

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16 - 31, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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):

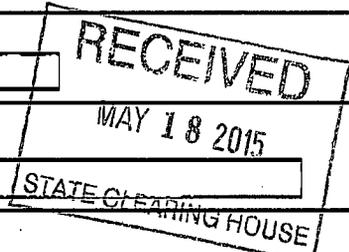
* 3. Date Received:

4. Applicant Identifier:

EE _____

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: AECOM TECHNICAL SERVICES, INC.

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

952661922

* c. Organizational DUNS:

003184462000

d. Address:

* Street1: 515 S. Flower Street - 4th Floor

Street2: _____

* City: Los Angeles

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 90071-2201

e. Organizational Unit:

Department Name:

Seismology

Division Name:

Environment

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

Prefix:

Dr.

* First Name:

Andreas

Middle Name: _____

* Last Name:

Skarlatoudis

Suffix: _____

Title: Seismologist

Organizational Affiliation: _____

* Telephone Number: 213.996.2313

Fax Number: _____

* Email: andreas.skarlatoudis@aecom.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15A900037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15A900037

Title:

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

amplification areas affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Feasibility of uniformly applicable basin amplification models for the United States

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="68,253.67"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="68,253.67"/>

*** 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:

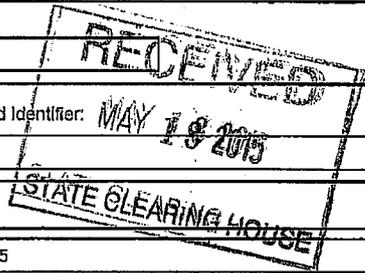
Application for Federal Assistance SF-424

Version 02

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

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

5a. Federal Entity Identifier: _____	* 6b. Federal Award Identifier: F15AS00092
---	---



State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: G1598075

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

e. Organizational Unit:	
Department Name: CA DEPT OF FISH & WILDLIFE	Division Name: GRANTS MANAGEMENT BRANCH

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr.	* First Name: PETE
Middle Name: _____	* Last Name: MARCELLANA
Suffix: _____	Title: GRANTS ADMINISTRATOR

Organizational Affiliation: _____	
* Telephone Number: (916) 445-4658	Fax Number: (916) 327-6320
* Email: pete.marcellana@wildlife.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

Yreka and Siskiyou counties Congressional District 1.

* 15. Descriptive Title of Applicant's Project:

HABITAT UTILIZATION AND SURVIVAL OF JUVENILE SALMONIDS IN KLAMATH RIVER TRIBUTARIES

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="125,070.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="41,690.00"/>
* 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="166,760.00"/>

* 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

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Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	* 4. Applicant Identifier: CEUS	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAY 18 2015 STATE CLEARING HOUSE </div>
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: AECOM TECHNICAL SERVICES, INC.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 952661922	* c. Organizational DUNS: 0031844620000	
* d. Address:		
* Street1: 515 S. Flower Street - 4th Floor		
Street2: <input type="text"/>		
* City: Los Angeles		
County/Parish: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 90071-2201		
* e. Organizational Unit:		
Department Name: Seismology	Division Name: Environment	
* f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Mehrdad	
Middle Name: <input type="text"/>		
* Last Name: Hosseini		
Suffix: <input type="text"/>		
Title: Engineering seismologist		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 213.996.2313	Fax Number: <input type="text"/>	
* Email: mehrdad.hosseini@aecom.com		

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

*** Title:**

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

affectedAreas_MEHRDAD_CEUS_Q.pdf

Add Attachment

Delete Attachment

View Attachment

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

Improving Regional Attenuation Models in the CUS by Considering Source Radiation Pattern Effects and Independently Constraining Geometrical Spreading and Kappa

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="66,910.50"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="66,910.50"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

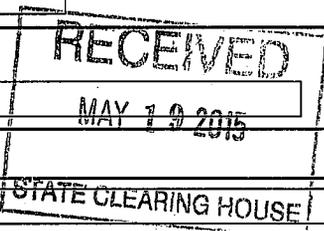
Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

mrensi68463



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Clara Valley Transportation Authority (VTA)

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

94-2186907

* c. Organizational DUNS:

0922028370000

d. Address:

* Street1:

3331 North First Street

Street2:

* City:

San Jose

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95134-1906

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:

Mike

Middle Name:

* Last Name:

Tasosa

Suffix:

Title:

Senior Transportation Planner

Organizational Affiliation:

Santa Clara Valley Transportation Authority (VTA)

* Telephone Number:

(408) 321-5752

Fax Number:

(408) 955-9765

* Email:

mike.tasosa@vta.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:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.075

CFDA Title:

Rail and Transit Security Grant Program

*** 12. Funding Opportunity Number:**

DHS-15-GPD-075-000-02

* Title:

FY 2015 Transit Security Grant Program (TSGP)

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

VTA - Radiological Hardening and Notification Light Rail Vehicles / Stations

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,079,000.00"/>
* 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="2,079,000.00"/>

*** 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

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

 * Other (Specify): _____

RECEIVED
 MAY 19 2015
 STATE CLEARING HOUSE

*** 3. Date Received:**

4. Applicant Identifier:

EE _____

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:**

AECOM TECHNICAL SERVICES, INC.

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

952661922

*** c. Organizational DUNS:**

0031844520000

d. Address:

*** Street1:**

515 S. Flower Street - 4th Floor

Street2:

*** City:**

Los Angeles

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

90071-2201

e. Organizational Unit:

Department Name:

Seismology

Division Name:

Environment

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

Prefix:

Dr.

*** First Name:**

Percy

Middle Name:

*** Last Name:**

Galvez

Suffix:

Title:

seismologist

Organizational Affiliation:

*** Telephone Number:**

213.996.2200

Fax Number:

*** Email:**

percy.galvez@aecom.com

Application for Federal Assistance SF-424*** 9. Type of Applicant 1: Select Applicant Type:**

Q: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

*** Title:**

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

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

areas affected Tohoku.pdf

Add Attachment

Delete Attachment

View Attachment

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

Broadband 3D dynamic rupture model of the 2011, Mw 9 Tohoku earthquake for predicting sea floor displacements, tsunamis and 1 Hz ground motions

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

34

* b. Program/Project

varies

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

17. Proposed Project:

* a. Start Date:

01/01/2016

* b. End Date:

12/31/2016

18. Estimated Funding (\$):

* a. Federal	68,596.12
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	68,596.12

*** 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

05/19/2015

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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:

Dr.

* First Name:

Paul

Middle Name:

* Last Name:

Somerville

Suffix:

* Title:

Principal Seismologist

* Telephone Number:

213.996.2220

Fax Number:

* Email:

paul.somerville@aacom.com

* Signature of Authorized Representative:

Carla Willis

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Redacted]

* Other (Specify):

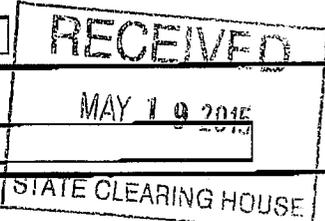
[Redacted]

* 3. Date Received:

[Redacted]

4. Applicant Identifier:

BNA [Redacted]



5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name:

AECOM TECHNICAL SERVICES, INC.

