:

\* a. Legal Name: STATE OF CALIFORNIA

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

94-1697567

\* c. Organizational DUNS:

8082223580000

d. Address:

\* Street1: 1831 9TH STREET

Street2: [Empty field]

\* City: SACRAMENTO

County: [Empty field]

\* State: CA: California

Province: [Empty field]

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: [Empty field]

Division Name: [Empty field]

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

Prefix: [Empty field] \* First Name: PETE

Middle Name: [Empty field]

\* Last Name: MARCELLANA

Suffix: [Empty field]

Title: GRANTS ADMINISTRATOR

Organizational Affiliation: [Empty field]

\* Telephone Number: 916-445-4658

Fax Number: [Empty field]

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

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

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

F14AS00033

**\* Title:**

R0 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:**

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

Humboldt and Mendocino Counties.

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

CALIFORNIA COASTAL STREAMS AND WATERSHED RESTORATION

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

**Application for Federal Assistance SF-424** Version 02

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

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

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="596,677.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="198,892.00"/>
* 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="795,569.00"/>

\* 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: 01/31/2009

Version 02

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify)**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_

**RECEIVED**

**MAY 27 2014**

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

G1498093

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

STATE OF CALIFORNIA

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

94-1697567

**\* c. Organizational DUNS:**

8083223580000

**d. Address:**

**\* Street1:**

1831 9th STREET

**Street2:**

\_\_\_\_\_

**\* City:**

SACRAMENTO

**County:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95811-7011

**e. Organizational Unit:**

**Department Name:**

FISH AND WILDLIFE

**Division Name:**

GRANTS MANAGEMENT BRANCH

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

**Prefix:**

\_\_\_\_\_

**\* First Name:**

JASON

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

WILLIAMS

**Suffix:**

\_\_\_\_\_

**Title:**

GRANT ADMINISTRATOR

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

916-327-0062

**Fax Number:**

916-327-6320

**\* Email:**

JASON.WILLIAMS@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F14AS00058

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Napa (5), Sonoma (2), Sacramento (7), Yolo (3), San Joaquin (9), Santa Cruz (18), Santa Clara (17) and Alameda (15)

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: Region 3 Unstaffed Wildlife Areas & Ecological Reserves

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View 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-006

\* b. Program/Project ALL

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	131,224.00
* b. Applicant	0.00
* c. State	43,741.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	174,965.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

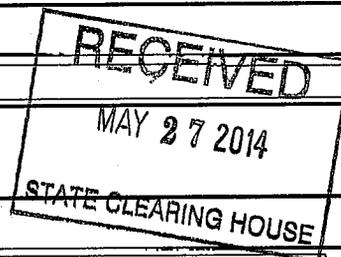
\* Telephone Number: 916-445-3701 Fax Number: 916-327-6320

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

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

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/></p>		
<p>* 3. Date Received:  <input type="text"/>  <small>Completed by Grants.gov upon submission.</small> </p>		<p>4. Applicant Identifier:  <input type="text"/></p>
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  <input type="text"/></p>
<b>State Use Only:</b>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text" value="G1498065"/></p>
<b>B. APPLICANT INFORMATION:</b>		
<p>* a. Legal Name: <input type="text" value="STATE OF CALIFORNIA"/></p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text" value="94-1697567"/></p>		<p>* c. Organizational DUNS:  <input type="text" value="8083223580000"/></p>
<p>d. Address:</p> <p>* Street1: <input type="text" value="1831 9th STREET"/>          Street2: <input type="text"/>          * City: <input type="text" value="SACRAMENTO"/>          County: <input type="text"/>          * State: <input type="text" value="CA: California"/>          Province: <input type="text"/>          * Country: <input type="text" value="USA: UNITED STATES"/>          * Zip / Postal Code: <input type="text" value="95811-7011"/></p>		
<p>e. Organizational Unit:</p> <p>Department Name: <input type="text" value="FISH AND WILDLIFE"/>      Division Name: <input type="text" value="GRANTS MANAGEMENT BRANCH"/></p>		
<p>f. Name and contact information of person to be contacted on matters involving this application:</p> <p>Prefix: <input type="text"/>      * First Name: <input type="text" value="JASON"/>          Middle Name: <input type="text"/>          * Last Name: <input type="text" value="WILLIAMS"/>          Suffix: <input type="text"/></p> <p>Title: <input type="text" value="GRANT ADMINISTRATOR"/></p> <p>Organizational Affiliation:  <input type="text"/></p> <p>* Telephone Number: <input type="text" value="916-327-0062"/>      Fax Number: <input type="text" value="916-327-6320"/></p> <p>* Email: <input type="text" value="JASON.WILLIAMS@WILDLIFE.CA.GOV"/></p>		



