

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 16 - 31, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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:

CA Dept. of Food and Agriculture

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

16-8100-1714-CA

*5b. Federal Award Identifier:

16-8100-1714-CA

MAY 16 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State of California

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

68-0325104

*c. Organizational DUNS:

8074876650000

d. Address:

*Street 1: 1220 N Street, Suite 221

Street 2: _____

*City: Sacramento

County: _____

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 95814

e. Organizational Unit:

Department Name:

California Department of Food & Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix: _____ *First Name: David

Middle Name: _____

*Last Name: Pegos

Suffix: _____

Title: Special Assistant

Organizational Affiliation:

California Department of Food and Agriculture

*Telephone Number: 916-654-0317

Fax Number: 916-651-2900

*Email: david.pegos@cdfa.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:**

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

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

California Don't Pack a Pest Outreach Program

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-005 *b. Program/Project: CA-All

17. Proposed Project:
*a. Start Date: 03/15/2016 *b. End Date: 03/14/2017

18. Estimated Funding (\$):

*a. Federal	<u>\$144,522.83</u>
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>\$144,522.83</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 _____
 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: Crystal
Middle Name: _____
*Last Name: Myers
Suffix: _____

*Title: Branch Chief, Office of Grants Administration

*Telephone Number: (916) 657-3231 Fax Number: (916) 653-0206

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

*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:

16-8506-0689-CA

5b. Federal Award Identifier:

State Use Only:

Governor's Office of Planning & Research

6. Date Received by State:

7. State Application Identifier:

MAY 18 2016

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* 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:**

Asian Defoliating Moth Survey

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="425,000.00"/>
* 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="425,000.00"/>

*** 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:

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

Application for Federal Assistance SF-424

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

* 3. Date Received: 05/18/2016	4. Applicant Identifier: Governor's Office of Planning & Research
-----------------------------------	----------------------------------------------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: MAY 18 2016 STATE CLEARINGHOUSE
-----------------------------------------	---------------------------------------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Regional Rail Authority	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663	* c. Organizational DUNS: 8361404750000

d. Address:

* Street1:	One Gateway Plaza, 12th Floor
Street2:	_____
* City:	Los Angeles
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	90012-3745

e. Organizational Unit:

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

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

Prefix: _____	* First Name: Anne
Middle Name: _____	_____
* Last Name: Rice	_____
Suffix: _____	_____
Title: _____	_____
Organizational Affiliation: _____	_____
* Telephone Number: 213-452-0211	Fax Number: _____
* Email: r.cea@scrns.net	_____

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:**

DOT/Federal Railroad Administration

11. Catalog of Federal Domestic Assistance Number:

20.321

CFDA Title:

Railroad Safety Technology Grants

*** 12. Funding Opportunity Number:**

FR-TEC-16-001

*** Title:**

FY16 Railroad Safety Technology Grants Program

13. Competition Identification Number:

FR-TEC-16-001-056042

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Accelerating Positive Train Control implementation industry-wide by creating and distributing first-ever guidelines and associated tools that all rail operators can use to achieve interoperability.

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.

SCRRRA Submittal Under CFDA 20.321 PFC Fund

17. Proposed Project:

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

18. Estimated Funding (\$):

* a. Federal	2,400,000.00
* b. Applicant	600,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,000,000.00

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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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):

* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture

MAY 19 2016

California Department of Planning & Research

5a. Federal Entity Identifier:

16-8506-0478-CA

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 05/19/2016

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:**

Exotic Woodborer Survey

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="115,250.00"/>
* 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="115,250.00"/>

*** 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: <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: 05/12/2016	4. Applicant Identifier: _____
------------------------------------------	------------------------------------------

Governor's Office of Planning & Research
MAY 19 2016
STATE CLEARINGHOUSE

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

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698088
--------------------------------------------	--------------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

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

e. Organizational Unit:

Department Name: CDFW	Division Name: Federal Assistance Section
---------------------------------	-----------------------------------------------------

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

Prefix: Mr.	* First Name: Brian
Middle Name: _____	
* Last Name: Salazar	
Suffix: _____	
Title: Grant Administrator	
Organizational Affiliation: _____	

* Telephone Number: 916-327-0062	Fax Number: _____
-----------------------------------------	--------------------------

* Email: Brian.Salazar@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F16AS00079

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

MAMMAL SPECIES OF SPECIAL CONCERN UPDATE FINALIZATION

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="113,666.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="61,205.00"/>
* 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="174,871.00"/>

*** 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: <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): Governor's Office of Planning & Research _____ MAY 19 2015
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

* 3. Date Received: 05/18/2015	4. Applicant Identifier: _____ STATE CLEARINGHOUSE
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
------------------------------------------------	-----------------------------------------------

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: G1698065
-----------------------------------------	--------------------------------------------------

8. APPLICANT INFORMATION:

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

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

d. Address:

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

e. Organizational Unit:

Department Name: CDFW	Division Name: Federal Assistance Section
------------------------------	--------------------------------------------------

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

Prefix: Mr.	* First Name: Brian
Middle Name: _____	
* Last Name: Salazar	
Suffix: _____	
Title: Grant Administrator	

Organizational Affiliation:

* Telephone Number: 916-327-0062	Fax Number: _____
-----------------------------------------	--------------------------

*** Email:** Brian.Salazar@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F16AS00079

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SOUTH COAST REGION INTEGRATED LANDSCAPE SCALE MONITORING: PHASE III

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="646,083.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="347,891.00"/>
* 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="993,974.00"/>

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

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- 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

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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): _____ * Other (Specify): _____
* 3. Date Received: 05/12/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: Governor's Office of Planning & Research _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: G1698060	STATE CLEARINGHOUSE MAY 19 2016
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567	* c. Organizational DUNS: 8083223580000	
d. Address:		
* Street1: 1831 9th Street	Street2: _____	
* City: Sacramento	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95811-7011	
e. Organizational Unit:		
Department Name: CDFW	Division Name: Federal Assistance Section	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Brian	
Middle Name: _____	* Last Name: Salazar	
Suffix: _____	Title: Grant Administrator	
Organizational Affiliation: _____		
* Telephone Number: 916-327-0062	Fax Number: _____	
* Email: Brian.Salazar@wildlife.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.634

CFDA Title:

State Wildlife Grants

*** 12. Funding Opportunity Number:**

F16AS00079

* Title:

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

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SIERRA NEVADA RED FOX IN THE LASSEN PEAK AREA

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="224,624.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="120,951.00"/>
* 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="345,575.00"/>

*** 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 type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: _____		4. Applicant Identifier: Dept. of Food and Agriculture
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: _____
<i>Governor's Office of Planning & Research</i> MAY 19 2016		
STATE CLEARINGHOUSE		
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104		* c. Organizational DUNS: 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:**

Citrus Commodity Survey

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="485,000.00"/>
* 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="485,000.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

Dept. of Food and Agriculture

Governor's Office of Planning & Research

MAY 19 2016

5a. Federal Entity Identifier:

16-8506-1771-CA

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

68-0325104

*** c. Organizational DUNS:**

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:**

False Codling Moth Survey

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="75,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="75,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

97.041

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of California

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

52-1692634

*** c. Organizational DUNS:**

1712143070000

Governor's Office of Planning & Research

MAY 20 2016

d. Address:

*** Street1:**

1416 Ninth Street, Room 849

STATE CLEARINGHOUSE

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95814-5510

e. Organizational Unit:

Department Name:

Department of Water Resources

Division Name:

Safety of Dams

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

Prefix:

*** First Name:**

Thomas

Middle Name:

*** Last Name:**

Luong

Suffix:

Title:

Staff Services Analyst

Organizational Affiliation:

*** Telephone Number:**

916-227-3505

Fax Number:

916-227-4500

*** Email:**

Thomas.Luong@water.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:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.041

CFDA Title:
National Dam Safety Program

*** 12. Funding Opportunity Number:**

DHS-16-MT-041-09-01

* Title:
Fiscal Year (FY) 2016 National Dam Safety Program (NDSP) - Region 9

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

[Empty field]

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

State Dam Safety Program Enhancement

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="140,319.00"/>
* 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="140,319.00"/>

*** 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 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:	4. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier: Governor's Office of Planning & Research
---------------------------------------------	--------------------------------------------------------------------------------------------

State Use Only:	7. State Application Identifier: MAY 20 2016
------------------------	-----------------------------------------------------

8. APPLICANT INFORMATION:	STATE CLEARINGHOUSE
----------------------------------	----------------------------

* a. Legal Name: Port of Oakland	* c. Organizational DUNS: 009235326
----------------------------------	----------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312

d. Address: * Street1: 530 Water Street Street 2: * City: Oakland County: * State: CA Province: Country: *Zip/ Postal Code: 94607

e. Organizational Unit:	
Department Name: Financial Planning	Division Name: Finance and Administration

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

Prefix: Middle Name: * Last Name: Avalos Suffix:	First Name: Angelica
-----------------------------------------------------------	----------------------

Title: Port Senior Accountant

Organizational Affiliation:

--

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

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

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Taxiway Papa Overlay, (North Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 7

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 12/01/2015

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal	1,226,580.00
*b. Applicant	295,420.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,522,000.00

***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: *First Name: Bryant

Middle Name:

*Last Name: Francis

Suffix:

*Title: Director of Aviation

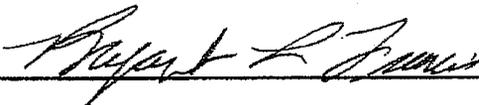
*Telephone Number: (510) 627-1133

Fax Number:

* Email: bfrancis@portoakland.com

*Signature of Authorized Representative:

*Date Signed:



4/29/16

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---------------------------------------------	---------------------------------

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

8. APPLICANT INFORMATION:

* a. Legal Name: Port of Oakland

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	* c. Organizational DUNS: 009235326
-----------------------------------------------------------------------	----------------------------------------

d. Address:	Governor's Office of Planning & Research
--------------------	------------------------------------------