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

952661922

* c. Organizational DUNS:

0031844620000

d. Address:

* Street1:

515 S. Flower Street - 4th Floor

Street2:

[Redacted]

* City:

Los Angeles

County/Parish:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90071-2201

e. Organizational Unit:

Department Name:

Seismology

Division Name:

Environment

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

Prefix:

Dr.

* First Name:

Percy

Middle Name:

[Redacted]

* Last Name:

Galvez

Suffix:

[Redacted]

Title:

Seismologist

Organizational Affiliation:

[Redacted]

* Telephone Number:

213.996.2200

Fax Number:

[Redacted]

* Email:

percy.galvez@aecom.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

*** Title:**

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

areas affected Cascadia.pdf

Add Attachment

Delete Attachment

View Attachment

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

Reassessment of the 1700 Cascadia Earthquake using Dynamic Rupture Models

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

34

* b. Program/Project

varies

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

01/01/2016

* b. End Date:

12/31/2016

18. Estimated Funding (\$):

* a. Federal	67,850.75
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	67,850.75

* 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

05/19/2015

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

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

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

 Yes

 No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

Dr.

* First Name:

Paul

Middle Name:

* Last Name:

Somerville

Suffix:

* Title:

Principal Seismologist

* Telephone Number:

213.996.2220

Fax Number:

* Email:

paul.somerville@aecom.com

* Signature of Authorized Representative:

Carla Willis

* Date Signed:

RECEIVED

MAY 19 2015

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

Application for Federal Assistance SF-424

STATE CLEARING HOUSE

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New	<input type="text"/>
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:	
<input type="text"/> Completed by Grants.gov upon submission.		<input type="text"/>	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
<input type="text"/>		<input type="text"/> 10.931	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
<input type="text"/>		<input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: <input type="text"/> Lassen Land and Trails Trust			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:	
<input type="text"/> 68-0153733		<input type="text"/> 868484130	
d. Address:			
* Street 1:	<input type="text"/> 601 Richmond Rd		
Street 2:	<input type="text"/>		
* City:	<input type="text"/> Susanville		
County/Parish:	<input type="text"/> Lassen		
* State:	<input type="text"/> California		
Province:	<input type="text"/>		
* Country:	<input type="text"/> USA: UNITED STATES		
* Zip / Postal Code:	<input type="text"/> 96130		
e. Organizational Unit:			
Department Name:		Division Name:	
<input type="text"/>		<input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/> Amy
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/> Holmen		
Suffix:	<input type="text"/>		
Title:	<input type="text"/> Land Manager		
Organizational Affiliation:			
<input type="text"/> Lassen Land & Trails Trust			
* Telephone Number:	<input type="text"/> (530) 257-3252	Fax Number:	<input type="text"/> (530) 257-3252
* Email:	<input type="text"/> land@lassenlandandtrailstrust.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Nonprofit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

Natural Resource Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.931

CFDA Title:

Agricultural Conservation Easement Program

*** 12. Funding Opportunity Number:**

10.931

* Title:

Agricultural Conservation Easement Program

13. Competition Identification Number:

Title:

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

Lassen County, California

Add Attachments

Delete Attachments

View Attachments

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

Pyle Ranch Conservation Easement

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="\$215,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="\$224,500.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$439,500.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach.

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- 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:
 SC
5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:**6. Date Received by State:**

7. State Application Identifier:

a. APPLICANT INFORMATION:*** a. Legal Name:**
 AECOM TECHNICAL SERVICES, INC.
*** b. Employer/Taxpayer Identification Number (EIN/TIN):**
 952661922
*** c. Organizational DUNS:**
 0031844620000
d. Address:*** Street1:**
 515 S. Flower Street - 4th Floor
Street2:

*** City:**
 Los Angeles
County/Parish:

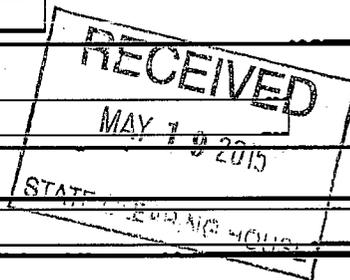
*** State:**
 CA: California
Province:

*** Country:**
 USA: UNITED STATES
*** Zip / Postal Code:**
 90071-2201
e. Organizational Unit:**Department Name:**
 Seismology
Division Name:
 Environment
f. Name and contact information of person to be contacted on matters involving this application:**Prefix:**
 Dr.
*** First Name:**
 Paul
Middle Name:

*** Last Name:**
 Somerville
Suffix:

Title:
 Principal Seismologist
Organizational Affiliation:

*** Telephone Number:**
 213.996.2220
Fax Number:

*** Email:**
 paul.somerville@aecom.com


Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

areas affected Ventura.pdf

Add Attachment

Delete Attachment

View Attachment

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

Seismic Potential and Strong Ground Motions of the Ventura Fault System

Attach supporting documents as specified in agency instructions.

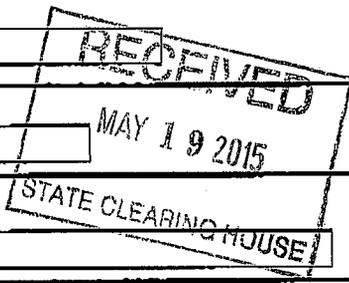
Add Attachment

Delete Attachment

View Attachment

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	34
* b. Program/Project	varies
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
17. Proposed Project:	
* a. Start Date:	01/01/2016
* b. End Date:	12/31/2016
18. Estimated Funding (\$):	
* a. Federal	66,991,666
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	66,991,666
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	05/19/2015
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach	
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, 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:	Dr.
* First Name:	Paul
Middle Name:	
* Last Name:	Somerville
Suffix:	
* Title:	Principal Seismologist
* Telephone Number:	213.996.2220
Fax Number:	
* Email:	paul.somerville@aeocom.com
* Signature of Authorized Representative:	Carla Willis
* Date Signed:	

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
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"/>	
a. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="AECOM TECHNICAL SERVICES, INC."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="952661922"/>	* c. Organizational DUNS: <input type="text" value="0031844620000"/>	
d. Address:		
* Street1: <input type="text" value="515 S. Flower Street - 4th Floor"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Los Angeles"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90071-2201"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Seismology"/>	Division Name: <input type="text" value="Environment"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Hong Kie"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Thio"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Principal Seismologist"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="213.996.2250"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="hong.kie.thio@aecom.com"/>		



Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

areas affected Alaska.pdf

Add Attachment

Delete Attachment

View Attachment

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

A Suite of Improved Kinematic Rupture Models, Wavefield Simulations, and Ground Motion Estimates for the 1964 Alaska Earthquake: Collaborative Research with University of Alaska Fairbanks and RECOM

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="44,851.54"/>
* 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="44,851.54"/>

* **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 28, Section 1001)
 ** I AGREE
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

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

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s). <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	
* 3. Date Received:		4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
B. APPLICANT INFORMATION:			
a. Legal Name: Regents of the University of California, Los Angeles			
b. Employer/Taxpayer Identification Number (EIN/TIN): 866008173		c. Organizational DUNS: 092530369	
d. Address:			
Street1:	Office of Contract and Grant Administration		
Street2:	11000 Kinross Avenue, Suite 211		
City:	Los Angeles		
County:	Los Angeles County		
State:	CA; California		
Province:			
Country:	USA; UNITED STATES		
Zip / Postal Code:	90095-1406		
e. Organizational Unit:			
Department Name: Office of Contract & Grant Adm		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr	* First Name: Evan		
Middle Name:			
* Last Name: Garcia			
Suffix:			
Title: Senior Grant Analyst			
Organizational Affiliation: Regents of the University of California, Los Angeles			
* Telephone Number: 310-794-0171	Fax Number: 310-943-1656		
* Email: bcga3@research.ucla.edu			

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 MAY 19 2015
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
 Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:
 Geological Survey

11. Catalog of Federal Domestic Assistance Number:
 15.007

CFDA Title:
 Earthquake Hazards Research Grants

12. Funding Opportunity Number:
 G15A500037

Title:
 2015 EHP External Research Support

13. Competition Identification Number:
 G15AS00037

Title:
 2015 EHP External Research Support

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

15. Descriptive Title of Applicant's Project:
 Characterizing long term and transient deformation source in southern California

Attach supporting documents as specified in agency instructions.