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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

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

F14AS00058

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Solano (3), Napa (5), Sonoma (2), Marin (13), Yolo (3)

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: REGION 3

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-006

\* b. Program/Project ALL

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2015

18. Estimated Funding (\$):

* a. Federal	1,641,077.00
* b. Applicant	0.00
* c. State	547,026.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	473,000.00
* g. TOTAL	2,661,103.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

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

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

\* Signature of Authorized Representative: 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:**

- 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.

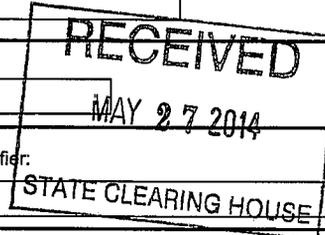
**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

EDA

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

07-83-06869



**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

3CORE, Inc.

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

68-0065873

**\* c. Organizational DUNS:**

153404116

**d. Address:**

**\* Street1:**

3120 Cohasset Road, Suite 1

**Street2:**

**\* City:**

Chico

**County:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95973

**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:**

Courtney

**Middle Name:**

**\* Last Name:**

Farrell

**Suffix:**

**Title:**

Community Resource Manager

**Organizational Affiliation:**

3CORE, Inc.

**\* Telephone Number:**

530-893-8732 x211

**Fax Number:**

530-893-0820

**\* Email:**

cfarrell@3coreedc.org

**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

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.):**

Butte, Glenn and Tehama Counties in Northern California

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

The program objectives of this investment will support economic development programs that will foster job creation for the unemployed and under-employed, and enhance job retention in the District.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="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="75,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="150,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

 5/22/14

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 5/13/14	
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE  State Application Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY  Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management	
Address (give city, state, and zip code):  One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code)  Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box)    N	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<input checked="" type="checkbox"/> State                    H Independent School Dist. <input type="checkbox"/> County                    I State Controlled Institution of Higher Learning <input type="checkbox"/> Municipal                J Private University <input type="checkbox"/> Township                K Indian Tribe <input type="checkbox"/> Interstate                L Individual <input type="checkbox"/> Intermunicipal        M Profit Organization <input type="checkbox"/> Special District        N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  Section 5307 Urbanized Area Formula Program – Operating Assistance for Expo Phase I, CA-95-X176-02	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 4/28/12	Ending Date 4/28/15	a. Applicant Districts 31, 33,34	b. Project Same as Applicant
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 5,500,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>05/14/14</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,375,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 6,875,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative COSETTE STARK		b Title DEO, Regional Grants Management	c Telephone number (213) 922-2822
d. Signature of Authorized Representative <i>Colette Stark</i>		e. Date Signed 5-21-14	

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 05/20/14	Applicant Identifier
3. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name Los Angeles County Metropolitan Transportation Authority	Organizational Unit: <b>Regional Grants Management</b>
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Nela De Castro (213) 922-6166</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	A State B County C Municipal D Township E Interstate F Intermunicipal G Special District H Independent School Dist. I State Controlled Institution of Higher Learning J Private University K Indian Tribe L Individual M Profit Organization N Other (Specify) _____
If Revision, enter appropriate letter(s) in box(es):  A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)	<b>State Chartered Transit District</b>

9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20507</b>
11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Z132</b>
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF
Start Date <b>7/1/13</b>	Ending Date <b>06/30/14</b>
a. Applicant <b>Districts 25 – 39, 42 and 46</b>	b. Project <b>Same as Applicant</b>

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 142,473,992.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>5/21/14</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 35,618,498.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
f Program Income	\$ .00		
g TOTAL	\$ 178,092,490.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a Typed Name of Authorized Representative <b>COSETTE POLENA STARK</b>	b Title <b>Deputy Executive Officer</b>	c Telephone number <b>(213) 922-2822</b>
d. Signature of Authorized Representative 	e. Date Signed <b>5-21-14</b>	