* Street1: 530 Water Street Street 2: * City: Oakland County: * State: CA Province: Country:	* Zip/ Postal Code: 94607
----------------------------------------------------------------------------------------------------------------	---------------------------

MAY 20 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: Financial Planning	Division Name: Finance and Administration
----------------------------------------	----------------------------------------------

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

Prefix: Middle Name: * Last Name: Avalos Suffix:	First Name: Angelica
-----------------------------------------------------------	----------------------

Title: Port Senior Accountant

Organizational Affiliation:

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

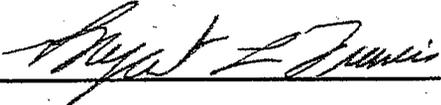
14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Runway 12/30 Rehabilitation - Design, (South Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 7	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 12/01/2015	*b. End Date: 12/31/2017
18. Estimated Funding (\$):	
*a. Federal	3,969,903.00
*b. Applicant	956,146.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	4,926,049.00
*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:	*First Name: Bryant
Middle Name:	
*Last Name: Francis	
Suffix:	
*Title: Director of Aviation	
*Telephone Number: (510) 627-1133	Fax Number:
* Email: bfrancis@portoakland.com	
*Signature of Authorized Representative: 	*Date Signed: 4/29/16

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
* 3. Date Received:		4. Application Identifier:		
5a. Federal Entity Identifier: 3-06-0170		* 5b. Federal Award Identifier:		
State Use Only:		Governor's Office of Planning & Research		
6. Date Received by State:		7. State Application Identifier:		
8. APPLICANT INFORMATION:		MAY 20 2016		
* a. Legal Name: Port of Oakland		* c. Organizational DUNS: STATE CLEARINGHOUSE		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312		009235326		
d. Address:				
* Street 1: 530 Water Street Street 2: * City: Oakland County: * State: CA Province: Country: *Zip/ Postal Code: 94607				
e. Organizational Unit:				
Department Name: Financial Planning		Division Name: Finance and Administration		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Middle Name: * Last Name: Avalos Suffix:		First Name: Angelica		
Title: Port Senior Accountant				
Organizational Affiliation:				
* Telephone Number: (510) 627-1292		Fax Number:		
* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

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

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Airport Pavement Management Study Update, (South and North Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 7

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 12/01/2015

*b. End Date: 12/31/2017

18. Estimated Funding (\$):

*a. Federal	253,053.00
*b. Applicant	60,947.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	314,000.00

***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:

*First Name: Bryant

Middle Name:

*Last Name: Francis

Suffix:

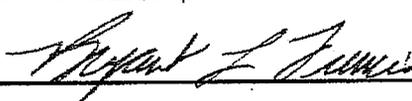
*Title: Director of Aviation

*Telephone Number: (510) 627-1133

Fax Number:

* Email: bfrancis@portoakland.com

*Signature of Authorized Representative:



*Date Signed:

4/29/16

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---------------------------------------------	---------------------------------

State Use Only: 6. Date Received by State:	7. State Application Identifier: Governor's Office of Planning & Research
------------------------------------------------------	--------------------------------------------------------------------------------------

8. APPLICANT INFORMATION: **MAY 20 2016**

* a. Legal Name: Port of Oakland	* c. Organizational DUNS: 009235326
----------------------------------	-------------------------------------

d. Address:	
* Street1: 530 Water Street Street 2: * City: Oakland County: * State: CA Province: Country:	* Zip/ Postal Code: 94607

e. Organizational Unit:	
Department Name: Financial Planning	Division Name: Finance and Administration

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

Prefix: Middle Name: * Last Name: Avalos Suffix:	First Name: Angelica
-----------------------------------------------------------	----------------------

Title: Port Senior Accountant

Organizational Affiliation:

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

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

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Airport Rescue and Fire Fighting Vehicles (ARFF), (South and North Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 7

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 12/01/2015

*b. End Date: 12/31/2017

18. Estimated Funding (\$):

*a. Federal	1,321,676.00
*b. Applicant	318,324.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,640,000.00

***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: *First Name: Bryant

Middle Name:

*Last Name: Francis

Suffix:

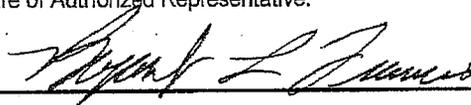
*Title: Director of Aviation

*Telephone Number: (510) 627-1133

Fax Number:

* Email: bfrancis@portoakland.com

*Signature of Authorized Representative:



*Date Signed:

4/29/16

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---------------------------------------------	---------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Port of Oakland	* c. Organizational DUNS: 009235326
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	Governor's Office of Planning & Research

d. Address:

* Street1: 530 Water Street Street 2: * City: Oakland County: * State: CA Province: Country:	*Zip/ Postal Code: 94607
----------------------------------------------------------------------------------------------------------------	--------------------------

MAY 20 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: Financial Planning	Division Name: Finance and Administration
----------------------------------------	----------------------------------------------

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

Prefix: Middle Name: * Last Name: Avalos Suffix:	First Name: Angelica
Title: Port Senior Accountant	
Organizational Affiliation:	

* Telephone Number: (510) 627-1292	Fax Number:
* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

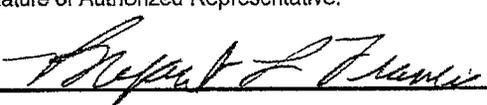
14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Taxiway Victor Lighting (SMGCS), (South Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 7	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 12/01/2015	*b. End Date: 12/31/2016
18. Estimated Funding (\$):	
*a. Federal	1,434,502.00
*b. Applicant	345,498.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,780,000.00
*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 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	*First Name: Bryant
Middle Name:	
*Last Name: Francis	
Suffix:	
*Title: Director of Aviation	
*Telephone Number: (510) 627-1133	Fax Number:
* Email: bfrancis@portoakland.com	
*Signature of Authorized Representative: 	*Date Signed: 4/29/16

Application for Federal Assistance SF-424

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

* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---------------------------------------------	---------------------------------

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

* a. Legal Name: Port of Oakland	* c. Organizational DUNS: 009235326
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	

d. Address:	
* Street1: 530 Water Street Street 2: * City: Oakland County: * State: CA Province: Country:	* Zip/ Postal Code: 94607

Governor's Office of Planning & Research
MAY 20 2016
STATE CLEARINGHOUSE

e. Organizational Unit:	
Department Name: Financial Planning	Division Name: Finance and Administration

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Middle Name: * Last Name: Avalos Suffix:	First Name: Angellca
Title: Port Senior Accountant	

Organizational Affiliation:

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

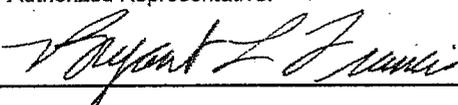
14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Airfield Geometric Study and Hazard Analysis, (South and North Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 7	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 12/01/2015	*b. End Date: 12/31/2017
18. Estimated Funding (\$):	
*a. Federal	779,305.00
*b. Applicant	187,695.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	967,000.00
*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 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	*First Name: Bryant
Middle Name:	
*Last Name: Francis	
Suffix:	
*Title: Director of Aviation	
*Telephone Number: (510) 627-1133	Fax Number:
* Email: bfrancis@portoakland.com	
*Signature of Authorized Representative: 	*Date Signed: 4/29/16

Application for Federal Assistance SF-424

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

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

5a. Federal Entity Identifier: 3-06-0170	* 5b. Federal Award Identifier:
---------------------------------------------	---------------------------------

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

8. APPLICANT INFORMATION:

* a. Legal Name: Port of Oakland

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1746312	*c. Organizational DUNS: 009235326
-----------------------------------------------------------------------	---------------------------------------

d. Address:

<p>* Street1: 530 Water Street</p> <p>Street 2:</p> <p>* City: Oakland</p> <p>County:</p> <p>* State: CA</p> <p>Province:</p> <p>Country:</p>	<p>Governor's Office of Planning & Research</p> <p>MAY 20 2016</p> <p>STATE CLEARINGHOUSE</p> <p>*Zip/ Postal Code: 94607</p>
-----------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

e. Organizational Unit:

<p>Department Name: Financial Planning</p>	<p>Division Name: Finance and Administration</p>
------------------------------------------------	------------------------------------------------------

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

<p>Prefix:</p> <p>Middle Name:</p> <p>* Last Name: Avalos</p> <p>Suffix:</p>	<p>First Name: Angelica</p>
------------------------------------------------------------------------------	-----------------------------

Title: Port Senior Accountant

Organizational Affiliation:

* Telephone Number: (510) 627-1292	Fax Number:
------------------------------------	-------------

* Email: aavalos@portoakland.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:

- 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:

13. Competition Identification Number:

Title:

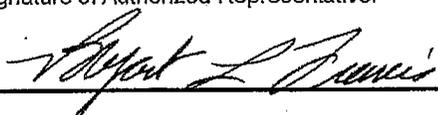
14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco Bay Area

* 15. Descriptive Title of Applicant's Project:

Runway 12/30 Rehabilitation - Lighting, (South Field), OAK

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 7	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 12/01/2015	*b. End Date: 12/31/2017
18. Estimated Funding (\$):	
*a. Federal	5,380,188.00
*b. Applicant	1,295,812.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	6,676,000.00
*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 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	*First Name: Bryant
Middle Name:	
*Last Name: Francis	
Suffix:	
*Title: Director of Aviation	
*Telephone Number: (510) 627-1133	Fax Number:
* Email: bfrancis@portoakland.com	
*Signature of Authorized Representative: 	*Date Signed: 4/29/16

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="checkbox"/> 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: 16-8130-0641-CA
--------------------------------	---------------------------------------------------

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 on behalf of Agriculture and Natural Resources	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	*c. Organizational DUNS: 60-459-1925

d. Address:	
*Street1: 2801 Second Street Street 2: *City: Davis County: Yolo *State: CA Province: Country:	Governor's Office of Planning & Research MAY 23 2016 STATE CLEARINGHOUSE *Zip/ Postal Code: 95618-7717

e. Organizational Unit:	
Department Name: Contracts and Grants	Division Name: Agriculture and Natural Resources/ Cooperative Extension

f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Dr. Middle Name: *Last Name: Mutters Suffix:	First Name: Randall