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424

15 Congressional Districts Of:
* a. Applicant: CA-033 * b. Program/Project: CA-033

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

17. Proposed Project:
* a. Start Date: 01/01/2015 * b. End Date: 12/31/2016

18. Estimated Funding (\$):

* a. Federal	86,137.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	86,137.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available in the State under the Executive Order 12372 Process for review on 11/19/2015.
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)
 I AGREE
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Evan
 Middle Name:
 * Last Name: Garcia
 Suffix:
 * Title: Senior Grant Analyst
 * Telephone Number: 810-794-0171 Fax Number: 810 943 1658
 * Email: ecg93@research.ucla.edu
 * Signature of Authorized Representative: *Evan Garcia* * Date Signed: 5.19.2015

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2009)
Prescribed by OMB Circular A-117

Funding Opportunity Number:

Received Date: Time Zone: GMT-8

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Change/Corrected Application		<input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision		<input type="text"/> <input type="text"/>	
* 3. Date Received:		* 4. Applicant Identifier:			
<input type="text"/>		<input type="text"/>			
* 5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
<input type="text"/>			<input type="text"/>		
State USA Only:					
* 6. Date Received by State:		* 7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
6. APPLICANT INFORMATION:					
* a. Legal Name: <u>Regents of the University of California, Los Angeles</u>					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
<u>950116143</u>			<u>092530369</u>		
* d. Address:					
* Street1: <u>Office of Contract and Grant Administration</u>					
* Street2: <u>11000 Kinross Avenue, Suite 211</u>					
* City: <u>Los Angeles</u>					
* County: <u>Los Angeles County</u>					
* State: <u>CA: California</u>					
* Province: <input type="text"/>					
* Country: <u>USA: UNITED STATES</u>					
* Zip / Postal Code: <u>90095-1406</u>					
* e. Organizational Unit:					
Department Name:			Division Name:		
<u>Office of Contract & Grant Adm</u>			<input type="text"/>		
* f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <u>Mr.</u>		* First Name: <u>Evan</u>			
Middle Name: <input type="text"/>					
* Last Name: <u>Garcia</u>					
Suffix: <input type="text"/>					
Title: <u>Senior Grant Analyst</u>					
Organizational Affiliation: <u>Regents of the University of California, Los Angeles</u>					
* Telephone Number: <u>310-794-0171</u>			* Fax Number: <u>310-943-1658</u>		
* Email: <u>ecga3@research.ucla.edu</u>					

RECEIVED
 MAY 19 2015
 STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
 Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
 Geological Survey

11. Catalog of Federal Domestic Assistance Number:

 CFDA Title:
 Earthquake Hazard Research Grants

* 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.

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant: CA-033 * b. Program/Project: CA-033

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

17. Proposed Project:
* a. Start Date: 01/01/2016 * b. End Date: 12/31/2016

18. Estimated Funding (\$):

* a. Federal	<u>57,687.00</u>
* b. Applicant	<u>0.00</u>
* c. State	<u>0.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>0.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>57,687.00</u>

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 05/19/2015.
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate in the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)
 I AGREE
 ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. * First Name: Evan
 Middle Name: _____
 * Last Name: Garcia
 Suffix: _____

* Title: Senior Grant Analyst

* Telephone Number: 310-794-0171 Fax Number: 310 943-1658

* Email: evan3@research.ucla.edu

* Signature of Authorized Representative: Evan Garcia * Date Signed: 5.19.2015

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* IF Revision, select appropriate letter(s):
<input type="radio"/> Preapplication	<input checked="" type="radio"/> NAW	_____
<input checked="" type="radio"/> Application	<input type="radio"/> Continuation	* Other (Specify) _____
<input type="radio"/> Changed/Corrected Application	<input type="radio"/> Revision	_____
* 3. Date Received:	4. Applicant Identifier:	
_____	_____	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
_____	_____	RECEIVED MAY 19 2015
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	STATE CLEARING HOUSE
_____	_____	
B. APPLICANT INFORMATION:		
* a. Legal Name: <u>Regents of the University of California, Los Angeles</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
<u>958006143</u>	<u>002630369</u>	
d. Address:		
* Street1:	<u>Office of Contract and Grant Administration</u>	
Street2:	<u>11000 Kinross Avenue, Suite 213</u>	
* City:	<u>Los Angeles</u>	
County:	<u>Los Angeles County</u>	
* State:	<u>CA: California</u>	
Province:	_____	
* Country:	<u>USA: UNITED STATES</u>	
* Zip / Postal Code:	<u>90095-1405</u>	
e. Organizational Unit:		
Department Name:	Division Name:	
<u>Office of Contract & Grant Adm</u>	_____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <u>Mr.</u>	* First Name: <u>Evan</u>	
Middle Name: _____	_____	
* Last Name: <u>Corcio</u>	_____	
Suffix: _____	_____	
Title: <u>Senior Grant Analyst</u>	_____	
Organizational Affiliation:		
<u>Regents of the University of California, Los Angeles</u>		
* Telephone Number: <u>310-794-0171</u>	Fax Number: <u>310-843-1658</u>	
* Email: <u>ecgc3@research.ucla.edu</u>	_____	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

P: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research Grants

*** 12. Funding Opportunity Number:**

G15AS00137

* Title:

2010 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

2016 EHP External Research Support

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

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

Paleoseismic Investigation and Long Term Strike-Slip History of the Santa Cruz Island Fault, California

Attach supporting documents as specified in agency instructions

Application for Federal Assistance GF-424

16. Congressional Districts Of:
 * a. Applicant: CA-034
 * b. Program/Project: CA-034

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

17. Proposed Project:
 * a. Start Date: 01/01/2016
 * b. End Date: 12/31/2016

18. Estimated Funding (\$):

* a. Federal	68,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	68,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on 05/19/2015.
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

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

Authorized Representative:

Prefix: Mr. First Name: Evan
 Middle Name:
 * Last Name: Garcia
 Suffix:
 * Title: Senior Grant Analyst
 * Telephone Number: 310-794-0171 Fax Number: 310-943-1658
 * Email: ogca3@research.ucla.edu
 * Signature of Authorized Representative: Juan Garcia Date Signed: 5-19-2015