Previous Editions Not Usable

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

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td style="vertical-align: top;"> <p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication  <input checked="" type="checkbox"/> Application  <input type="checkbox"/> Changed/Corrected Application </td> <td style="vertical-align: top;"> <p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New  <input type="checkbox"/> Continuation  <input type="checkbox"/> Revision </td> <td style="vertical-align: top;"> <p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p></td> </tr> </table>			<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p>
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s):  <input type="text"/>  <p>* Other (Specify)  <input type="text"/></p> </p>			
<p>* 3. Date Received:  Completed by Grants.gov upon submission.</p>		<p>4. Applicant Identifier:  <input type="text"/></p>			
<p>5a. Federal Entity Identifier:  <input type="text"/></p>		<p>* 5b. Federal Award Identifier:  STATE CLEARING HOUSE</p>			
<p>State Use Only:</p>					
<p>6. Date Received by State:  <input type="text"/></p>	<p>7. State Application Identifier: G1498084</p>				
<p>8. APPLICANT INFORMATION:</p>					
<p>* a. Legal Name: STATE OF CALIFORNIA</p>					
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-1697567</p>	<p>* c. Organizational DUNS:  8083223580000</p>				
<p>d. Address:</p>					
* Street1:	1831 9TH STREET				
Street2:	<input type="text"/>				
* City:	SACRAMENTO				
County:	<input type="text"/>				
* State:	CA: California				
Province:	<input type="text"/>				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95811-7011				
<p>e. Organizational Unit:</p>					
Department Name:	Division Name:				
FISH AND WILDLIFE	GRANTS MANAGEMENT BRANCH				
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>					
Prefix:	* First Name:	BRIAN			
Middle Name:	<input type="text"/>				
* Last Name:	SALAZAR				
Suffix:	<input type="text"/>				
Title:	GRANT ADMINISTRATOR				
<p>Organizational Affiliation:  <input type="text"/></p>					
* Telephone Number:	916-323-6201	Fax Number: 916-327-6320			
* Email:	BRIAN.SALAZAR@WILDLIFE.CA.GOV				

RECEIVED

MAY 28 2014

STATE CLEARING HOUSE

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

E14AS00127

\* Title:

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

**13. Competition Identification Number:**

Title:

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

Shasta, Tehama, Glenn, Butte, Colusa, Sutter, Yolo, Sacramento

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

Great Valley Resource Assessment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* 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="26,024.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="14,013.00"/>
* 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="40,037.00"/>

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

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

**\* Other (Specify):**

**\* 3. Date Received:**

**4. Applicant Identifier:**

**RECEIVED**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**MAY 28 2014**

**State Use Only:**

**STATE CLEARING HOUSE**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** River Pines Public Utility District

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

94-1540099

**\* c. Organizational DUNS:**

0049547560000

**d. Address:**

**\* Street1:** 22900 Canyon Avenue

**Street2:** PO Box 70

**\* City:** River Pines

**County/Parish:** Amador

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 95675-0070

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

**\* First Name:**

Greg

**Middle Name:**

**\* Last Name:**

Guina

**Suffix:**

**Title:** Chief Plant Operator

**Organizational Affiliation:**

**\* Telephone Number:** 209-245-6723

**Fax Number:** 209-245-5710

**\* Email:** rrpud@rrpud.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:**  
USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**  
10.763  
CFDA Title:  
Emergency and Imminent Community Water Assistance Grant

**\* 12. Funding Opportunity Number:**  
N.A.  
\* Title:  
N.A.

**13. Competition Identification Number:**  
N.A.  
Title:  
N.A.

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

**\* 15. Descriptive Title of Applicant's Project:**  
Replacement District Well No. 2

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="380,100.00"/>
* 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="380,100.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: California Air Resources Board
---

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069	*c. Organizational DUNS: 195930276
---	---------------------------------------

**d. Address:**

*Street1: 1001 I Street Street 2: P.O. Box 1436 *City: Sacramento County: Sacramento *State: CA Province: Country: USA	*Zip/ Postal Code: 95814
--	--------------------------

**e. Organizational Unit:**

Department Name: California Air Resources Board	Division Name: Administrative Services Division
--	--

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

Prefix: Ms. Middle Name: *Last Name: Hunt Suffix:	First Name: Brandy
--	--------------------

Title: Manager, Budgets, Grants & Revenues Section
--

Organizational Affiliation:
-----------------------------

*Telephone Number: (916)445-4845	Fax Number: (916)327-2940
----------------------------------	---------------------------