Title: UCCE County Director

Organizational Affiliation:

*Telephone Number: (530) 538-7201	Fax Number:
*Email: rgmutters@ucanr.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 Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care (B)

*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:

University of California Cooperative Extension Tech-transfer Team to monitor honey bee colony health in California - USDA

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: The Regents of the University of California

*a. Applicant CA-003

*b. Program/Project: CA-001

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

17. Proposed Project: University of California Cooperative Extension Tech-transfer Team to monitor honey be

*a. Start Date: 06/01/2016

*b. End Date: 05/31/2017

18. Estimated Funding (\$):

*a. Federal	\$67,000.00
*b. Applicant	\$0.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$67,000.00

***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 05/23/2016
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

- 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: Kendra

Middle Name:

*Last Name: Rose

Suffix:

*Title: Contracts and Grants Analyst

*Telephone Number: 530-750-1276

Fax Number:

*Email: ktrose@ucanr.edu ; ocg@ucanr.edu

*Signature of Authorized Representative:

Date Signed: 5/23/16

Application for Federal Assistance SF-424	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____	
Governor's Office of Planning & Research	
* 3. Date Received: _____	4. Applicant Identifier: _____
MAY 23 2016	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
STATE CLEARINGHOUSE	
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: Niland Sanitary District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6005330	* c. Organizational DUNS: 0049750330000
d. Address:	
* Street1: 125 West Alcott Road	_____
Street2: P.O. Box 40	_____
* City: Niland	_____
County/Parish: Imperial	_____
* State: CA: California	_____
Province: _____	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 92257	_____
e. Organizational Unit:	
Department Name: Wastewater	Division Name: Wastewater
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	* First Name: Debbie
Middle Name: _____	_____
* Last Name: Salas	_____
Suffix: _____	_____
Title: Chairperson	
Organizational Affiliation: Niland Sanitary District Board Member	
* Telephone Number: (760) 359-0454	Fax Number: _____
* Email: Debbiesalas85@yahoo.com	

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:

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:

Water and Environmental Programs - Water & Waste Disposal Loans & Grants Program (Colonia Sec-aside)

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:

NSD is submitting an application for funding to rehabilitate sections of the existing sewer treatment/collection system and incorporate a zero point discharge process via evaporation ponds.

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="3,814,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="2,000,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="5,814,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed

Application for Federal Assistance SF-424

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

Governor's Office of Planning & Research

* 3. Date Received:	4. Application Identifier: HHR - Hawthorne Municipal Airport
----------------------------	------------------------------------------------------------------------

MAY 23 2016

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

STATE CLEARINGHOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** City of Hawthorne, California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000718	*c. Organizational DUNS: 08-904-3202
------------------------------------------------------------------------------	------------------------------------------------

d. Address:

*** Street1:** 12101 S. Crenshaw Boulevard
Street 2: Suite #3
*** City:** Hawthorne
County: Los Angeles
*** State:** California
Province:
Country: USA ***Zip/ Postal Code:** 90250

e. Organizational Unit:

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

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

Prefix: Mr. **First Name:** Arnold
Middle Name:
*** Last Name:** Shadbehr
Suffix:

Title: Chief of General Services and Public Works

Organizational Affiliation:
City of Hawthorne, California

*** Telephone Number:** (310) 349-2985 **Fax Number:** (310) 978-9144

*** Email:** ashadbehr@cityofhawthorne.org

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 (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

Cities of Hawthorne, Inglewood, Los Angeles; Los Angeles County; and the State of California

* 15. Descriptive Title of Applicant's Project:

AIRPORT LAYOUT PLAN DRAWING SET UPDATE/NARRATIVE REPORT INCLUDING AN AERONAUTICAL SURVEY PER FAA AC 150/5300-18B

Attach supporting documents as specified in agency instructions.

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 **Governor's Office of Planning & Research**

5a. Federal Entity Identifier:

16-8506-1703-CA

5b. Federal Award Identifier:

MAY 24 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 05/24/2016

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:**

Noxious Weeds Biocontrol

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="26,900.00"/>
* 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="26,900.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

 Completed by Grants.gov upon submission.

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

MAY 24 2016
STATE CLEARINGHOUSE

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 BlvdStreet2: * City: HaywardCounty/Parish: * State: CA: CaliforniaProvince: * Country: USA: UNITED STATES* Zip / Postal Code: 94542-3000

e. Organizational Unit:

Department Name:

 Earth & Environmental Sciences

Division Name:

 College of Science

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

Prefix: Ms. * First Name: JeanneMiddle Name: * Last Name: DittmanSuffix: Title: Director Grants Administration

Organizational Affiliation:

 California State University, East Bay
* Telephone Number: 510-885-4006Fax Number: * Email: csuebawards@csueastbay.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Earthquake hazard assessment in the Sacramento-San Joaquin Delta using seismic surface wave and reflection methods

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="49,331.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="49,331.00"/>

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

* 3. Date Received: <input type="text" value="05/12/2016"/>	4. Applicant Identifier: <input type="text"/>	MAY 25 2016
----------------------------------------------------------------	--------------------------------------------------	--------------------

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="University of Southern California"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="951642394"/>	* c. Organizational DUNS: <input type="text" value="072933393"/>

d. Address:

* Street1:	<input type="text" value="Department of Contracts and Grants"/>
Street2:	<input type="text" value="3720 S. Flower Street"/>
* City:	<input type="text" value="Los Angeles"/>
County:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="90089-0701"/>

e. Organizational Unit:

Department Name: <input type="text" value="Earth Sciences"/>	Division Name: <input type="text" value="Dornsife"/>
-----------------------------------------------------------------	---------------------------------------------------------

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

Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Emi"/>
Middle Name: <input type="text" value="M"/>	
* Last Name: <input type="text" value="Kamei"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Contract and Grant Officer"/>	

Organizational Affiliation:

<input type="text" value="University of Southern California"/>	
* Telephone Number: <input type="text" value="213-821-6779"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="emikamei@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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

Investigation of Structural Heterogeneity and Stress Status along the 2014 South Napa Rupture Zone and Connecting Faults from SWS and FZTWs

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="71,759.00"/>
* 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="71,759.00"/>

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

* 3. Date Received: 05/25/2016	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: Governor's Office of Planning & Research _____
-----------------------------------------	--------------------------------------------------------------------------------------

State Use Only:

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

MAY 25 2016
STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: University of Southern California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 951642394	* c. Organizational DUNS: 072933393

d. Address:

* Street1: Department of Contracts and Grants
Street2: 3720 South Flower Street
* City: Los Angeles
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 90089-0701

e. Organizational Unit:

Department Name: Vice President For Research	Division Name: Provost's Office
----------------------------------------------	---------------------------------

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

Prefix: Ms.	* First Name: Emi
Middle Name: M	
* Last Name: Kamei	
Suffix: _____	
Title: Contract and Grant Officer	

Organizational Affiliation: University of Southern California

* Telephone Number: 213-821-6779	Fax Number: _____
* Email: emikamei@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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

A systematic approach for discriminating between tectonic and induced earthquake clusters: Collaborative Research with University of Nevada Reno, and University of Southern California

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="95,976.00"/>
* 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="95,976.00"/>

*** 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:

05/25/2016

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:

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

Governor's Office of Planning & Research
MAY 25 2016
STATE CLEARINGHOUSE

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:

Melanie

Middle Name:

* Last Name:

Walling

Suffix:

Title: Engineer

Organizational Affiliation:

* Telephone Number:

510.333.3616

Fax Number:

* Email:

melanie.walling@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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Non-Ergodic Ground-Motion Prediction Equation for Induced Seismicity Hazards in the Oklahoma Region

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="67,048.00"/>
* 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="67,048.00"/>

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

Governor's Office of Planning & Research
MAY 25 2016
STATE CLEARINGHOUSE

* 3. Date Received: 05/25/2016	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 (UPC)

* 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: <u>Vice President For Research</u>	Division Name: <u>Provost's Office</u>
--------------------------------------------------------	-------------------------------------------

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

Prefix: Ms. * First Name: Emi
Middle Name: M
* Last Name: Kamei
Suffix: _____
Title: Contract and Grant Officer
Organizational Affiliation:
University of Southern California
* Telephone Number: 213-821-6779 Fax Number: _____
* Email: emikamei@usc.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

O: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

Activity and earthquake potential of the Wilmington blind thrust, Los Angeles, CA: The largest earthquake source not on current southern California hazard maps?: Collaborative Research with Harvard & USC

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="16,154.00"/>
* 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="16,154.00"/>

*** 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**

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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):**

*** 3. Date Received:**

05/25/2016

4. Applicant Identifier:

PNA

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

MAY 25 2016

STATE CLEARINGHOUSE

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:**

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:

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:**

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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

5-Areas Affected.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 AECOM

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="45,476.72"/>
* 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="45,476.72"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

Governor's Office of Planning & Research

* 3. Date Received:

05/24/2016

4. Applicant Identifier:

Simms 20161272

MAY 25 2016

STATE CLEARINGHOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

056006145

* c. Organizational DUNS:

094878394

d. Address:

* Street1: 3227 Cheadle Hall

Street2: 3rd floor, MC 2050

* City: Santa Barbara

County: Santa Barbara

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93106-2050

e. Organizational Unit:

Department Name:

Sponsored Projects

Division Name:

Office of Research

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

Prefix: * First Name: Katherine

Middle Name:

* Last Name: Tompkins

Suffix:

Title: Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-4763 Fax Number: 805-893-2611

* Email: tompkins@research.ucsb.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

Record of Holocene Earthquakes within the Santa Barbara Area based on Seismic Stratigraphy of a Small Coastal Lagoon

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="62,886.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="62,886.00"/>