Authorized for Local Reproduction

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

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

Application for Federal Assistance GF-424		
1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision Other (Specify) _____
3. Date Received: _____		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____
State Use Only: 6. Date Received by State: _____ 7. State Application Identifier: _____		
B. APPLICANT INFORMATION:		
a. Legal Name: Regents of the University of California, Los Angeles		
b. Employer/Taxpayer Identification Number (EIN/TIN): 055006143		c. Organizational DUNS: 002630369
d. Address:		
* Street1: Office of Contract and Grant Administration		
* Street2: 41000 Rhoads Avenue, Suite 211		
* City: Los Angeles		
* County: Los Angeles County		
* State: CA, California		
* Province: _____		
* Country: USA, UNITED STATES		
* Zip / Postal Code: 90006 1406		
e. Organizational Unit:		
Department Name: Office of Contract & Grant Adm		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
* Prefix: Mr		* First Name: Evan
Middle Name: _____		
* Last Name: Galvis		
Suffix: _____		
Title: Senior Grant Analyst		
Organizational Affiliation: Regents of the University of California, Los Angeles		
* Telephone Number: 310-794-0171		* Fax Number: 310-043-1668
* Email: evgalvis@research.ucla.edu		

RECEIVED

MAY 19 2015

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type.
 Public/State Controlled Institution of Higher Education
 Type of Applicant 2: Select Applicant Type:

 Type of Applicant 3: Select Applicant Type:

 * Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
 15.807
 CFDA Title:
 Earthquake Hazard Research Grants

*** 12. Funding Opportunity Number:**
 C15AS00037
 * Title:
 2016 EHP External Research Support

13. Competition Identification Number:
 C15AS00037
 Title:
 2016 EHP External Research Support

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

*** 15. Descriptive Title of Applicant's Project:**
 A Novel Tsunami Early Warning Approach Based on Seismic Antennas

Attach supporting documents as specified in agency instructions.

Funding Opportunity Number:

Received Date: Time Zone: GMT-8

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	
* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	
* 3. Date Received: _____	
4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	
* 5b. Federal Award Identifier: _____	
State Use Only: 6. Date Received by State: _____	
7. State Application Identifier: _____	
8. APPLICANT INFORMATION.	
* a. Legal Name: <u>Regents of the University of California, Los Angeles</u>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>956006143</u>	
* c. Organizational DUNS: <u>092530369</u>	
d. Address:	
* Street1: <u>Office of Contract and Grant Administration</u>	
Street2: <u>11000 Kinross Avenue, Suite 211</u>	
* City: <u>Los Angeles</u>	
County: <u>Los Angeles County</u>	
* State: <u>CA California</u>	
Province: _____	
* Country: <u>USA: UNITED STATES</u>	
* Zip / Postal Code: <u>90095-1406</u>	
e. Organizational Unit:	
Department Name: <u>Office of Contract & Grant Adm</u>	
Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Mr.</u> First Name: <u>Evani</u>	
Middle Name: _____	
* Last Name: <u>Garcia</u>	
Suffix: _____	
Title: <u>Senior Grant Analyst</u>	
Organizational Affiliation: <u>Regents of the University of California, Los Angeles</u>	
* Telephone Number: <u>310-794-0171</u> Fax Number: <u>310-943-1856</u>	
* Email: <u>ecg23@research.ucla.edu</u>	

RECEIVED
 MAY 19 2015
 STATE CLEARING HOUSE

Funding Opportunity Number:

Received Date: Time Zone: GMT-8

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

(b) Public/State Controller Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazard Research Grants

* 12. Funding Opportunity Number:

E415AS00037

Title:

2016 EHP External Research Support

13. Competition Identification Number:

E415AS00037

Title:

2016 EHP External Research Support

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

* 15. Descriptive Title of Applicant's Project:

Paleoseismic Investigation of the Van Matre Bench Site, Carrizo Plain, CA

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts (if:

a. Applicant CA-000

b. Program/Project CA-033

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

17. Proposed Project:

a. Start Date: 05/01/2016

b. End Date: 04/30/2017

18. Estimated Funding (\$):

a. Federal	67,238.00
b. Applicant	4,340.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	71,578.00

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 05/19/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

I AGREE

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

Authorized Representative:

Prefix: Mr. First Name: Evan
 Middle Name:
 Last Name: GARCIA
 Suffix:
 Title: Senior Grant Analyst
 Telephone Number: 310 754 0171 Fax Number: 310 943 1658
 Email: egs3@rc3ccrnh.ucla.edu
 Signature of Authorized Representative: [Signature] Date Signed: 5-19-2015

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	* 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
* 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: City of Auburn, CA	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000295	* c. Organizational DUNS: 004949137
d. Address:	
* Street1: 1225 Lincoln Way	
Street 2:	
* City: Auburn	
County: Placer	
* State: California	
Province:	
Country: USA	* Zip/ Postal Code: 95603
e. Organizational Unit:	
Department Name: Department of Public Works	Division Name: Auburn Municipal Airport
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	First Name: Bernie
Middle Name:	
* Last Name: Schroeder	
Suffix:	
Title: Director of Public Works	
Organizational Affiliation: City of Auburn, Ca	
* Telephone Number: (530) 823-4211	Fax Number: (530) 885-5508
* Email: bschroeder@auburn.ca.gov	

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: 20.106

Title: Airport Improvement Program

13. Competition Identification Number:

Title:

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

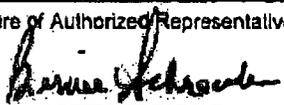
City of Auburn, Placer County, California

* 15. Descriptive Title of Applicant's Project:

Taxiway LED Lighting Rehabilitation

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
 Expiration Date: 08/31/2016

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-004	*b. Program/Project: CA-001
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 06/01/2015	*b. End Date: 12/31/2015
18. Estimated Funding (\$):	
*a. Federal	112,500.00
*b. Applicant	6,875.00
*c. State	5,625.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	125,000.00
*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 type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Ms.	*First Name: Bernie
Middle Name:	
*Last Name: Schroeder	
Suffix:	
*Title: Director of Public Works	
*Telephone Number: (530) 823-4211	Fax Number: (530) 885-5508
*Email: bschroeder@auburn.ca.gov	
*Signature of Authorized Representative: 	*Date Signed: 12/23/14

Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	- Select One -
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="checkbox"/> Continuation	* Other (Specify)
* 3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
B. APPLICANT INFORMATION:			
* a. Legal Name: City of Auburn, CA			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000295		*c. Organizational DUNS: 004949137	
d. Address:			
* Street1:	1225 Lincoln Way		
Street 2:			
* City:	Auburn		
County:	Placer		
* State:	California		
Province:			
Country:	USA		
	*Zip/ Postal Code: 95603		
e. Organizational Unit:			
Department Name: Department of Public Works		Division Name: Auburn Municipal Airport	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Ms.	First Name: Bernie		
Middle Name:			
* Last Name: Schroeder			
Suffix:			
Title:	Director of Public Works		
Organizational Affiliation: City of Auburn, Ca			
* Telephone Number: (530) 823-4211		Fax Number: (530) 885-5508	
* Email: bschroeder@auburn.ca.gov			

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: 20.106

Title: Airport Improvement Program

13. Competition Identification Number:

Title:

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

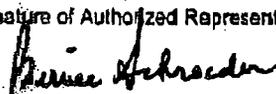
City of Auburn, Placer County, California

* 15. Descriptive Title of Applicant's Project:

Construct Perimeter Fence Security Gate (Phase 1)

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 08/31/2015

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: CA-004	*b. Program/Project: CA-001
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 06/01/2015	*b. End Date: 09/30/2015
18. Estimated Funding (\$):	
*a. Federal	39,902.00
*b. Applicant	2,438.00
*c. State	1,995.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	44,335.00
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 type="checkbox"/> c. Program is not covered by E.O. 12372	
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Ms.	*First Name: Bernie
Middle Name:	
*Last Name: Schroeder	
Suffix:	
*Title: Director of Public Works	
*Telephone Number: (530) 823-4211	Fax Number: (530) 885-5508
*Email: bschroeder@auburn.ca.gov	
*Signature of Authorized Representative: 	*Date Signed: 12/23/14

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission	* 2. Type of Application	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input type="checkbox"/> New	- Select One -
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Auburn, California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-8000295	* c. Organizational DUNS: 004949137	
d. Address:		
* Street 1: 1225 Lincoln Way		
Street 2:		
* City: Auburn		
County: Placer		
* State: California		
Province:		
Country: USA		
* Zip/ Postal Code: 95603		
e. Organizational Unit:		
Department Name: Department of Public Works		Division Name: Auburn Municipal Airport
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.		First Name: Bernie
Middle Name:		
* Last Name: Schroeder		
Suffix:		
Title: Director of Public Works		
Organizational Affiliation:		
City of Auburn, CA		
* Telephone Number: (530) 823-4211		Fax Number: (530) 885-5508
* Email: bschroeder@auburn.gov		

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

20.106

Title:

Airport Improvement Program

13. Competition Identification Number:

Title:

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

City of Auburn, Placer County, California

* 15. Descriptive Title of Applicant's Project:

Auburn Municipal Airport Master Plan Report

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 03/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: CA-004

*b. Program/Project: CA-001

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

17. Proposed Project:

*a. Start Date: 06/01/2015

*b. End Date: 09/30/2016

18. Estimated Funding (\$):

*a. Federal	_____	270,000.00
*b. Applicant	_____	16,500.00
*c. State	_____	13,500.00
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	300,000.00

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Ms.

*First Name: Bernia

Middle Name:

*Last Name: Schroeder

Suffix:

*Title: Director of Public Works

*Telephone Number: (530) 823-4211

Fax Number: (530) 885-5508

*Email: bschroeder@auburn.ca.gov

*Signature of Authorized Representative:



*Date Signed:

12/23/14

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

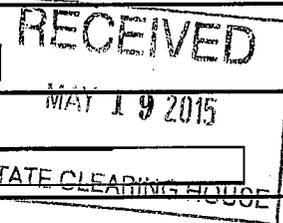
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

NAT



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:

AECOM TECHNICAL SERVICES, INC.

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

952661922

* c. Organizational DUNS:

0031844620000

d. Address:

* Street1:

515 S. Flower Street - 4th Floor

Street2:

* City:

Los Angeles

County/Parish:

* State:

CA; California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

90071-2201

e. Organizational Unit:

Department Name:

Seismology

Division Name:

Environment

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

Prefix:

Dr.

* First Name:

Hong Kie

Middle Name:

* Last Name:

Thio

Suffix:

Title: Principal seismologist

Organizational Affiliation:

* Telephone Number:

213.996.2250

Fax Number:

* Email:

hong.kie.thio@aecom.com

Application for Federal Assistance SF-424

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

C: For-Profit Organization (Other than Small Business)

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 Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

*** Title:**

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

areas affected DART.pdf

Add Attachment

Delete Attachment

View Attachment

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

Using DART-buoy Recorded Rayleigh Waves for Rapid CMT and Finite Fault Analyses of Large Megathrust Earthquakes: Collaborative Research with AECOM Technical Services, Inc. and California State Polytec

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="60,357.97"/>
* 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="60,357.97"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received:

05/19/2015

4. Applicant Identifier:

MAY 19 2015

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of Southern California

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

1-951642394-A1

* c. Organizational DUNS:

072933393

d. Address:

* Street1: Department of Contracts and Grants

Street2: 3720 South Flower Street

* City: Los Angeles

County: Los Angeles

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90089-0701

e. Organizational Unit:

Department Name:

Div of Contracts and Grants

Division Name:

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

Prefix: Mr.

* First Name: Ryan

Middle Name:

* Last Name:

Tischler

Suffix:

Title: Contract and Grant Officer

Organizational Affiliation:

University of Southern California

* Telephone Number: +1 213 740 2875

Fax Number: +1 213 740 6070

* Email: tischler@research.usc.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

*** Title:**

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

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

Structural Health Monitoring of Densely Instrumented Buildings of the Advanced National Seismic System (ANSS)

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="75,234.00"/>
* 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="75,234.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

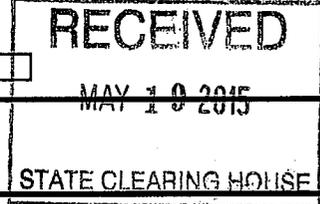
- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)



* 3. Date Received:

05/19/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of Southern California

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

1-951642394-A1

* c. Organizational DUNS:

072933393

d. Address:

* Street1: Department of Contracts and Grants

Street2: 3720 South Flower Street

* City: Los Angeles

County: Los Angeles

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90089-0701

e. Organizational Unit:

Department Name:

Div of Contracts and Grants

Division Name:

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

Prefix: Mr.

* First Name: Ryan

Middle Name:

* Last Name: Tischler

Suffix:

Title: Contract and Grant Officer

Organizational Affiliation:

University of Southern California

* Telephone Number: +1 213 740 2875

Fax Number: +1 213 740 6070

* Email: tischler@research.usc.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:**

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

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

Structural Health Monitoring of Densely Instrumented Buildings of the Advanced National Seismic System (ANSS)

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="75,234.00"/>
* 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="75,234.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

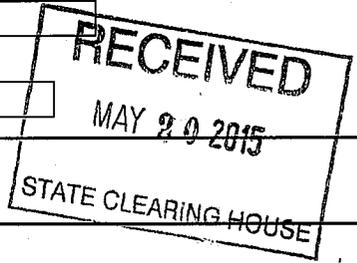
- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

15-8130-0376-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 10/08/2014

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS:
8074876650000

d. Address:

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

e. Organizational Unit:

Department Name:
Food and Agriculture

Division Name:
Plant Health/Pest Prev Svcs

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

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

Title:

Organizational Affiliation:
California Department of Food and Agriculture

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

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

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Biological Control of the Brown Marmorated Stink Bug

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="18,132.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="18,132.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

Version 02

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

* 3. Date Received: 05/18/2015	4. Applicant Identifier: _____	RECEIVED
-----------------------------------	-----------------------------------	-----------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: F15A500092	MAY 20 2015
---	---	--------------------

State Use Only: _____ **STATE CLEARING HOUSE**

6. Date Received by State: _____	7. State Application Identifier: G1598081
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

d. Address:

* Street1:	1416 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814

e. Organizational Unit:

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

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

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

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

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

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

Shasta, Tehama, Siskiyou, Lassen, Modoc and Trinity Counties Congressional District 1.