*Email: brandy.hunt@arb.ca.gov
--------------------------------

RECEIVED  
 MAY 29 2014  
 STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

Version 02

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

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.040

CFDA Title:

State Clean Diesel Grant Program

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

State of California

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

CARB School Bus Retrofit Project

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

all

\*b. Program/Project:

CA-all for all

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

17. Proposed Project:

\*a. Start Date: 10/01/2014

\*b. End Date: 09/30/2015

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

\*a. Federal

\$249,792.00

\*b. Applicant

\*c. State

\$170,208.00

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

\$420,000.00

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

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

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

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

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

Yes

No

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

\*\*I AGREE

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

**Authorized Representative:**

Prefix: Ms.

\*First Name: Pam

Middle Name:

\*Last Name: Biggins

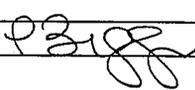
Suffix:

\*Title: Chief, Budgets, Grants, Revenues & Contracts Branch

\*Telephone Number: (916)322-8200

Fax Number: (916)327-2940

\*Email: pam.biggins@arb.ca.gov

\*Signature of Authorized Representative: 

Date Signed: 5.28.14

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

**Application for Federal Assistance SF-424**

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

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

RECEIVED

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
<input type="text"/>	CE-00T66101-2

MAY 29 2014

**State Use Only:**

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

STATE CLEARINGHOUSE

**8. APPLICANT INFORMATION:**

* a. Legal Name:	Bay Foundation of Morro Bay
------------------	-----------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
77-0215847	047-662-767

**d. Address:**

* Street1:	601 Embarcadero STE 11
Street2:	<input type="text"/>
* City:	Morro Bay
County:	San Luis Obispo
* State:	California
Province:	<input type="text"/>
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93442

**e. Organizational Unit:**

Department Name:	Division Name:
Morro Bay National Estuary Program	<input type="text"/>

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

Prefix:	Ms	* First Name:	Adrienne
Middle Name:	Lynne		
* Last Name:	Harris		
Suffix:	<input type="text"/>		

Title:	Executive Director, Morro Bay National Estuary Program
--------	--

Organizational Affiliation:	Bay Foundation of Morro Bay dba Morro Bay National Estuary Program
-----------------------------	--

* Telephone Number:	805-772-3834	Fax Number:	805-772-4162
---------------------	--------------	-------------	--------------

* Email:	aharris@mbnep.org
----------	-------------------

**Application for Federal Assistance SF-424**

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

M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

U.S. Environmental Protection Agency

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

66-456

CFDA Title:

National Estuary Program

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

N/A

\* Title:

N/A

**13. Competition Identification Number:**

N/A

Title:

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

City of Morro Bay, unincorporated areas of San Luis Obispo County in the Morro Bay watershed.

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

Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed (See MBNEP work plan for programmatic details.)

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant CA-024

\* b. Program/Project CA-024

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

**17. Proposed Project:**

\* a. Start Date: 10/1/14

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

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

- \* a. Federal \$569,575
- \* b. Applicant \$29,717
- \* c. State \$463,730
- \* d. Local
- \* e. Other \$76,128
- \* f. Program Income
- \* g. TOTAL \$1,139,150

**\* 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

5/29/14

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

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

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

Yes

No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Mr.

\* First Name: Gary

Middle Name:

\* Last Name: Ruggerone

Suffix:

\* Title: President, Bay Foundation of Morro Bay

\* Telephone Number: 805-772-3834

Fax Number:

\* Email: gruggerone@sbcglobal.net

\* Signature of Authorized Representative:

*Gary Ruggerone*

\* Date Signed:

5/27/14

**Application for Federal Assistance SF-424**

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

<b>3. Date Received:</b> <input type="text"/>	<b>4. Applicant Identifier:</b> <input type="text" value="Water Supply Destruction"/>
--	--

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<b>a. Legal Name:</b> <input type="text" value="Alpaugh Community Services District"/>	
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text"/>	<b>c. Organizational DUNS:</b> <input type="text" value="6111925"/>

RECEIVED  
 MAY 29 2014  
 STATE CLEARING HOUSE

**d. Address:**

<b>Street 1:</b>	<input type="text" value="1000 N. LINDEN STREET"/>
<b>Street 2:</b>	<input type="text"/>
<b>City:</b>	<input type="text" value="TULARE"/>
<b>County/Parish:</b>	<input type="text" value="Tulare"/>
<b>State:</b>	<input type="text" value="CA"/>
<b>Province:</b>	<input type="text"/>
<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>
<b>Zip / Postal Code:</b>	<input type="text" value="95321"/>

**e. Organizational Unit:**

<b>Department Name:</b> <input type="text" value="N/A"/>	<b>Division Name:</b> <input type="text" value="N/A"/>
---	---

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

<b>Prefix:</b> <input type="text" value="Mr"/>	<b>* First Name:</b> <input type="text"/>
<b>Middle Name:</b> <input type="text"/>	
<b>Last Name:</b> <input type="text"/>	
<b>Suffix:</b> <input type="text"/>	

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**  **Fax Number:**

**\* Email:**

**Application for Federal Assistance SF-424**

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

Emergency and Imminent Community Water Assistance Grant

**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 AGRICULTURE

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

10.763

**CFDA Title:**

Emergency and Imminent Community Water Assistance Grant

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

\* Title:

Emergency and Imminent Community Water Assistance Grant

**13. Competition Identification Number:**

Title:

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

Alpaugh, Tulare County, California

Add Attachments

Delete Attachments

View Attachments

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

Alpaugh Drought Resilience Water Supply Restoration 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 [REDACTED] \* b. Program/Project [REDACTED]

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

[REDACTED] Add Attachments Delete Attachments Add Attachments

**17. Proposed Project:**

\* a. Start Date: [REDACTED] \* b. End Date: [REDACTED]

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

\* a. Federal [REDACTED]  
 \* b. Applicant [REDACTED]  
 \* c. State [REDACTED]  
 \* d. Local [REDACTED]  
 \* e. Other [REDACTED]  
 \* f. Program Income [REDACTED]  
 \* g. TOTAL [REDACTED]

**19. Is this 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 **05-29-2014**.

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

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

**20. Is the Applicant Delinquent on Any Federal Debts? (If Yes, provide explanation)**

Yes  No

If "Yes, provide explanation and attach.

[REDACTED] Add Attachments Delete Attachments Add Attachments

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)**

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: [REDACTED]  
 Middle Name: [REDACTED]  
 \* Last Name: [REDACTED]  
 Suffix: [REDACTED]  
 \* Title: [REDACTED]

\* Telephone Number: [REDACTED] Fax Number: **(559) 949-8380**

\* Email: [REDACTED]

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <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(a): _____ * Other (Specify) _____ RECEIVED
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____ MAY 30 2014
---	---

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1498072
----------------------------------	---

B. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA
--------------------------------------

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

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	---

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

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

Title: GRANT ADMINISTRATOR
----------------------------

Organizational Affiliation: _____
-----------------------------------

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

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

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.634

**CFDA Title:**

State Wildlife Grants

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

E14AS00127

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

SACRAMENTO COUNTY

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

COMPLETION OF THE CALIFORNIA BAT CONSERVATION PLAN (CBCP)

Attach supporting documents as specified in agency instructions.

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

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

**Application for Federal Assistance SF-424** Version 02

16. Congressional Districts Of:

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

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

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="38,978.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="20,988.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="59,966.00"/>

\* 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: 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: _____
---	-----------------------------------

6a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1498071
----------------------------------	---

RECEIVED

MAY 30 2014

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA	STATE CLEARING HOUSE
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000

d. Address:

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

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	---

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

Prefix: _____	* First Name: BRIAN
Middle Name: _____	
* Last Name: SALAZAR	
Suffix: _____	
Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____	
* Telephone Number: 916-323-6201	Fax Number: 916-327-6320
* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV	

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

**Application for Federal Assistance SF-424**

**Version 02**

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

A: State Government

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

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

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

**CFDA Title:**

State Wildlife Grants

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

F14AS00127

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

MARIPOSA, TOULDMNE, CALVERAS, ALPINE, EL DORADO, PLACER, NEVADA, SIERRA, PLUMAS, LASSEN COUNTIES

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

HIGH ELEVATION SPECIES NORTHERN SIERRA

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-004

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	490,443.00
* b. Applicant	0.00
* c. State	264,085.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	754,528.00

\* 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 05/29/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

-- I AGREE

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

Authorized Representative:

Prefix:  \* First Name: LISA

Middle Name:

\* Last Name: BAYS

Suffix:

\* Title: STAFF SERVICES MANAGER I

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

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

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

**Application for Federal Assistance SF-424**

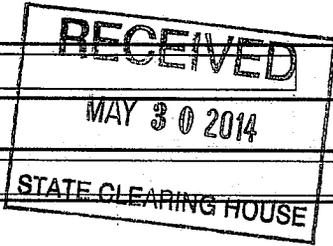
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/>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

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

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> 06-01763
--	--

**State Use Only:**

<b>6. Date Received by State:</b> 02/03/2014	<b>7. State Application Identifier:</b> SAI-Exempt
--	--



**8. APPLICANT INFORMATION:**

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

**d. Address:**

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

**e. Organizational Unit:**

<b>Department Name:</b> Parks and Recreation	<b>Division Name:</b> Grants and Local Services
--	---

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Stephanie
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Schiechl	
<b>Suffix:</b> _____	
<b>Title:</b> Associate Park and Recreation Specialist	
<b>Organizational Affiliation:</b> Parks and Recreation	
<b>* Telephone Number:</b> 916-651-8580	<b>Fax Number:</b> _____
<b>* Email:</b> Stephanie.Schiechl@parks.ca.gov	

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

National Park Service

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

15-916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

City of Palmdale  
Yellen Park Creation Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="2,117,877.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="148,252.00"/>
* d. Local	<input type="text" value="1,969,625.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="4,235,754.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

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

<b>Application for Federal Assistance SF-424</b>		Version 02			
<table border="0"> <tr> <td>* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</td> <td>* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</td> <td>* If Revision, select appropriate letter(s): _____ * Other (Specify) _____</td> </tr> </table>			* 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) _____
* 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: _____	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p><b>MAY 30 2014</b></p> <p><b>STATE CLEARING HOUSE</b></p> </div>			
<b>State Use Only:</b>					
6. Date Received by State: _____	7. State Application Identifier: 61498067				
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: STATE OF CALIFORNIA					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000				
<b>d. Address:</b>					
* Street1:	1831 9TH STREET				
Street2:	_____				
* City:	SACRAMENTO				
County:	_____				
* State:	CA: California				
Province:	_____				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	95811-7011				
<b>e. Organizational Unit:</b>					
Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH				
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: _____	* First Name:	BRIAN			
Middle Name: _____	_____				
* Last Name:	SALAZAR				
Suffix: _____	_____				
Title:	GRANT ADMINISTRATOR				
Organizational Affiliation: _____					
* Telephone Number: 916-323-6201	Fax Number: 916-327-6320				
* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV					

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

<b>Application for Federal Assistance SF-424</b>	<b>Version 02</b>
<b>* 9. Type of Applicant 1: Select Applicant Type:</b> A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
<b>* 10. Name of Federal Agency:</b> Fish and Wildlife Service	
<b>11. Catalog of Federal Domestic Assistance Number:</b> 15.634	
CFDA Title: State Wildlife Grants	
<b>* 12. Funding Opportunity Number:</b> F14AS00127	
* Title: R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies	
<b>13. Competition Identification Number:</b>	
Title:	
<b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b> ALL COUNTIES	
<b>* 15. Descriptive Title of Applicant's Project:</b> STATE WILDLIFE ACTION PLAN UPDATE PHASE III	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

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

**Application for Federal Assistance SF-424** Version 02

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

* a. Federal	360,253.00
* b. Applicant	0.00
* c. State	120,084.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
<b>* g. TOTAL</b>	<b>480,337.00</b>

**\* 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:

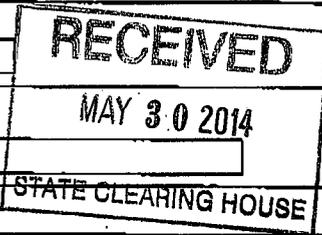
OMB Number: 4040-0004  
Expiration Date: 01/31/2009

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: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1498075
----------------------------------	---

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: 1931 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH
------------------------------------	---

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

Prefix: _____	* First Name: BRIAN
Middle Name: _____	
* Last Name: SALAZAR	
Suffix: _____	
Title: GRANT ADMINISTRATOR	
Organizational Affiliation: _____	
* Telephone Number: 916-323-6201	Fax Number: 916-327-6320
* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV	

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

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

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

**\* Other (specify):**

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

Fish and Wildlife Service

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

15.634

**CFDA Title:**

State Wildlife Grants

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

F14AS00127

**\* Title:**

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

**13. Competition Identification Number:**

**Title:**

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

SAN DIEGO AND ORANGE COUNTIES

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

GOLDEN EAGLE TERRITORY AND NON-BREEDING SEASON MOVEMENTS IN SOUTHERN CALIFORNIA

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="299,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="161,000.00"/>
* 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="460,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

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

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify)

[Empty box]

RECEIVED

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

MAY 30 2014

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

[Empty box]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

G1498085

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:

[Empty box]

\* City:

SACRAMENTO

County:

[Empty box]

\* State:

CA: California

Province:

[Empty box]

\* 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:

[Empty box]

\* First Name:

BRIAN

Middle Name:

[Empty box]

\* Last Name:

SALAZAR

Suffix:

[Empty box]

Title:

GRANT ADMINISTRATOR

Organizational Affiliation:

[Empty box]

\* Telephone Number:

916-323-6201

Fax Number:

916-327-6320

\* Email:

BRIAN.SALAZAR@WILDLIFE.CA.GOV

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

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

F14AS00127

\* Title:

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

**13. Competition Identification Number:**

Title:

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

ALL COUNTIES

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

ENHANCED PASSIVE SURVEILLANCE FOR WILDLIFE DISEASES IN CALIFORNIA

Attach supporting documents as specified in agency instructions.

Add Attachments

Details Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project ALL

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

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	176,321.00
* b. Applicant	0.00
* c. State	94,942.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	271,263.00

\* 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 05/30/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [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: LISA  
Middle Name: [ ]  
\* Last Name: BAYS  
Suffix: [ ]

\* Title: STAFF SERVICES MANAGER, I

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

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

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>          * Other (Specify):  <input type="text"/> </p>		
<p>* 3. Data Received:  <input type="text"/> Completed by Grants.gov upon submission.       </p>		<p>4. Applicant Identifier:  <input type="text"/> </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> </p>
<p><b>RECEIVED</b> MAY 30 2014</p>		
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>	<p>7. State Application Identifier: <input type="text"/> 61498078 <b>STATE CLEARING HOUSE</b></p>	
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text"/> STATE OF CALIFORNIA</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 94-1697567       </p>	<p>* c. Organizational DUNS:  <input type="text"/> 8083223580000       </p>	
<p><b>d. Address:</b></p>		
* Street1:	<input type="text"/> 1831 9TH STREET	
* Street2:	<input type="text"/>	
* City:	<input type="text"/> SACRAMENTO	
* County:	<input type="text"/>	
* State:	<input type="text"/> CA: California	
* Province:	<input type="text"/>	
* Country:	<input type="text"/> USA: UNITED STATES	
* Zip / Postal Code:	<input type="text"/> 95811-7011	
<p><b>e. Organizational Unit:</b></p>		
Department Name:	<input type="text"/> FISH AND WILDLIFE	
Division Name:	<input type="text"/> GRANTS MANAGEMENT BRANCH	
<p><b>f. Name and contact information of person to be contacted on matters involving this application:</b></p>		
Prefix:	<input type="text"/>	* First Name: <input type="text"/> BRIAN
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text"/> SALAZAR	
Suffix:	<input type="text"/>	
Title:	<input type="text"/> GRANT ADMINISTRATOR	
<p>Organizational Affiliation:  <input type="text"/> </p>		
* Telephone Number:	<input type="text"/> 916-323-6201	Fax Number: <input type="text"/> 916-327-6320
* Email:	<input type="text"/> BRIAN.SALAZAR@WILDLIFE.CA.GOV	

**Application for Federal Assistance SF-424**

Version 02

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

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

F14AS00127

\* Title:

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

**13. Competition Identification Number:**

Title:

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

SAN DIEGO COUNTY

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

EFFECTS OF HUMAN USE OF NCCP RESERVES ON REPTILE AND MAMMAL SPECIES IN SAN DIEGO COUNTY

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-005

\* b. Program/Project CA-049

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

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

17. Proposed Project:

\* a. Start Date: 07/01/2014

\* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	309,248.00
* b. Applicant	0.00
* c. State	166,518.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	475,766.00

\* 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 05/30/2014.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [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: LISA  
Middle Name: [ ]  
\* Last Name: BAYS  
Suffix: [ ]

\* Title: STAFF SERVICES MANAGER I

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

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

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