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

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

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

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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="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	<input type="text"/> * Other (Specify) <input type="text"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------

* 3. Date Received: <input type="text" value="05/24/2016"/>	4. Applicant Identifier: <input type="text" value="Sorlien 20161268"/>
----------------------------------------------------------------	---------------------------------------------------------------------------

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text" value="Government's Office of Planning & Research"/>
--------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text" value="MAY 25 2016"/>
----------------------------------------------------	------------------------------------------------------------------------------

8. APPLICANT INFORMATION: **STATE CLEARINGHOUSE**

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="956006145"/>	* c. Organizational DUNS: <input type="text" value="094878394"/>
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

d. Address:

* Street1:	<input type="text" value="3227 Cheadle Hall"/>
Street2:	<input type="text" value="3rd floor, MC 2050"/>
* City:	<input type="text" value="Santa Barbara"/>
County:	<input type="text" value="Santa Barbara"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="93106-2050"/>

e. Organizational Unit:

Department Name: <input type="text" value="Sponsored Projects"/>	Division Name: <input type="text" value="Office of Research"/>
---------------------------------------------------------------------	-------------------------------------------------------------------

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Katherine"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Tompkins"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="805-893-4763"/>	Fax Number: <input type="text" value="805-893-2611"/>
---------------------------------------------------------------	-------------------------------------------------------

* Email:

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

Digital faults and 3D velocity model, offshore south-central California

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="55,605.00"/>
* 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="55,605.00"/>

*** 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**

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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): _____ * Other (Specify): _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

* 3. Date Received: 05/25/2016	4. Applicant Identifier: NC
------------------------------------------	---------------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____ Governor's Office of Planning & Research
------------------------------------------------	------------------------------------------------------------------------------------------------------

State Use Only:	MAY 25 2016
6. Date Received by State: _____	7. State Application Identifier: _____ STATE CLEARINGHOUSE

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: _____
* 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: 213.996.2298	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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

7-Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Assessment of potential Mw 7 earthquakes on the Hayward-Calaveras fault system: Earthquake cycles, dynamic ruptures and 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

* 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="69,075.00"/>
* 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="69,075.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

05/25/2016

4. Applicant Identifier:

CEUS

Government's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

MAY 25 2016

State Use Only:

STATE CLEARINGHOUSE

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:**

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:**

Mehrdad

Middle Name:

*** Last Name:**

Hosseini

Suffix:

Title:

Engineer

Organizational Affiliation:

*** Telephone Number:**

213.996.2211

Fax Number:

*** 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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

4-Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Reducing uncertainties in the estimation of site terms at CERI stations by estimating deep VS profiles using joint inversion of earthquake receiver functions and site-specific geophysical phase vel...

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="58,111.31"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="58,111.31"/>

*** 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 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: 05/25/2016	4. Applicant Identifier: PNA
------------------------------------------	----------------------------------------

Governor's Office of Planning & Research
MAY 25 2016
STATE CLEARINGHOUSE

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: 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: Percy
Middle Name: _____	
* Last Name: Galvez	
Suffix: _____	
Title: Seismologist	
Organizational Affiliation: _____	
* Telephone Number: 213.996.2298	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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

1-Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Reassessment of the 1700 Cascadia Earthquake and its Impacts 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

* 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="67,098.02"/>
* 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="67,098.02"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

None

5a. Federal Entity Identifier:

3-06-0057

5b. Federal Award Identifier: **Government's Office of Planning & Research**

MAY 25 2016

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: BORDER COAST REGIONAL AIRPORT AUTHORITY

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

80-0540149

* c. Organizational DUNS:

0217490540000

d. Address:

* Street1: 150 DALE RUPERT ROAD

Street2:

* City: CRESCENT CITY

County/Parish:

DEL NORTE

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95531

e. Organizational Unit:

Department Name:

NONE

Division Name:

NONE

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

Prefix:

MS.

* First Name:

LORIE

Middle Name:

A

* Last Name:

ADAMS

Suffix:

Title: PRINCIPAL OF ADAMS ASHBY GROUP

Organizational Affiliation:

GRANT CONSULTANT

* Telephone Number: 916-449-3944

Fax Number: 916-449-3934

* Email: LADAMS@ADAMSASHBYGROUP.COM

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:

UNITED STATES DEPARTMENT AGRICULTURE

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

TERMINAL REPLACEMENT PROJECT

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,858,681.00"/>
* 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="2,858,681.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: _____	Governor's Office of Planning & Research
-------------------------------------	------------------------------------------	-----------------------------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____ MAY 25 2016
------------------------------------------------	--------------------------------------------------------------------

State Use Only: **STATE CLEARINGHOUSE**

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Regents of the University of California, Los Angeles

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>956006143</u>	* c. Organizational DUNS: <u>092530369</u>
------------------------------------------------------------------------------------	------------------------------------------------------

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: <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: Mr. *** First Name:** Evan
Middle Name: _____
*** Last Name:** Garcia
Suffix: _____
Title: Grant Officer

Organizational Affiliation:
Regents of the University of California, Los Angeles

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

*** Email:** ocga3@research.ucla.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

A new method for predicting VS30 based on geology, topography, and tectonic stresses in southern California

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="83,689.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="83,689.00"/>

*** 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**

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

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

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

Governor's Office of Planning & Research
MAY 25 2016

State Use Only: **STATE CLEARINGHOUSE**

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

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California, Los Angeles

* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>956006143</u>	* c. Organizational DUNS: <u>092530369</u>
-----------------------------------------------------------------------------	-----------------------------------------------

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: <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: Mr. * First Name: Evan
Middle Name: _____
* Last Name: Garcia
Suffix: _____
Title: Grant Officer

Organizational Affiliation:
Regents of the University of California, Los Angeles

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

* Email: ocga3@research.ucla.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

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

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

Application of Array Backprojection to Tsunami Wave Prediction and Early Warning

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="79,164.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="79,164.00"/>

*** 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**

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

- New
- Continuation
- Revision

* Other (Specify)

Governor's Office of Planning & Research
MAY 25 2016

* 3. Date Received:

[]

4. Applicant Identifier:

[]

5a. Federal Entity Identifier:

[]

* 5b. Federal Award Identifier:

[]

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California, Los Angeles

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

956006143

* 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: Grant Officer

Organizational Affiliation:

Regents of the University of California, Los Angeles

* Telephone Number: 310-794-0171

Fax Number:

310-943-1658

* Email:

ocga3@research.ucla.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.807

CFDA Title:

Earthquake Hazards Research and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

2017 EHP Program Announcement

14. Areas 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.

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="68,085.00"/>
* 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="68,085.00"/>

*** 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: <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: 05/24/2016		4. Applicant Identifier: SC
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: Governor's Office of Planning & Research MAY 25 2016
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____ STATE CLEARINGHOUSE
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:	_____	
* 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: 213.996.2298		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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

2-Areas Affected.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 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="69,110.35"/>
* 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="69,110.35"/>

*** 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		
<p>* 1. Type of Submission:</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application:</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <p>_____</p> <p>* Other (Specify):</p> <p>_____</p>
<p>* 3. Date Received:</p> <p>05/24/2016</p>	<p>4. Applicant Identifier:</p> <p>CEUS</p>	
<p>5a. Federal Entity Identifier:</p> <p>_____</p>	<p>5b. Federal Award Identifier:</p> <p style="text-align: right; font-weight: bold;">Governor's Office of Planning & Research</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">MAY 25 2016</p>	
<p>State Use Only:</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">STATE CLEARINGHOUSE</p>		
<p>6. Date Received by State:</p> <p>_____</p>	<p>7. State Application Identifier:</p> <p>_____</p>	
8. APPLICANT INFORMATION:		
<p>* a. Legal Name: AECOM Technical Services, Inc.</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>952661922</p>	<p>* c. Organizational DUNS:</p> <p>0031844620000</p>	
d. Address:		
<p>* Street1:</p> <p>515 S. Flower Street - 4th Floor</p>	<p>Street2:</p> <p>_____</p>	
<p>* City:</p> <p>Los Angeles</p>	<p>County/Parish:</p> <p>_____</p>	
<p>* State:</p> <p>CA: California</p>	<p>Province:</p> <p>_____</p>	
<p>* Country:</p> <p>USA: UNITED STATES</p>	<p>* Zip / Postal Code:</p> <p>90071-2201</p>	
e. Organizational Unit:		
<p>Department Name:</p> <p>Seismology</p>	<p>Division Name:</p> <p>Environment</p>	
f. Name and contact information of person to be contacted on matters involving this application:		
<p>Prefix: Dr.</p>	<p>* First Name: Mehrdad</p>	
<p>Middle Name:</p> <p>_____</p>	<p>* Last Name: Hosseini</p>	
<p>Suffix:</p> <p>_____</p>	<p>Title: Engineer</p>	
<p>Organizational Affiliation:</p> <p>_____</p>		
<p>* Telephone Number: 213.996.2211</p>	<p>Fax Number:</p> <p>_____</p>	
<p>* Email: mehrdad.hosseini@aecom.com</p>		

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 and Monitoring Assistance

*** 12. Funding Opportunity Number:**

G16AS00024

* Title:

2017 Earthquake Hazards External Grants Program

13. Competition Identification Number:

G16AS00024

Title:

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

3-Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Improving Regional Attenuation Models in the CUS by Using Radiation Pattern Correction, Independent Estimation of Geometrical Spreading Decay Rates, and Independent Estimation of Receiver Terms ...

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="63,771.71"/>
* 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="63,771.71"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

MAY 26 2016
STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Association of Bay Area Governments

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

94-2832478

*** c. Organizational DUNS:**

0790739200000

d. Address:

*** Street1:**

375 Beale Street

Street2:

Suite 700

*** City:**

San Francisco

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94105-2066

e. Organizational Unit:

Department Name:

San Francisco Estuary Partners

Division Name:

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

Prefix:

Ms.