* 15. Descriptive Title of Applicant's Project:

DISTRICT BIOLOGIST NORTHERN REGION SPORTFISH ENHANCEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-6

* b. Program/Project CA-01

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

17. Proposed Project:

* a. Start Date: 07/01/2015

* b. End Date: 06/30/2016

18. Estimated Funding (\$):

* a. Federal	186,182.00
* b. Applicant	0.00
* c. State	62,060.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	248,242.00

* 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 05/18/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: BLAINE

Middle Name:

* Last Name: NICKENS

Suffix:

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

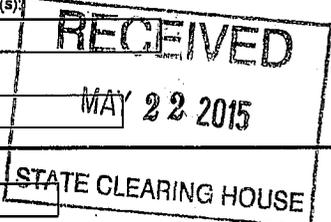
* Telephone Number: (916) 445-9300 Fax Number: (916) 327-6320

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

* Signature of Authorized Representative: Blaine Nickens * Date Signed: 05/18/2015

Application for Federal Assistance SF-424

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



* 3. Date Received: 05/20/2015	4. Applicant Identifier: _____
--	--

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598092
--	--

8. APPLICANT INFORMATION:

*** a. Legal Name:** STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 808322358000
--	--

d. Address:

* Street1:	1416 9TH STREET
Street2:	_____
* City:	SACRAMENTO
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95814-0000

e. Organizational Unit:

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

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

Prefix:	_____	* First Name:	BRIAN
Middle Name:	_____		
* Last Name:	SALAZAR		
Suffix:	_____		

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-323-6201	Fax Number: _____
---	--------------------------

*** Email:** BRIAN.SALAZAR@WILDLIFE.CA.GOV

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F15AS00160

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SPAWNING AND LARVAL DISTRIBUTION OF LONGFIN SMELT

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="50,112.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="26,984.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="77,096.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

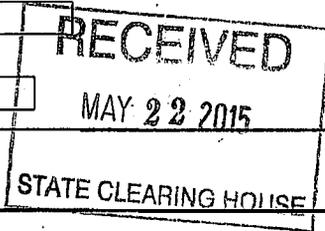
* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

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



* 3. Date Received: 05/21/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598101
-------------------------------------	---

8. APPLICANT INFORMATION:

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

d. Address:

* Street1: 1416 9th STREET
Street2: SUITE 1211
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814-5515

e. Organizational Unit:

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

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

Prefix: Ms.	* First Name: Melissa
Middle Name: _____	
* Last Name: Jones	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	

* Telephone Number: 916-327-0062	Fax Number: _____
* Email: Melissa.Jones@wildlife.ca.gov	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.611

CFDA Title:

Wildlife Restoration and Basic Hunter Education

*** 12. Funding Opportunity Number:**

F15AS00091

* Title:

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

13. Competition Identification Number:

Title:

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

San Bernardino (8), Riverside (36), Imperial (51)

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

Wildlife Habitat Development and Maintenance: Inland Deserts Region Lands South

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="CA-006"/>	* b. Program/Project <input type="text" value="CA-ALL"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:		
* a. Start Date:	<input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="196,321.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="65,440.00"/>	
* 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="261,761.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/21/2015"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes.	<input checked="" type="checkbox"/> No	<input type="text" value="Explanation"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text"/>	* First Name: <input type="text" value="Lisa"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Bays"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="SSMI"/>	
* Telephone Number:	<input type="text" value="(916) 445-3701"/>	Fax Number: <input type="text"/>
* Email:	<input type="text" value="Lisa.Bays@wildlife.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Lisa Bays"/>	* Date Signed: <input type="text" value="05/21/2016"/>

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 22 2015

* 3. Date Received:

05/21/2015

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

F15AS00092

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1598035

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA DEPT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

PETE

Middle Name:

* Last Name:

MARCELLANA

Suffix:

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

(916) 445-4658

Fax Number:

(916) 327-6320

* Email:

pete.marcellana@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

Monterey and San Benito Counties Congressional District 20.

* 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

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	91,469.00
* b. Applicant	0.00
* c. State	30,490.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	121,959.00

* 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.)

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:**

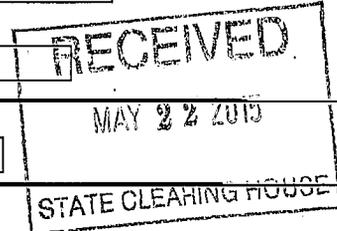
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**



*** 3. Date Received:**

05/18/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California State University, East Bay, Foundation Inc.

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

941524922

*** c. Organizational DUNS:**

1940443350000

d. Address:

*** Street1:**

25800 Carlos Bee Blvd

Street2:

*** City:**

Hayward

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94542-3000

e. Organizational Unit:

Department Name:

Earth & Environmental Studies

Division Name:

Science

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

Prefix:

Mr.

*** First Name:**

Sean

Middle Name:

*** Last Name:**

Williams

Suffix:

Title:

Director, Research & Sponsored Programs

Organizational Affiliation:

California State University, East Bay

*** Telephone Number:**

510-885-2301

Fax Number:

510-885-4618

*** Email:**

sean.williams@csueastbay.edu

Application for Federal Assistance SF-424

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

2: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research Grants

*** 12. Funding Opportunity Number:**

G15AS00037

* Title:

2016 EHP External Research Support

13. Competition Identification Number:

G15AS00037

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

California State University, East Bay (CSU) - United States Geological Survey (USGS) Collaborative Study: 3-D Structure of the Hayward and Chabot Faults, Eastern San Francisco Bay, California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="83,012.46"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="83,012.46"/>

*** 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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

MAY 26 2015

* 3. Date Received:

05/22/2015

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

F15AS00092

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1598031

8. APPLICANT INFORMATION:

* a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1416 9TH STREET

Street2:

* City:

SACRAMENTO

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814

e. Organizational Unit:

Department Name:

CA DEPT OF FISH & WILDLIFE

Division Name:

GRANTS MANAGEMENT BRANCH

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

Prefix:

Mr.

* First Name:

PETE

Middle Name:

* Last Name:

MARCELLANA

Suffix:

Title:

GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:

(916) 445-4658

Fax Number:

(916) 327-6320

* Email:

pete.marcellana@wildlife.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

* 12. Funding Opportunity Number:

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

Mendocino, Sonoma, Napa, Marin, Contra Costa, Alameda, Santa Clara, San Francisco, Santa Cruz, and San Mateo Congressional Districts 2, 5, 11, 15, 19, 12, 18, and 14.

* 15. Descriptive Title of Applicant's Project:

CENTRAL COAST STEELHEAD CONSERVATION & ENHANCEMENT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	242,661.00
* b. Applicant	0.00
* c. State	80,887.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	323,548.00

* 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:

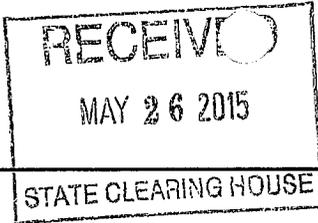
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



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

Application for Federal Assistance SF-424

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

* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:
05/21/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: City of Mendota

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000369

* c. Organizational DUNS:
0367852280000

d. Address:

* Street1: 643 Quince St.

Street2: _____

* City: Mendota

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 93640

e. Organizational Unit:

Department Name:
Mendota Police Department

Division Name:

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

Prefix: Mr. * First Name: Gregg

Middle Name: L.

* Last Name: Andreotti

Suffix: _____

Title: Chief of Police

Organizational Affiliation:

* Telephone Number: 559-655-9120

Fax Number: 559-655-7173

* Email: gandreotti@cityofmendota.com

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

Community Facilities Grant

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Police equipment

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="34,070.00"/>
* b. Applicant	<input type="text" value="27,880.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="61,950.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

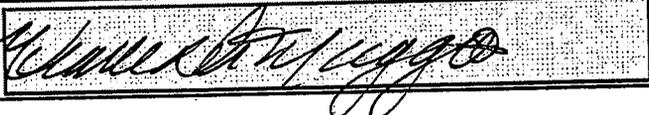
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* If Revision, select appropriate letter(s): _____ * Other (Specify) _____		
* 3. Date Received: 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: County of Glenn		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000691		* c. Organizational DUNS: 034093687
d. Address:		
* Street 1: 525 W. Sycamore St		
Street 2: _____		
* City: Willows		
County/Parish: Glenn		
* State: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95988		
e. Organizational Unit:		
Department Name: Glenn County Board of Supervisors		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Di	
Middle Name: _____		
* Last Name: Aulabaugh		
Suffix: _____		
Title: Deputy Director		
Organizational Affiliation: Glenn County Planning and Public Works Agency		
* Telephone Number: 530-934-6530		Fax Number: 530-934-6533
* Email: daulabaugh@countyofglenn.net		

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

B. County 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

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Systems for Rural Communities

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Glenn County, Willows, Orland, CA

Add Attachments

Delete Attachments

View Attachments

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

Glenn County Material Recovery Facility

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="11,235,300"/>
* b. Applicant	<input type="text" value="See model attached"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="0"/>

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

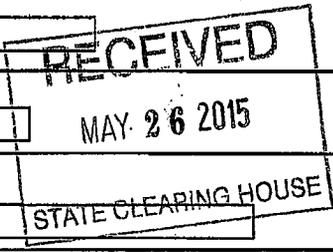
Application for Federal Assistance SF-424

Version 02

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

* 3. Date Received: 05/26/2015	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

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



State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1598071
-------------------------------------	--

8. APPLICANT INFORMATION:

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

d. Address:

* Street1: 1416 9TH STREET
Street2: _____
* City: SACRAMENTO
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

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

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

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

Organizational Affiliation:

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

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.605

CFDA Title:

Sport Fish Restoration Program

*** 12. Funding Opportunity Number:**

F15AS00092

* Title:

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

13. Competition Identification Number:

Title:

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

Fresno, Monterey, Tulare, Tuolumne, and Madera counties Congressional Districts 22, 20, 23, and Madera.

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

HERITAGE AND WILD TROUT RESOURCE ASSESSMENT AND MGMT CR R4

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="30,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="10,000.00"/>
* 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="40,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

RECEIVED
MAY 27 2015
STATE CLEARING HOUSE

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Lake County Watershed Protection District

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

94-6000825

*** c. Organizational DUNS:**

1039134430000

d. Address:

*** Street1:**

230 Main Street

Street2:

*** City:**

Lakeport

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95453-4750

e. Organizational Unit:

Department Name:

Lake County Special Districts

Division Name:

Water Resources

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

Prefix:

Mrs.

*** First Name:**

Carolyn

Middle Name:

*** Last Name:**

Ruttan

Suffix:

Title:

Invasive Species Program Coordinator

Organizational Affiliation:

*** Telephone Number:**

707-263-2256

Fax Number:

*** Email:**

carolyn.ruttan@lakecountycalifornia.gov

Application for Federal Assistance SF-424

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

B: County 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:

15.608

CFDA Title:

Fish and Wildlife Management Assistance

*** 12. Funding Opportunity Number:**

F15AS00194

* Title:

Aquatic Invasive Species Program

13. Competition Identification Number:

Title:

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

14. Areas affected.docx

Add Attachment

Delete Attachment

View Attachment

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

Quashing the Quagga in Lake County to Prevent Further Mussel Movement

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="51,842.62"/>
* b. Applicant	<input type="text" value="102,254.80"/>
* c. State	<input type="text" value="94,824.80"/>
* 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="248,922.22"/>

*** 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:

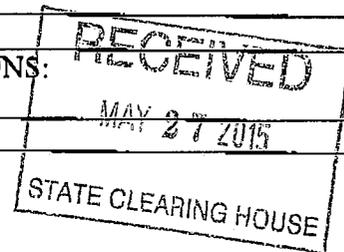
* Email:

* 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"/> New	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: The Regents of the University of California			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6002123		*c. Organizational DUNS: 124726750000	
d. Address:			
*Street1: c/o Sponsored Projects Office Street 2: 2150 Shattuck Avenue, Suite 300			
*City: Berkeley County: Alameda *State: CA Province: Country: USA			
		*Zip/ Postal Code: 94704-5940	
e. Organizational Unit:			
Department Name: Environmental Science, Policy and Management		Division Name: College of Natural Resources	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:		First Name: Shoshana	
Middle Name:			
*Last Name: Lavinghouse			
Suffix:			
Title: Contract and Grant Officer			
Organizational Affiliation: Sponsored Projects Office, University of California Berkeley			
*Telephone Number: 510-643-3391		Fax Number: 510-642-8236	
*Email: spoawards@berkeley.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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Monterey to Humboldt County, California

*15. Descriptive Title of Applicant's Project:

Confirming the pathogenicity and host range of *Phytophthora ramorum*-Berkeley

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant
CA-013*b. Program/Project:
CA-all

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

17. Proposed Project:

*a. Start Date: 09/01/15

*b. End Date: 08/31/16

18. Estimated Funding (\$):

*a. Federal \$75,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$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 05/27/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes No

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

 **I AGREE

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

Authorized Representative:

Prefix: *First Name: Shoshana

Middle Name:

*Last Name: Lavinghouse

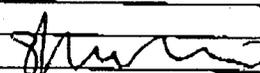
Suffix:

*Title: Contract and Grant Officer

*Telephone Number: 510-643-3391

Fax Number: 510-642-8236

*Email: spoawards@berkeley.edu

*Signature of Authorized Representative: 

Date Signed: 5/27/2015

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

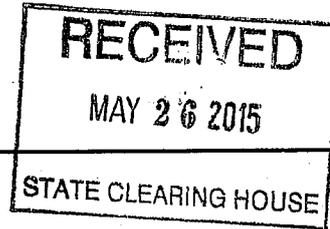
- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____



3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: SELF-HELP ENTERPRISES

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1592676

*c. Organizational DUNS:
056179906

d. Address:

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

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: PATRICK
Middle Name: _____
*Last Name: ISHERWOOD
Suffix: _____

Title: Manager, Rental Housing Assets

Organizational Affiliation:

*Telephone Number: (559) 802 - 1696

Fax Number: (559) 651-3634

*Email: patricki@selfhelpenterprises.org

Application for Federal Assistance SF-424

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433 _____

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS _____

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2015: HOUSING PRESERVATION GRANTS _____

*Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2015

13. Competition Identification Number:

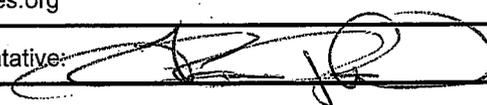
Title:

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

HPG-application target areas and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.

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

THE PRESERVATION OF HOUSING FOR LOW INCOME TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS

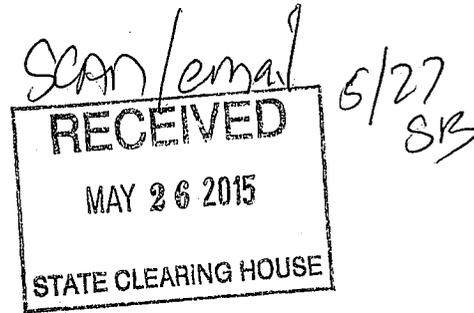
Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: 21	*b. Program/Project: 18-21	
17. Proposed Project:		
*a. Start Date: 09/30/2015	*b. End Date: 9/30/2016	
18. Estimated Funding (\$):		
*a. Federal	400,000	
*b. Applicant		
*c. State	200,000	
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	600,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>5/21/2015</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<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: THOMAS	
Middle Name: J		
*Last Name: COLLISHAW		
Suffix:		
*Title: PRESIDENT & CEO		
*Telephone Number: (559) 651-1000	Fax Number: (559) 651-3634	
* Email: TomC@selfhelpenterprises.org		
*Signature of Authorized Representative: 		*Date Signed: 5/20/15



A Nonprofit Housing and Community Development Organization

May 20, 2015

OPR/State Clearinghouse
1400 Tenth Street, Suite 212
Sacramento, CA 95814



To whom it may concern:

Enclosed is a copy of our Pre-application for Federal Assistance from USDA, Rural Development (RD) for Section 533 Housing Preservation Grant funds (Form 424). Please circulate to the appropriate state and local agencies for review.

Self-Help Enterprises will submit the pre-application to the relevant local clearinghouses located in Fresno, Kings, Madera, Merced, and Tulare Counties that will be forwarding final recommendations and comments to the State Clearinghouse.

We would appreciate a written response confirming our compliance with the provisions of Executive Order 12372. If you have any questions, or cannot provide a response by June 29th, 2015, please contact me directly. Thank you for your assistance.

Sincerely,

Patrick Isherwood
Manager, Rental Housing Assets
Self-Help Enterprises
patricki@selfhelpenterprises.org
(559)802-1696

no stamp on envelope

Enclosures:

Form SF 424

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One - * Other (Specify)	
* 3. Date Received: 3-06-0342-17-2015		4. Application Identifier: DWA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 28 2015 STATE CLEARING HOUSE </div>	
5a. Federal Entity Identifier: 3-06-0342-17-2015		* 5b. Federal Award Identifier: 3-06-0342-17-2015			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: County of Yolo					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9460000548			*c. Organizational DUNS: 073770646		
d. Address:					
* Street1: 625 Court Street, Room 202 Street 2: * City: Woodland County: Yolo * State: California Province: Country: USA					
*Zip/ Postal Code: 95695					
e. Organizational Unit:					
Department Name: General Services			Division Name: Airport		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms. Middle Name:		First Name: Mindi			
* Last Name: Nunes Suffix:					
Title: Assistant County Administrator / Airport Manager					
Organizational Affiliation: County of Yolo					
* Telephone Number: (530) 666-8150			Fax Number: (530) 666-8049		
* Email: mindi.nunes@yolocounty.org					

Application for Federal Assistance SF-424

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Yolo County Airport; Cities of Davis, Woodland, and Winters; Yolo County, California

* 15. Descriptive Title of Applicant's Project:

1) Perimeter Security Fence and Gate Improvements, Construction Consists of Base Bid - Installation of 7,250 linear feet of 6-foot fence, ten vehicle gates, and installation of electrical infrastructure for automatic gates; Bid Alternate No. 1 - Installation of 4,450 linear feet of 6-foot fence, two vehicle gates, and one gate for aircraft access to the airfield.

2) Airport Pavement Management System (APMS) Study, also called Pavement Maintenance Management Program (PMMP)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
*a. Applicant: CA003 *b. Program/Project: CA003

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

17. Proposed Project:
*a. Start Date: 09/15/2015 *b. End Date: 03/15/2016

18. Estimated Funding (\$):

*a. Federal	596,868.00
*b. Applicant	36,475.00
*c. State	29,843.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	663,186.00

*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 5-28-15
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372

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

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

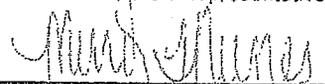
Authorized Representative:

Prefix: Ms. *First Name: Mindi
Middle Name:
*Last Name: Nunes
Suffix:

*Title: Assistant County Administrator / Airport Manager

*Telephone Number: (530) 666-8150 Fax Number: (530) 666-8049

* Email: mindi.nunes@yolocounty.org

*Signature of Authorized Representative:  *Date Signed: 5-8-14

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

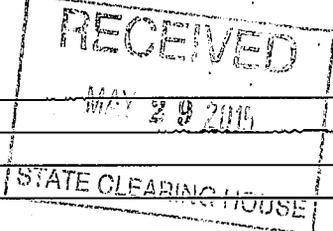
N/A

Application for Federal Assistance SF-424

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

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

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



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

B. APPLICANT INFORMATION:

* a. Legal Name:	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000535	* c. Organizational DUNS: 155688864

d. Address:

* Street1: Department of Public Works
 Street 2: 1855 Placer Street
 * City: Redding
 County: Shasta
 * State: CA
 Province:
 Country: USA *Zip/ Postal Code: 96001

e. Organizational Unit:

Department Name: Public Works	Division Name:
----------------------------------	----------------

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

Prefix: Mr.	First Name: Neil
Middle Name:	
* Last Name: McAulliffe	
Suffix:	

Title: Airport Manager

Organizational Affiliation:

* Telephone Number: (530) 245-6844	Fax Number: (530) 225-5667
* Email: nmcaulliffe@co.shasta.ca.us	

Application for Federal Assistance SF-424

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

B. County 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:

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Fall River Mills, County of Shasta, State of California

* 15. Descriptive Title of Applicant's Project:

Airport Pavement Management System (APMS) Study

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 1

*b. Program/Project: 1

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

17. Proposed Project:

*a. Start Date: 08/01/2015

*b. End Date: 11/01/2015

18. Estimated Funding (\$):

*a. Federal	30,150.00
*b. Applicant	3,350.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	33,500.00

***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 05/29/2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- Yes
- No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Patrick
 Middle Name:
 *Last Name: Minturn
 Suffix:

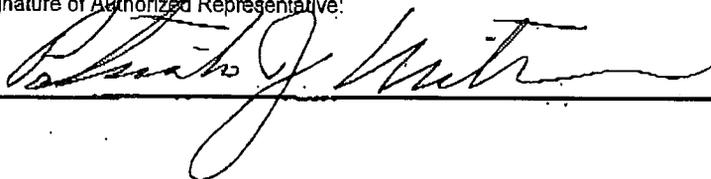
*Title: Director of Public Works

*Telephone Number: (530) 225-5510

Fax Number: (530) 225-5667

* Email:

*Signature of Authorized Representative:



*Date Signed:

5/29/15