*** First Name:**

Caitlin

Middle Name:

*** Last Name:**

Sweeney

Suffix:

Title:

Director, San Francisco Estuary Partnership

Organizational Affiliation:

Association of Bay Area Governments

*** Telephone Number:**

510-622-2362

Fax Number:

*** Email:**

caitlin.sweeney@sfestuary.org

Application for Federal Assistance SF-424

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

E: Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.126

CFDA Title:

The San Francisco Bay Water Quality Improvement Fund

*** 12. Funding Opportunity Number:**

EPA-R9-SFBWQIF-16-01

* Title:

San Francisco Bay Water Quality Improvement Fund, FY2016

13. Competition Identification Number:

Title:

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

Maps EPA HealthyWatersheds_ResilientBayland

Add Attachment

Delete Attachment

View Attachment

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

Healthy Watersheds, Resilient Baylands: Integrated Urban Greening, Watershed Redesign, and Tidal Wetlands Restoration.

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="1,755,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,755,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,510,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: 93-1137247	* 5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
B. APPLICANT INFORMATION:		
* a. Legal Name: San Francisco State University		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 931137247	* c. Organizational DUNS: 942514985	
d. Address:		
* Street1: 1600 Holloway Ave	_____	
Street2: _____	_____	
* City: San Francisco	_____	
County: San Francisco	_____	
* State: CA: California	_____	
Province: _____	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 94132-1722	_____	
e. Organizational Unit:		
Department Name: ORSP	Division Name: Academic Affairs	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Melinda	
Middle Name: _____	_____	
* Last Name: Deng	_____	
Suffix: _____	_____	
Title: Information & Reporting Specialist		
Organizational Affiliation: San Francisco State University		
* Telephone Number: 415-338-1795	Fax Number: 415-338-2493	
* Email: mdeng@sfsu.edu		

Governor's Office of Planning & Research
MAY 26 2016
STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.126

CFDA Title:

The San Francisco Bay Water Quality Improvement Fund

*** 12. Funding Opportunity Number:**

EPA-R0-SFBWQIF-16-01

* Title:

San Francisco Bay Water Quality Improvement Fund, FY2016

13. Competition Identification Number:

Title:

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

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

Regional Wetland Monitoring for Environmental Change

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-014

* b. Program/Project CA-005

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

Additional 424 Congressional Districts 1007210205.pdf

17. Proposed Project:

* a. Start Date: 10/01/2016

* b. End Date: 09/30/2019

18. Estimated Funding (\$):

* a. Federal	<u>755,271.00</u>
* b. Applicant	<u>187,271.00</u>
* c. State	<u>60,000.00</u>
* d. Local	<u>0.00</u>
* e. Other	<u>508,000.00</u>
* f. Program Income	<u>0.00</u>
* g. TOTAL	<u>1,510,542.00</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 5/26/2016.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation 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: * First Name: Susan
 Middle Name:
 * Last Name: Pelton
 Suffix:

* Title: Interim Director

* Telephone Number: 415-338-7090 Fax Number: 415-338-2493

* Email: spelton@sfsu.edu

* Signature of Authorized Representative: Susan Pelton * Date Signed:

Authorized for Local Reproduction

Susan Pelton
 for Susan Pelton
 5/26/16

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

Funding Opportunity Number:

Received Date: Time Zone: GMT-8

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

Governor's Office of Planning & Research

MAY 26 2016

STATE CLEARINGHOUSE

* 3. Date Received:

05/26/2016

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: Triple HS, INC. d/b/a H. T. Harvey & Associates

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

94-2204955

* c. Organizational DUNS:

0970187170000

d. Address:

* Street1: 983 University Avenue

Street2: Building D

* City: Los Gatos

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95032-7636

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Dr.

* First Name:

Sharon

Middle Name:

* Last Name:

Kramer

Suffix:

Title: Principal, Fish Ecologist

Organizational Affiliation:

H. T. Harvey & Associates

* Telephone Number:

707.822.4141 x101

Fax Number:

707.822.4848

* Email:

skramer@harveyecology.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:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0001418

* Title:

Marine and Hydrokinetic Energy Conversion and Environmental Monitoring Technology Advancement

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:**

Cost-Effective and Scalable Autonomous Monitoring for Marine Organism and MHK Interactions in Near Real-Time

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="637,018.00"/>
* b. Applicant	<input type="text" value="168,061.00"/>
* 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="805,079.00"/>

*** 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:

Additional List of Congressional Districts

WA-007

WA-010

VA-011

HI-002

00-000 (Some manufacturing in Spain)

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:

05/25/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

Governor's Office of Planning & Research

State Use Only:

6. Date Received by State:

7. State Application Identifier:

MAY 26 2016

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* a. Legal Name:

County of Monterey

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

94-6000524

* c. Organizational DUNS:

8326541770000

d. Address:

* Street1:

168 West Alisal 2nd Floor

Street2:

* City:

Salinas

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93901-2438

e. Organizational Unit:

Department Name:

Resource Management Agency

Division Name:

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

Prefix:

* First Name:

Melanie

Middle Name:

* Last Name:

Beretti

Suffix:

Title:

Special Programs Manager

Organizational Affiliation:

* Telephone Number:

831-755-5285

Fax Number:

* Email:

berettim@co.monterey.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S Department of Homeland Security (DHS), FEMA

11. Catalog of Federal Domestic Assistance Number:

97.029

CFDA Title:

Flood Mitigation Assistance

*** 12. Funding Opportunity Number:**

DHS-16-MT-029-000-99

* Title:

FY 2016 Flood Mitigation Assistance

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:**

Carmel River Floodplain Restoration Project (Carmel River Project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA 20

* b. Program/Project CA 20

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	11,565,204.00
* b. Applicant	<input type="text"/>
* c. State	3,855,068.00
* d. Local	<input type="text"/>
* e. Other	11,475,796.00
* f. Program Income	<input type="text"/>
* g. TOTAL	26,896,068.00

* 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 05/26/2016
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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: Carl

Middle Name: P.

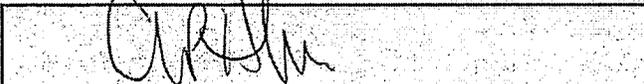
* Last Name: Holm

Suffix:

* Title: Director, Resource Management Agency

* Telephone Number: 831-755-5103 Fax Number: 831-755-5877

* Email: HolmCP@co.monterey.ca.us

* Signature of Authorized Representative: 

* Date Signed: 05/25/2016

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):

Governor's Office of Planning & Research

MAY 26 2016

STATE CLEARINGHOUSE

* 3. Date Received:

05/25/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

Governor's Office of Planning & Research

MAY 20 2016

8. APPLICANT INFORMATION:

* a. Legal Name:

County of Monterey

STATE CLEARINGHOUSE

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

94-6000524

* c. Organizational DUNS:

8326541770000

d. Address:

* Street1:

168 West Alisal 2nd Floor

Street2:

* City:

Salinas

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93901-2438

e. Organizational Unit:

Department Name:

Resource Management Agency

Division Name:

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

Prefix:

* First Name:

Melanie

Middle Name:

* Last Name:

Beretti

Suffix:

Title:

Special Programs Manager

Organizational Affiliation:

* Telephone Number:

831-755-5285

Fax Number:

* Email:

berettim@co.monterey.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S Department of Homeland Security (DHS), FEMA

11. Catalog of Federal Domestic Assistance Number:

97.047

CFDA Title:

Pre-Disaster Mitigation

*** 12. Funding Opportunity Number:**

DHS-16-MT-047-0-099

* Title:

FY 2016 Pre-Disaster Mitigation

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:**

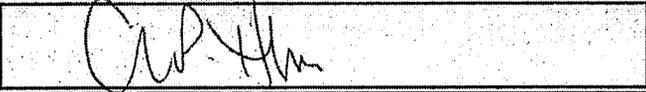
Carmel River Floodplain Restoration Project (Carmel River Project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA 20"/>	* b. Program/Project: <input type="text" value="CA 20"/>
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"/>	* b. End Date: <input type="text"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="4,000,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="1,333,333.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="21,562,735.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="26,896,068.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="05/16/2016"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</p>	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Carl"/>
Middle Name: <input type="text" value="P."/>	
* Last Name: <input type="text" value="Holm"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Director, Resource Management Agency"/>	
* Telephone Number: <input type="text" value="831-755-5103"/>	Fax Number: <input type="text" value="831-755-5877"/>
* Email: <input type="text" value="HolmCP@co.monterey.ca.us"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="05/25/2016"/>

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>	1.b. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other Other (specify): Grant <input type="text"/>	1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	2. Date Received: Completed by Grants.gov upon submission.	STATE USE ONLY:
		3. Applicant Identifier: <input type="text"/>	5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>	6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>		
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation <input type="text"/>				

7. APPLICANT INFORMATION:

a. Legal Name: Marin County Transit District		
b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3835348	c. Organizational DUNS: 8287208420000	
d. Address:		
Street1: 711 Grand Ave, Suite 110	Street2: <i>Government's Office of Planning & Research</i> MAY 27 2016 STATE CLEARINGHOUSE	
City: San Rafael	County / Parish: Marin County	
State: CA: California	Province: <input type="text"/>	
Country: USA: UNITED STATES	Zip / Postal Code: 94901-3511	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text"/>	First Name: Erin	Middle Name: <input type="text"/>
Last Name: McAuliff	Suffix: <input type="text"/>	
Title: Transportation & Mobility Planner		
Organizational Affiliation: <input type="text"/>		
Telephone Number: 415-226-0855	Fax Number: <input type="text"/>	
Email: emcauliff@marintransit.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

D: Special District Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Travel Navigator: Care Transition Specialists

12. Areas Affected by Funding:

Marin County, California

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-002

b. Program/Project:

CA-002

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

01/02/2017

b. End Date:

06/29/2018

15. ESTIMATED FUNDING:

a. Federal (\$):

418,320.00

b. Match (\$):

104,580.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 05/27/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. 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

** This 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:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424 Version 02

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

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

5a. Federal Entity Identifier:	*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: Governor's Office of Planning & Research

*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

MAY 27 2016
STATE CLEARINGHOUSE

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: srlavinghouse@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:

CFDA Title:

*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:

Continuing the host range testing for *Phytophthora ramorum* and testing the effect of temperature on disease severity and transmission

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: 09/01/16

*b. End Date: 08/31/17

18. Estimated Funding (\$):

*a. Federal \$49,500.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$49,500.00

***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 5/26/2016

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

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

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

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: 510-642-0120

Fax Number: 510-642-8236

*Email: spoawards@berkeley.edu

*Signature of Authorized Representative: *Shoshana Lavinghouse*

Digitally signed by Shoshana Lavinghouse
DN: cn=Shoshana Lavinghouse, o=University of California,
ou=Berkeley, email=spoawards@berkeley.edu, c=US

Date Signed: May 26, 2016

Application for Federal Assistance SF-424

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

* 3. Date Received: 02/03/2016	4. Applicant Identifier: _____
------------------------------------------	------------------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01801
------------------------------------------------	--------------------------------------------------

State Use Only:

6. Date Received by State: 02/03/2016	7. State Application Identifier: SAI-Exempt
----------------------------------------------	----------------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000

d. Address:

* Street1: P. O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
----------------------------------------------	-------------------------------------------------

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

Prefix: _____	* First Name: Bill
Middle Name: _____	
* Last Name: Meyer	
Suffix: _____	
Title: Associate Park and Recreation Specialist	
Organizational Affiliation: California Department of Parks and Recreation	
* Telephone Number: 916-651-1406	Fax Number: _____
* Email: Bill.Meyer@parks.ca.gov	

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-33182.docx

Add Attachment

Delete Attachment

View Attachment

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

Exchange Park
Valley-Wide Recreation and Park District

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-03

* b. Program/Project CA-36

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2016

* b. End Date: 06/30/2019

18. Estimated Funding (\$):

Table with 2 columns: Category and Amount. Rows include Federal (1,182,796.00), Applicant (0.00), State (82,796.00), Local (1,100,000.00), Other (0.00), Program Income (0.00), and TOTAL (2,365,592.00).

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

- Checked box a. This application was made available to the State under the Executive Order 12372 Process for review on 5/27/2016.
Unchecked box b. Program is subject to E.O. 12372 but has not been selected by the State for review.
Unchecked box c. Program is not covered by E.O. 12372.

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

Unchecked box Yes, Unchecked box No

If "Yes", provide explanation and attach

Buttons: Add Attachment, Delete Attachment, View Attachment

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

Checked box ** I AGREE

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

Authorized Representative:

Form fields for Prefix, First Name (Bill), Middle Name, Last Name (Meyer), and Suffix.

* Title: Associate Park and Recreation Specialist

* Telephone Number: 916-651-1406 Fax Number:

* Email: Bill.Meyer@parks.ca.gov

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 5-27-16

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:

02/03/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01802

Governor's Office of Planning & Research

State Use Only:

MAY 27 2016

6. Date Received by State:

02/03/2016

7. State Application Identifier:

SAI-Exempt

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

* c. Organizational DUNS:

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix: * First Name: Natalie

Middle Name:

* Last Name: Bee

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-0564

Fax Number:

* Email: Natalie.Bee@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-11390

Add Attachment

Delete Attachment

View Attachment

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

Missions Oaks Recreation and Park District
Gibbons Park Improvement - Phase I

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="301,075.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="27,850.00"/>
* d. Local	<input type="text" value="370,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="698,925.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

02/03/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01800

Governor's Office of Planning & Research

MAY 27 2016

State Use Only:

6. Date Received by State:

02/03/2016

7. State Application Identifier:

SAI-Exempt

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:**

P. O. Box 942896

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

*** First Name:**

Bill

Middle Name:

*** Last Name:**

Meyer

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

*** Telephone Number:**

916-651-1406

Fax Number:

*** Email:**

Bill.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation FUND

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-36448.docx

Add Attachment

Delete Attachment

View Attachment

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

Dominguez Park Improvements
City of Indio

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="94,169.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="6,592.00"/>
* d. Local	<input type="text" value="87,577.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="188,338.00"/>

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

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

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

- Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify):**

*** 3. Date Received:**

02/03/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01806

MAY 27 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

02/03/2016

7. State Application Identifier:

SAI-Exempt

8. APPLICANT INFORMATION:

*** a. Legal Name:**

California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:**

P. O. Box 942896

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix:

*** First Name:**

Jeanne

Middle Name:

*** Last Name:**

Ekstrom

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

*** Telephone Number:**

916-651-7737

Fax Number:

*** Email:**

Jeanne.Ekstrom@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-12524.docx

Add Attachment

Delete Attachment

View Attachment

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

Neel Park Playground and Dog Park
City of Ceres

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="107,527.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="94,780.00"/>
* d. Local	<input type="text" value="1,259,220.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,461,527.00"/>

*** 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

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-65042.docx

Add Attachment

Delete Attachment

View Attachment

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

Kellogg Park
City of Ventura

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="1,612,904.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="124,194.00"/>
* d. Local	<input type="text" value="1,650,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,387,098.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

02/03/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01803

Governor's Office of Planning & Research

State Use Only:

6. Date Received by State: 02/03/2016

7. State Application Identifier: SAI-Exempt

MAN OF 2016
9/23/2016 7:21:10

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: P.O. Box 942896
Street2: _____
* City: Sacraento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation

Division Name: Grants and Local Services

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

Prefix: _____ * First Name: Bill
Middle Name: _____
* Last Name: Meyer
Suffix: _____

Title: Associate Parks and Recreation

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-651-1406 Fax Number: _____

* Email: Bill.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-00296.docx

Add Attachment

Delete Attachment

View Attachment

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

Helendale Community Park
Helendale Community Services District

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="142,581.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="27,654.00"/>
* d. Local	<input type="text" value="367,400.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="537,635.00"/>

*** 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 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: 02/03/2016		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: 06-01804 Governor's Office of Planning & Research MAY 27 2016
State Use Only:		
6. Date Received by State: 02/03/2016		7. State Application Identifier: SAI-Exempt STATE CLEARINGHOUSE
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606		* c. Organizational DUNS: 1720708070000
d. Address:		
* Street1: P. O. Box 942896		
Street2: _____		
* City: Sacramento		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94296-0001		
e. Organizational Unit:		
Department Name: Parks and Recreation		Division Name: Grants and Local Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: Jeanne
Middle Name: _____		
* Last Name: Ekstrom		
Suffix: _____		
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-7737		Fax Number: _____
* Email: Jeanne.Ekstrom@parks.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

[Empty field]

* Title:
[Empty field]

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

06-087.docx [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

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

Chanticleer Avenue Park
County of Santa Cruz

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="537,635.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="75,269.00"/>
* d. Local	<input type="text" value="1,000,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,612,904.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424									
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			* If Revision, select appropriate letter(s): _____ * Other (Specify): _____			
* 3. Date Received: 02/03/2016			4. Applicant Identifier: _____						
5a. Federal Entity Identifier: _____			5b. Federal Award Identifier: 06-01805						
State Use Only:						Governor's Office of Planning & Research			
6. Date Received by State: 02/03/2016			7. State Application Identifier: SAI-Exempt			MAY 27 2016			
8. APPLICANT INFORMATION:						STATE CLEARINGHOUSE			
* a. Legal Name: California Department of Parks and Recreation									
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606			* c. Organizational DUNS: 1720708070000						
d. Address:									
* Street1:		P. O. Box 942896							
Street2:		_____							
* City:		Sacramento							
County/Parish:		_____							
* State:		CA: California							
Province:		_____							
* Country:		USA: UNITED STATES							
* Zip / Postal Code:		94296-0001							
e. Organizational Unit:									
Department Name: Parks and Recreation			Division Name: Grants and Local Services						
f. Name and contact information of person to be contacted on matters involving this application:									
Prefix:		_____		* First Name:		Jeanne			
Middle Name:		_____							
* Last Name:		Ekstrom							
Suffix:		_____							
Title:		Associate Park and Recreation Specialist							
Organizational Affiliation: _____									
* Telephone Number: 916-651-7737			Fax Number:			_____			
* Email: Jeanne.Ekstrom@parks.ca.gov									

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

[Empty field]

* Title:
[Empty field]

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

06-59920.docx [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

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

Oregon Gulch Open Space Acquisition
City of Redding

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="117,742.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="8,242.00"/>
* d. Local	<input type="text" value="109,500.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="235,484.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

02/03/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01799

MAY 27 2016

State Use Only:

STATE CLEARINGHOUSE

6. Date Received by State: 02/03/2016

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: P. O. Box 942896

Street2:

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix: * First Name: Bill

Middle Name:

* Last Name: Meyer

Suffix:

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-1406

Fax Number:

* Email: Bil.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-12048.docx

Add Attachment

Delete Attachment

View Attachment

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

Heritage Park
City of Cathedral City

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="1,505,377.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="105,377.00"/>
* d. Local	<input type="text" value="1,400,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,010,754.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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 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: 02/03/2016	4. Applicant Identifier: _____
------------------------------------------	------------------------------------------

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01798
------------------------------------------------	--------------------------------------------------

Governor's Office of Planning & Research
MAY 27 2016

State Use Only:

6. Date Received by State: 02/03/2016	7. State Application Identifier: SAI-Exempt
----------------------------------------------	----------------------------------------------------

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:** California Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000
------------------------------------------------------------------------------	---------------------------------------------------

d. Address:

* Street1: P. O. Box 942896
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation	Division Name: Grants and Local Services
-------------------------------------------------	----------------------------------------------------

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

Prefix: _____ * First Name: Bill
Middle Name: _____
* Last Name: Meyer
Suffix: _____
Title: Associate Park and Recreation Specialist
Organizational Affiliation: California Department of Parks and Recreation
* Telephone Number: 916-651-1406 Fax Number: _____
* Email: Bill.Meyer@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

[Empty field]

* Title:
[Empty field]

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

06-46842.docx

Add Attachment

Delete Attachment

View Attachment

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

Wheatfield Park Soccer Fields
Valley-Wide Recreation and Park District

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="430,108.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="30,108.00"/>
* d. Local	<input type="text" value="400,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="860,216.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: 02/03/2016		4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____		5b. Federal Award Identifier: 06-01797
State Use Only:		
6. Date Received by State: 02/03/2016		7. State Application Identifier: SAI-Exempt
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606		* c. Organizational DUNS: 1720708070000
d. Address:		
* Street1: P. O. Box 942896		
Street2: _____		
* City: Sacramento		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 94296-0001		
e. Organizational Unit:		
Department Name: Parks and Recreation		Division Name: Grants and Local Services
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: Stephanie
Middle Name: _____		
* Last Name: Schiechl		
Suffix: _____		
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-8580		Fax Number: _____
* Email: Stephanie.Schiechl@parks.ca.gov		

Governor's Office of Planning & Research

MAY 27 2016

STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

[Empty field]

* Title:
[Empty field]

13. Competition Identification Number:

[Empty field]

Title:
[Empty field]

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

06-28000.docx [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

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

Woodcrest Park
City of Fullerton

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="525,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="36,750.00"/>
* d. Local	<input type="text" value="488,250.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,050,000.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

02/03/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01796

MAY 27 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State: 02/03/2016

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: P. O. Box 942896

Street2: _____

* City: Sacramento

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Grants and Local Services

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

Prefix: _____ * First Name: Stephanie

Middle Name: _____

* Last Name: Schiechl

Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

California Department of Parks and Recreation

* Telephone Number: 916-651-8580

Fax Number: _____

* Email: Stephanie.Schiechl@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-02000.docx

Add Attachment

Delete Attachment

View Attachment

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

Manzanita Skate Park
City of Anaheim

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="430,108.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="30,108.00"/>
* d. Local	<input type="text" value="400,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="860,216.00"/>

*** 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 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: 02/03/2016	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01794	
State Use Only:		STATE CLEARINGHOUSE
6. Date Received by State: 02/03/2016	7. State Application Identifier: SAI-Exempt	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 94296-0001	_____	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Jeanne	_____
Middle Name:	_____	
* Last Name: Ekstrom	_____	
Suffix:	_____	
Title: Associate park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-7737	Fax Number:	
* Email: Jeanne.Ekstrom@parks.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-03526.docx

Add Attachment

Delete Attachment

View Attachment

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

North Beardsley Skate Park
North of the River R.P.D.

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="453,764.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="31,764.00"/>
* d. Local	<input type="text" value="422,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="907,528.00"/>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- 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: <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: 02/03/2016			4. Applicant Identifier: _____					
5a. Federal Entity Identifier: _____			5b. Federal Award Identifier: 06-01795			Governor's Office of Planning & Research		
State Use Only:						MAY 27 2016		
6. Date Received by State: 02/03/2016			7. State Application Identifier: SAI-Exempt			STATE CLEARINGHOUSE		
8. APPLICANT INFORMATION:								
* a. Legal Name: California Department of Parks and Recreation								
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606				* c. Organizational DUNS: 1720708070000				
d. Address:								
* Street1:		P. O. Box 942896						
Street2:		_____						
* City:		Sacramento						
County/Parish:		_____						
* State:		CA: California						
Province:		_____						
* Country:		USA: UNITED STATES						
* Zip / Postal Code:		94296-0001						
e. Organizational Unit:								
Department Name: Parks and Recreation				Division Name: Grants and Local Services				
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:		_____		* First Name:		Jeanne		
Middle Name:		_____						
* Last Name:		Ekstrom						
Suffix:		_____						
Title:		Associate Park and Recreation Specialist						
Organizational Affiliation: California Department of Parks and Recreation								
* Telephone Number: 916-651-7737				Fax Number: _____				
* Email: Jeanne.Ekstrom@parks.ca.gov								

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-50874.docx

Add Attachment

Delete Attachment

View Attachment

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

Pioneer Park Swimming Pool
City of Nevada City

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="134,516.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="9,416.00"/>
* d. Local	<input type="text" value="125,100.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="269,032.00"/>

*** 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

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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): _____ * Other (Specify): _____		
* 3. Date Received: 02/03/2016			4. Applicant Identifier: _____					
5a. Federal Entity Identifier: _____			5b. Federal Award Identifier: 06-01793					
Governor's Office of Planning & Research MAY 27 2016								
State Use Only:								
6. Date Received by State: 02/03/2016			7. State Application Identifier: SAI-Exempt					
STATE CLEARINGHOUSE								
8. APPLICANT INFORMATION:								
* a. Legal Name: California Department of Parks and Recreation								
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606			* c. Organizational DUNS: 1720708070000					
d. Address:								
* Street1: P.O. Box 942896								
Street2: _____								
* City: Sacramento								
County/Parish: _____								
* State: CA: California								
Province: _____								
* Country: USA: UNITED STATES								
* Zip / Postal Code: 94296-0001								
e. Organizational Unit:								
Department Name: Parks and Recreation			Division Name: Grants and Local Services					
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix: _____		* First Name: Jeanne						
Middle Name: _____		_____						
* Last Name: Ekstrom		_____						
Suffix: _____		_____						
Title: Associate Park and Recreation Specialist								
Organizational Affiliation: California Department of Parks and Recreation								
* Telephone Number: 916-651-7737			Fax Number: _____					
* Email: Jeanne.Ekstrom@parks.ca.gov								

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-44826

Add Attachment

Delete Attachment

View Attachment

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

Villa de Caribe Park
City of McFarland

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,075,269.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="75,269.00"/>
* d. Local	<input type="text" value="1,000,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,150,538.00"/>

*** 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

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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): _____ * Other (Specify): _____
* 3. Date Received: 02/03/2016	4. Applicant Identifier: N/A	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: 06-01791 Governor's Office of Planning & Research MAY 27 2016	
State Use Only:		
6. Date Received by State: 02/03/2016	7. State Application Identifier: SAI-Exempt	STATE CLEARINGHOUSE
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606	* c. Organizational DUNS: 1720708070000	
d. Address:		
* Street1: P.O. Box 942896	_____	
Street2:	_____	
* City: Sacramento	_____	
County/Parish:	_____	
* State: CA: California	_____	
Province:	_____	
* Country: USA: UNITED STATES	_____	
* Zip / Postal Code: 94296-0001	_____	
e. Organizational Unit:		
Department Name: Parks and Recreation	Division Name: Grants and Local Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Natalie	
Middle Name: _____	_____	
* Last Name: Bee	_____	
Suffix: _____	_____	
Title: Associate Park and Recreation Specialist		
Organizational Affiliation: California Department of Parks and Recreation		
* Telephone Number: 916-651-0564	Fax Number: _____	
* Email: Natalie.Bee@parks.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

06-53070

Add Attachment

Delete Attachment

View Attachment

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

City Of Oakley
Oakley Community Dog Park - Nunn - Wilson Park

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="444,640.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="31,125.00"/>
* d. Local	<input type="text" value="413,515.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="889,280.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

02/03/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-01792

Governor's Office of Planning & Research

MAY 27 2016

State Use Only:

6. Date Received by State: 02/03/2016

7. State Application Identifier: SAI-Exempt

STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

* Street1: P.O. Box 942896

Street2: _____

* City: Sacramento

County/Parish: _____

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 94296-0001

e. Organizational Unit:

Department Name: Parks and Recreation

Division Name: Grants and Local Services

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

Prefix: _____ * First Name: Jeanne

Middle Name: _____

* Last Name: Ekstrom

Suffix: _____

Title: Associate Park and Recreation Specialist

Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-651-7737

Fax Number: _____

* Email: Jeanne.Ekstrom@parks.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Eureka Parcel 4 Park and Trail System
City of Eureka

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="322,581.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="31,764.00"/>
* d. Local	<input type="text" value="422,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="776,345.00"/>

*** 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 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>	1.b. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other Other (specify): One time <input type="text"/>	1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update 2. Date Received: Completed by Grants.gov upon submission. 3. Applicant Identifier: <input type="text"/> 4a. Federal Entity Identifier: <input type="text"/> 4b. Federal Award Identifier: <input type="text"/>	STATE USE ONLY: 5. Date Received by State: <input type="text"/> 6. State Application Identifier: <input type="text"/>
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>			

7. APPLICANT INFORMATION: Governor's Office of Planning & Research

a. Legal Name: San Francisco Municipal Transportation Agency MAY 31 2016	
b. Employer/Taxpayer Identification Number (EIN/TIN): 941160893	c. Organization: STATE CLEARINGHOUSE 9566174350000
d. Address:	
Street1: 1 South Van Ness Avenue, 7th floor	Street2: <input type="text"/>
City: San Francisco	County / Parish: <input type="text"/>
State: CA: California	Province: <input type="text"/>
Country: USA: UNITED STATES	Zip / Postal Code: 94103-5418

e. Organizational Unit:	
Department Name: Capital Procurement & Management	Division Name: Finance & Info Technology

f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Mr.	First Name: Joel	Middle Name: <input type="text"/>
Last Name: Goldberg		Suffix: <input type="text"/>
Title: Manager, Capital Procurement and Management		
Organizational Affiliation: <input type="text"/>		
Telephone Number: 415-701-4499	Fax Number: <input type="text"/>	
Email: joel.goldberg@sfmta.com		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

B: County Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

SF Paratransit Website Customer Interface Project

12. Areas Affected by Funding:

City of San Francisco

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

12, 14

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

11/01/2016

b. End Date:

10/31/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

160,000.00

b. Match (\$):

40,000.00

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

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

05/31/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. 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

** This 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:

Leda

Middle Name:

Last Name:

Young

Suffix:

Title:

Principle Grant Analyst

Organizational Affiliation:

Telephone Number:

415-701-4336

Fax Number:

Email:

leda.young@sfmta.com

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

Other (specify):

1.b. Frequency:

- Annual
- Quarterly
- Other

Other (specify):

1.d. Version:

- Initial
- Resubmission
- Revision
- Update

2. Date Received:

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

1.c. Consolidated Application/Plan/Funding Request?

- Yes
- No

Explanation:

Governor's Office of Planning & Research

7. APPLICANT INFORMATION:

MAY 31 2016

a. Legal Name:

San Francisco Municipal Transportation Agency

STATE CLEARINGHOUSE

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

941160893

c. Organizational DUNS:

9566174350000

d. Address:

Street1:

1 South Van Ness Avenue, 7th floor

Street2:

City:

San Francisco

County / Parish:

State:

CA: California

Province:

Country:

USA: UNITED STATES

Zip / Postal Code:

94103-5418

e. Organizational Unit:

Department Name:

Capital Procurement & Manageme

Division Name:

Finance & Info Technology

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

Prefix:

Mr.

First Name:

Joel

Middle Name:

Last Name:

Goldberg

Suffix:

Title: Manager, Capital Procurement & Management

Organizational Affiliation:

Telephone Number:

415-701-4499

Fax Number:

Email:

joel.goldberg@sfmta.com

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

B: County Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Innovation and Coordination for Dialysis Transportation - Model Pilot San Francisco

12. Areas Affected by Funding:

City of San Francisco

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

12, 14

b. Program/Project:

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

11/01/2016

b. End Date:

04/30/2018

15. ESTIMATED FUNDING:

a. Federal (\$):

400,000.00

b. Match (\$):

100,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 05/31/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

18. 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

** This 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:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

Signature of Authorized Representative:

Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

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

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

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

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Arvin Community Services District

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

956005995

*** c. Organizational DUNS:**

070199070

d. Address:

*** Street1:**

309 Campus Drive

Street2:

*** City:**

Arvin

County:

Kern

*** State:**

California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93203-1047

Governor's Office of Planning & Research

MAY 31 2016

STATE CLEARINGHOUSE

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:**

Raul

Middle Name:

*** Last Name:**

Barraza

Suffix:

Jr.

Title:

General Manager

Organizational Affiliation:

N/A

*** Telephone Number:**

661-854-2127

Fax Number:

661-854-8230

*** Email:**

Raul Barraza, Jr.<rbarraza@arvincsd.com>

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

Special District Government: D

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

EPA Region 9

11. Catalog of Federal Domestic Assistance Number:

66.802

CFDA Title:

Remedial Action Superfund Cooperative Agreement

*** 12. Funding Opportunity Number:**

EPA-CEP-02

* Title:

Remedial Action Superfund Cooperative Agreement
Brown and Bryant Superfund Site

13. Competition Identification Number:

Title:

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

City of Arvin, County of Kern, State of California

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

Remedial Action Superfund Cooperative Agreement. Construct a replacement municipal water well for Arvin Community Services District Well # CW-1

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 21 & 23

* b. Program/Project 21 & 23

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

17. Proposed Project:

* a. Start Date: 7-18-2016

* b. End Date: 3-15-2019

18. Estimated Funding (\$):

* a. Federal \$2,540,295
* b. Applicant \$180,000
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL \$2,720,295

*** 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 5-25-2016.
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Raul

Middle Name:

* Last Name: Barraza

Suffix: Jr.

* Title: General Manager

* Telephone Number: 661-854-2127 Fax Number: 661-854-8230

* Email: Raul Barraza <rbarraza@arvincsd.com>

* Signature of Authorized Representative: *Raul Barraza* * Date Signed: 5/26/2016

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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

 16-8130-0651-CA

Governor's Office of Planning & Research

MAY 31 2016

State Use Only:

6. Date Received by State:

7. State Application Identifier:

 STATE CLEARINGHOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

 The Regents of the University of California

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

 94-6002123

* c. Organizational DUNS:

 1247267250000

d. Address:

* Street1:

 Sponsored Projects Office

Street2:

 2150 Shattuck Avenue, Suite 313

* City:

 Berkeley

County/Parish:

* State:

 CA: California

Province:

* Country:

 USA: UNITED STATES

* Zip / Postal Code:

 94704-5940

e. Organizational Unit:

Department Name:

 Sponsored Projects Office

Division Name:

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:

* Telephone Number:

 (510) 643-3391

Fax Number:

 (510) 642-8236

* Email:

 srlavinghouse@berkeley.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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:**

N/A

* Title:

2014 Farm Bill FY16 (Annual) Implementation Plan for Section 10007

13. Competition Identification Number:

Title:

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

Areas affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

Light brown apple moth in California, current status and natural limitations

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="175,000.00"/>
* 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="175,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:


Digitally signed by Shoshana Lavinghouse
 DN: cn=Shoshana Lavinghouse, o=University of California,
 ou=Sponsored Projects Office, email=slavinghouse@berkeley.edu, c=US
 Date: 2016.05.27.17:36:33 -0700

* Date Signed:

All project work will be carried out in California

Cities of Alameda, Berkeley, El Cerrito and Richmond in Alameda county

City of San Francisco in San Francisco county

Cities of Aptos, Capitola, Santa Cruz and Watsonville in Santa Cruz county

Cities of Oceanside, Rancho Santa Fe, San Diego and Vista in Santa Cruz county

Application for Federal Assistance SF-424		
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<p>* If Revision, select appropriate letter(s): <input style="width:100%;" type="text"/> <p>* Other (Specify): <input style="width:100%;" type="text"/></p> </p>
Governor's Office of Planning & Research		
<p>* 3. Date Received: <input style="width:100%;" type="text"/></p>	<p>4. Applicant Identifier: <input style="width:100%;" type="text"/> Dept. of Food and Agriculture</p>	
MAY 31 2016		
STATE CLEARINGHOUSE		
<p>5a. Federal Entity Identifier: <input style="width:100%;" type="text"/> 16-8506-1903-CA</p>	<p>5b. Federal Award Identifier: <input style="width:100%;" type="text"/></p>	
State Use Only:		
<p>6. Date Received by State: <input style="width:100%;" type="text"/></p>	<p>7. State Application Identifier: <input style="width:100%;" type="text"/></p>	
8. APPLICANT INFORMATION:		
<p>* a. Legal Name: <input style="width:100%;" type="text"/> State of California</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width:100%;" type="text"/> 68-0325104</p>	<p>* c. Organizational DUNS: <input style="width:100%;" type="text"/> 8074876650000</p>	
d. Address:		
<p>* Street1: <input style="width:100%;" type="text"/> 1220 N Street, Room 315</p> <p>Street2: <input style="width:100%;" type="text"/></p> <p>* City: <input style="width:100%;" type="text"/> Sacramento</p> <p>County/Parish: <input style="width:100%;" type="text"/></p> <p>* State: <input style="width:100%;" type="text"/> CA: California</p> <p>Province: <input style="width:100%;" type="text"/></p> <p>* Country: <input style="width:100%;" type="text"/> USA: UNITED STATES</p> <p>* Zip / Postal Code: <input style="width:100%;" type="text"/> 95814</p>		
e. Organizational Unit:		
<p>Department Name: <input style="width:100%;" type="text"/> Food and Agriculture</p>	<p>Division Name: <input style="width:100%;" type="text"/> Plant Health/Pest Prev Svcs</p>	
f. Name and contact information of person to be contacted on matters involving this application:		
<p>Prefix: <input style="width:100%;" type="text"/></p> <p>Middle Name: <input style="width:100%;" type="text"/></p> <p>* Last Name: <input style="width:100%;" type="text"/> Chan</p> <p>Suffix: <input style="width:100%;" type="text"/></p>	<p>* First Name: <input style="width:100%;" type="text"/> Jason</p>	
<p>Title: <input style="width:100%;" type="text"/></p>		
<p>Organizational Affiliation: <input style="width:100%;" type="text"/> California Department of Food and Agriculture</p>		
<p>* Telephone Number: <input style="width:100%;" type="text"/> (916) 654-1211</p>	<p>Fax Number: <input style="width:100%;" type="text"/> (916) 654-0555</p>	
<p>* Email: <input style="width:100%;" type="text"/> jason.chan@cdfa.ca.gov</p>		

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:**

Stone Fruit Commodity Survey

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="225,000.00"/>
* 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="225,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty field]

* Other (Specify):

[Empty field]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty field]

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

953736270

5b. Federal Award Identifier:

[Empty field]

MAY 31 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name:

La Posta Band of Mission Indians

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

45-3736270

* c. Organizational DUNS:

9560464370000

d. Address:

* Street1:

8 CRESTWOOD ROAD

Street2:

[Empty field]

* City:

BOULEVARD

Country/Parish:

[Empty field]

* State:

CA: California

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91905-9725

e. Organizational Unit:

Department Name:

CULTURAL RESOURCES DEPARTMENT

Division Name:

[Empty field]

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

Prefix:

Mr.

* First Name:

ROBERT

Middle Name:

TIMOTHY

* Last Name:

BOLGER

Suffix:

[Empty field]

Title:

TRIBAL ARCHAEOLOGIST

Organizational Affiliation:

LA POSTA BAND OF MISSION INDIANS

* Telephone Number:

510.593.9260

Fax Number:

[Empty field]

* Email:

ROBERTBOLGER@GMAIL.COM

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

▼

Type of Applicant 3: Select Applicant Type:

▼

* Other (specify):

* 10. Name of Federal Agency:

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund Grants-In-Aid

* 12. Funding Opportunity Number:

F16AS00041

* Title:

FY2016 Historic Preservation Fund - Tribal Historic Preservation Office

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:

THE APPLICANT SEEKS TO START A TRIBAL HISTORIC PRESERVATION OFFICE FOR THE LA POSTA BAND OF MISSION INDIANS.

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="80,805.00"/>
* b. Applicant	<input type="text" value="4,500.00"/>
* 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="84,805.00"/>

* 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 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: