

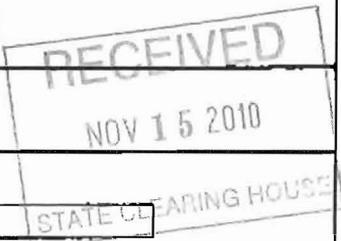
# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2010**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.



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

<b>Application for Federal Assistance SF-424</b>		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input style="width: 100%;" type="text"/> * Other (Specify) <input style="width: 100%;" type="text"/>
* 3. Date Received: <input style="width: 100%;" type="text"/>	4. Applicant Identifier: <input style="width: 100%;" type="text"/>	
5a. Federal Entity Identifier: <input style="width: 100%;" type="text"/>	* 5b. Federal Award Identifier: <input style="width: 100%;" type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input style="width: 100%;" type="text"/>	7. State Application Identifier: <input style="width: 100%;" type="text"/>	
<b>a. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input style="width: 100%; border: 1px solid black;" type="text" value="Santa Clara University"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 100%; border: 1px solid black;" type="text" value="94-1156617"/>	* c. Organizational DUNS: <input style="width: 100%; border: 1px solid black;" type="text" value="054800214"/>	
<b>d. Address:</b>		
* Street1: <input style="width: 100%; border: 1px solid black;" type="text" value="c/o Sponsored Projects Office, 500 El Camino Real"/>		
Street2: <input style="width: 100%; border: 1px solid black;" type="text"/>		
* City: <input style="width: 100%; border: 1px solid black;" type="text" value="Santa Clara"/>		
County: <input style="width: 100%; border: 1px solid black;" type="text"/>		
* State: <input style="width: 100%; border: 1px solid black;" type="text" value="CA: California"/>		
Province: <input style="width: 100%; border: 1px solid black;" type="text"/>		
* Country: <input style="width: 100%; border: 1px solid black;" type="text" value="USA: UNITED STATES"/>		
* Zip / Postal Code: <input style="width: 100%; border: 1px solid black;" type="text" value="95053-0250"/>		
<b>e. Organizational Unit:</b>		
Department Name: <input style="width: 100%; border: 1px solid black;" type="text"/>	Division Name: <input style="width: 100%; border: 1px solid black;" type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input style="width: 100%; border: 1px solid black;" type="text" value="Ms."/>	* First Name: <input style="width: 100%; border: 1px solid black;" type="text" value="Linda"/>	
Middle Name: <input style="width: 100%; border: 1px solid black;" type="text"/>		
* Last Name: <input style="width: 100%; border: 1px solid black;" type="text" value="Campbell"/>		
Suffix: <input style="width: 100%; border: 1px solid black;" type="text"/>		
Title: <input style="width: 100%; border: 1px solid black;" type="text" value="Director of Sponsored Projects"/>		
Organizational Affiliation: <input style="width: 100%; border: 1px solid black;" type="text"/>		
* Telephone Number: <input style="width: 100%; border: 1px solid black;" type="text" value="408-554-4806"/>	Fax Number: <input style="width: 100%; border: 1px solid black;" type="text" value="408-554-2389"/>	
* Email: <input style="width: 100%; border: 1px solid black;" type="text" value="lcampbell@scu.edu"/>		



OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

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

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

## 11. Catalog of Federal Domestic Assistance Number:

## CFDA Title:

## \* 12. Funding Opportunity Number:

## \* Title:

## 13. Competition Identification Number:

## Title:

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

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

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant:

\* b. Program/Project:

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	251,064.00
* b. Applicant	76,955.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	328,019.00

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

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

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

Yes  No

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

I AGREE

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

**Authorized Representative:**

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

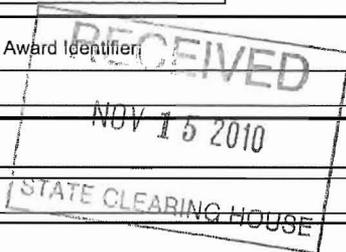
\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		Version 02	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> 11/12/2010	<b>4. Applicant Identifier:</b> _____		
<b>5a. Federal Entity Identifier:</b> _____	<b>* 5b. Federal Award Identifier:</b> _____		
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____		
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> Sanctuary Forest			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-2676195		<b>* c. Organizational DUNS:</b> 041366373	
<b>d. Address:</b>			
<b>* Street1:</b>	PO Box 166		
<b>Street2:</b>	_____		
<b>* City:</b>	Whitethorn		
<b>County:</b>	_____		
<b>* State:</b>	CA: California		
<b>Province:</b>	_____		
<b>* Country:</b>	USA: UNITED STATES		
<b>* Zip / Postal Code:</b>	95589-0166		
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> _____		<b>Division Name:</b> _____	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b>	_____	<b>* First Name:</b>	Noah
<b>Middle Name:</b>	_____		
<b>* Last Name:</b>	Levy		
<b>Suffix:</b>	_____		
<b>Title:</b>	Co-Executive Director		
<b>Organizational Affiliation:</b> Sanctuary Forest			
<b>* Telephone Number:</b>	707-986-1087 ext. 3	<b>Fax Number:</b>	707-986-1607
<b>* Email:</b>	noah@sanctuaryforest.org		



**Application for Federal Assistance SF-424**

Version 02

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Commerce

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

11.463

CFDA Title:

Habitat Conservation

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

NOAA-NMFS-HCPO-2011-2002644

\* Title:

2011 Open Rivers Initiative

**13. Competition Identification Number:**

2195294

Title:

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

Whitethorn, Humboldt County, California

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

Mattole Flow Program - Water Storage and Forbearance

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="177,565.00"/>
* b. Applicant	<input type="text" value="2,300.00"/>
* c. State	<input type="text" value="495,398.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="14,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="689,263.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
11/10/2010		
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: California State University, East Bay Foundation Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
94-152-4922	1940443350000	
<b>d. Address:</b>		
* Street1:	25976 Carlos Bee Blvd	
Street2:		
* City:	Hayward	
County/Parish:		
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	94542-3001	
<b>e. Organizational Unit:</b>		
Department Name:	Division Name:	
Sponsored Research & Programs		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:	Dr.	* First Name:
		Rhea
Middle Name:		
* Last Name:	Williamson	
Suffix:		
Title: AVP, Office of Research and Sponsored Programs		
Organizational Affiliation:		
California State University, East Bay		
* Telephone Number:	510-885-4211	Fax Number:
		510-885-4618
* Email: rhea.williamson@csueastbay.edu		

RECEIVED

NOV 10 2010

STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

\* 9. Type of Applicant 1: Select Applicant Type:  
  
 Type of Applicant 2: Select Applicant Type:  
  
 Type of Applicant 3: Select Applicant Type:  
  
 \* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:  
  
 CFDA Title:

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

13. Competition Identification Number:  
  
 Title:

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

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

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
 \* a. Applicant  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="10,000.00"/>
* b. Applicant	<input type="text" value="10,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,000.00"/>

**\* 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**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier <u>163563605</u>
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name: Micah Neely RECEIVED

Organizational DUNS: Self NOV - 8 2010

Address: 2200 Lincoln Blvd TATE BUILDING HOUSE

City: Tracy

County: San Joaquin

State: California Zip Code: 95376

Country: United States

Organizational Unit:  
Department: N/A  
Division: N/A

Name and telephone number of person to be contacted on matters involving this application (give area code)  
Prefix: Mr. First Name: Micah  
Middle Name: Lee  
Last Name: Neely  
Suffix: N/A  
Email: Micahneely9@aol.com

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
□□-□□□□□□

Phone Number (give area code) (209) 752-8820 Fax Number (give area code)

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
Debt Relief, Hardship Grant;  
Other (specify) OVER \$50,000 in Debt, money's will give me headstart.

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
TITLE (Name of Program): 10-420

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Rural Self Help Technical Assistance

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

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

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant Micah Neely b. Project Debt Relief

**15. ESTIMATED FUNDING:**

a. Federal	\$	<u>N/A</u>	.00
b. Applicant	\$	<u>32,000</u>	.00
c. State	\$	<u>N/A</u>	.00
d. Local	\$	<u>N/A</u>	.00
e. Other	\$	<u>N/A</u>	.00
f. Program Income	\$	<u>N/A</u>	.00
g. TOTAL	\$	<u>32,000</u>	.00

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

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

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

a. Authorized Representative

Prefix N/A First Name Micah Neely Middle Name Lee  
Last Name Neely Suffix N/A

b. Title Self / Personal c. Telephone Number (give area code) (209) 752-8820  
d. Signature of Authorized Representative Micah Neely e. Date Signed 11/6/11

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> November 15, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction		B-11-MC-06-0003	
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400514		Division:	
Address: Street: 801 12th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Geoffrey
County: Sacramento		Middle Name	
State: California		Last Name Ross	
Zip Code 95814	Suffix:		
Country: USA		Email: gross@shra.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6028238		Phone Number (give area code) (916) 440-1322	Fax Number (give area code) (916) 444-2261
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant 14-218		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Sacramento		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2011 Community Development Block Grant Projects	
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th	
Ending Date: December 31, 2011		b. Project 3rd, 4th, 5th, and 11th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 8,266,315 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2010	
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 3,988,342 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 6,537,897 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 2,686,429 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 145,848 <sup>00</sup>		
g. TOTAL	\$ 19,602,631 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name LaShelle	Middle Name	
Last Name Dozier	Suffix		
b. Title Executive Director	c. Telephone Number (give area code) (916) 440-1318		
d. Signature of Authorized Representative <i>Dozier</i>	e. Date Signed 10/29/10		

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

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

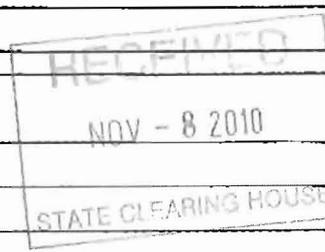
<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> November 15, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier B -11-UC-06-0005
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		
<b>5. APPLICANT INFORMATION</b>			
Legal Name: County of Sacramento		<b>Organizational Unit:</b> Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400514		Division:	
<b>Address:</b> Street: 801 12th Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Sacramento		Prefix: Mr.	First Name: Geoffrey
County: Sacramento		Middle Name	
State: California		Last Name Roas	
Zip Code 95814	Suffix:		
Country: USA	Email: gross@shra.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-8000759		Phone Number (give area code) (916) 440-1322	Fax Number (give area code) (916) 447-2261
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2011 Community Development Block Grant Projects	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento			
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2011		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th	
Ending Date: December 31, 2011		b. Project 3rd, 4th, 5th, and 11th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 6,298,492 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 0 <sup>00</sup>	DATE: November 14, 2010	
c. State	\$ 4,066,342 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 8,062,322 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 2,442,809 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$ 127,742 <sup>00</sup>	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 21,998,707 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name La Shelle	Middle Name	
Last Name Dozier	Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative <i>Debra Butler</i>		e. Date Signed 10/29/10	

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> November 15, 2010	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier S-11-MC-06-0003

**5. APPLICANT INFORMATION**

Legal Name: City of Sacramento	<b>Organizational Unit:</b> Department: Sacramento Housing and Redevelopment Agency
Organizational DUNS: 139400514	Division:
Address: Street: 801 12th Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Suzanne
City: Sacramento	Middle Name
County: Sacramento	Last Name Hammer
State: California	Zip Code 95814
Country: USA	Email: hammers@saccounty.net



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 94-6028238

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

**9. NAME OF FEDERAL AGENCY:**  
 U. S. Department of Housing and Urban Development

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 14-231

TITLE (Name of Program):  
 Emergency Shelter Grant

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 2011 Emergency Shelter Grant

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

**13. PROPOSED PROJECT**

Start Date: January 1, 2011	Ending Date: December 31, 2011
--------------------------------	-----------------------------------

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant 3rd, 4th, 5th, and 11th  
 b. Project 3rd, 4th, 5th, and 11th

<b>15. ESTIMATED FUNDING:</b> a. Federal \$ 254,485.00 b. Applicant \$ 0.00 c. State \$ 136,750.00 d. Local \$ 22,295.00 e. Other \$ 1,008,989.00 f. Program Income \$ 0.00 g. TOTAL \$ 1,422,529.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

**a. Authorized Representative**

Prefix Mr.	First Name Paul	Middle Name G.
Last Name Lake	Suffix	
b. Title Acting Director Department of Human Assistance	c. Telephone Number (give area code) (916) 875-3643	
d. Signature of Authorized Representative <i>Paul G Lake</i>	e. Date Signed 11/10	

**APPLICATION FOR FEDERAL ASSISTANCE**

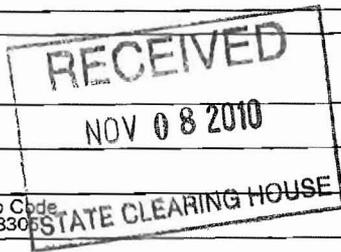
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 15, 2010	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier S-11-UC-08-0005
Legal Name: County of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency	
Organizational DUNS: 139400209		Division:	
Address: Street: 801 12th Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Suzanne
County: Sacramento		Middle Name	
State: California		Last Name Hammer	
Zip Code 95814		Suffix:	
Country: USA		Email: hammers@saccounty.net	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-8000759		Phone Number (give area code) (916) 875-4325	Fax Number (give area code) (916) 874-4343
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2010 Emergency Shelter Grant	
13. PROPOSED PROJECT Start Date: January 1, 2011 Ending Date: December 31, 2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
15. ESTIMATED FUNDING:		18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 258,249.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 14, 2010	
b. Applicant	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 136,750.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 22,295.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 1,008,999.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 1,424,293.00	a. Authorized Representative	
Prefix Mr.		First Name Paul	Middle Name G.
Last Name Lake		Suffix	
b. Title Acting Department of Human Assistance		c. Telephone Number (give area code) (916) 875-3643	
d. Signature of Authorized Representative <i>Paul G Lake</i>		e. Date Signed 11/4/10	

**APPLICATION FOR FEDERAL ASSISTANCE**

OMB Approved No. 3076-0005

Version 7/03

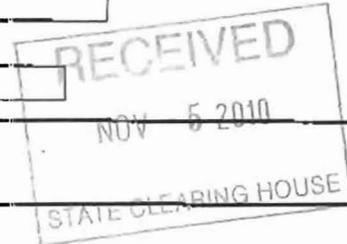
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> 11/08/2010	Applicant Identifier
			<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
			<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: Bethany Services dba Bakersfield Homeless Center		Organizational Unit: Department:		
Organizational DUNS: 781523824		Division:		
Address: Street: 1600 East Truxtun Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Louis		
City: Bakersfield		Middle Name		
County: Kern		Last Name Gill		
State: CA		Zip Code 93306	Suffix:	
Country: USA		Email: lbjill@bakhc.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-2858936		Phone Number (give area code) 661-322-9199		Fax Number (give area code) 661-322-9203
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O. Not for Profit Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-235		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing and Urban Development		
TITLE (Name of Program): Supportive Housing Program (SHP) - Supportive Services Only (SSO)		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Casa Nueva Placement and Supportive Services Project		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Kern and Bakersfield, CA		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 20 & 22 b. Project 20 & 22		
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/08/2010 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	90,000		
b. Applicant	\$	21,428		
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$	111,428		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix		First Name Louis		Middle Name
Last Name Gill		Suffix		
<b>b. Title</b> Executive Director		<b>c. Telephone Number (give area code)</b> 661-322-9199		
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b> 11/08/2010		



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): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
-----------------------------------------------------------------	-----------------------------------

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

State Use Only:

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

B. APPLICANT INFORMATION:

\* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247	* c. Organizational DUNS: 942514985
-----------------------------------------------------------------------	----------------------------------------

d. Address:

* Street1:	1600 Holloway Avenue
Street2:	_____
* City:	San Francisco
County:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94132

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: Whitney
Middle Name: _____	
* Last Name: Thornton	
Suffix: _____	

Title: \_\_\_\_\_

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

* Telephone Number: 930-910-1455	Fax Number: _____
----------------------------------	-------------------

\* Email: whitneythornton@gmail.com

**Application for Federal Assistance SF-424**

Version 02

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

\* 12. Funding Opportunity Number:

NOAA-NOS-OCRM-2011-2002575

\* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY11

13. Competition Identification Number:

2193896

Title:

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

Northern & Southern California & Baja California, Mexico

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

Morphological Variation of Native Cordgrass, *Spartina folioea*, and its Implications for Restoration

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="40,000.00"/>
* b. Applicant	<input type="text" value="17,148.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="57,148.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

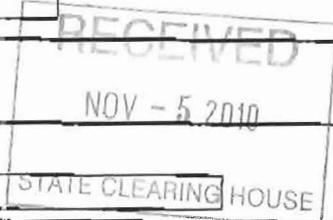
Application for Federal Assistance SF-424

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): _____
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* 3. Date Received: 11/01/2010	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
-----------------------------------------	------------------------------------------



State Use Only:

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

**B. APPLICANT INFORMATION:**

\* a. Legal Name: San Francisco State University

* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-1137247	* c. Organizational DUNS: 942514985
-----------------------------------------------------------------------	----------------------------------------

d. Address:

* Street1: 1600 Holloway Avenue, ADM 471
* Street2: _____
* City: San Francisco
* County: _____
* State: CA: California
* Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94110

e. Organizational Unit:

Department Name: College, Science & Engineering	Division Name: Biology
----------------------------------------------------	---------------------------

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

Prefix: Dr.	* First Name: V.
Middle Name: Thomas	
* Last Name: Parker	
Suffix: _____	

Title: Professor

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

* Telephone Number: (415) 338-2375	* Fax Number: _____
---------------------------------------	------------------------

\* Email: parker@sfsu.edu

**Application for Federal Assistance SF-424**

Version 02

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

H: Public/State Controlled Institution of Higher Education

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.420

**CFDA Title:**

Coastal Zone Management Estuarine Research Reservas

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

NOAA-NOS-OCRM-2011-2002575

**\* Title:**

National Estuarine Research Reserve Graduate Research Fellowship Program FY11

**13. Competition Identification Number:**

2193896

**Title:**

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

Northern California, San Francisco Bay

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

Determining Climate Change Effects on Two Dominant Tidal Marsh Plant Species

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="40,000.00"/>
* 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="17,148.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="57,148.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission:		*2. Type of Application * If Revision, select appropriate letter(s)
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation *Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier:	*5b. Federal Award Identifier: NOV - 4 2010	
State Use Only:		STATE CLEARING HOUSE
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: The Nature Conservancy		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 53-0242852		*c. Organizational DUNS: 072656630
*d. Address:		
*Street 1:	201 Mission St., 4 <sup>th</sup> Floor	
Street 2:		
*City:	San Francisco, CA	
County:	San Francisco	
*State:	CA	
Province:		
*Country:	USA	
*Zip / Postal Code	94105	
<b>e. Organizational Unit:</b>		
Department Name: Central Valley & Mountains Region		Division Name: Lassen Foothills Project
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix:		*First Name: Jake
Middle Name:		
*Last Name:	Jacobson	
Suffix:		
Title:	Project Director	
Organizational Affiliation:		
*Telephone Number: (530) 897-6370 ext. 207		Fax Number: (530) 342-0257
*Email: jjacobson@trc.org		

<b>Application for Federal Assistance SF-424</b>	Version 02
<p><b>*9. Type of Applicant 1: Select Applicant Type:</b>  M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p><b>*10 Name of Federal Agency:</b>  Bureau of Reclamation - Mid-Pacific Region</p>	
<p><b>11. Catalog of Federal Domestic Assistance Number:</b>  15.512 _____</p> <p>CFDA Title:  Central Valley Project Improvement Act, Title XXIV _____</p>	
<p><b>*12 Funding Opportunity Number:</b>  R10AF20001 _____</p> <p>*Title:  Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program _____</p>	
<p><b>13. Competition Identification Number:</b>  _____</p> <p>Title:  _____</p>	
<p><b>14. Areas Affected by Project (Cities, Counties, States, etc.):</b>  Tehama County, CA</p>	
<p><b>*15. Descriptive Title of Applicant's Project:</b>  Peek Property Conservation Easement Acquisition</p>	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\*a. Applicant: CA-008

\*b. Program/Project: CA-002

## 17. Proposed Project:

\*a. Start Date: 3/1/10

\*b. End Date: 1/31/11

## 18. Estimated Funding (\$):

*a. Federal	Federal: \$500,000
*b. Applicant	Applicant: \$0
*c. State	State: \$350,000
*d. Local	Other : \$583,159
*e. Other	
*f. Program Income	Program Income: \$0
*g. TOTAL	Total: \$1,433,159

## \*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 10/4/2010
- 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: Rebecca

Middle Name: \_\_\_\_\_

\*Last Name: Shaw

Suffix: \_\_\_\_\_

\*Title: Associate State Director of Conservation

\*Telephone Number: (415) 777-0487

Fax Number: (415) 777-0244

\* Email: rshaw@tnc.org

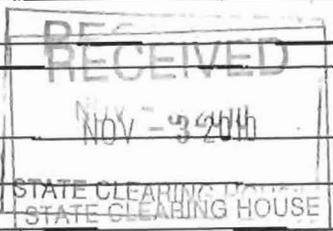
\*Signature of Authorized Representative: \*Date Signed: 10/27/10

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> Nov. 2, 2010	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b> Nov. 1, 2010	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<input type="checkbox"/> Non-Construction			

**5. APPLICANT INFORMATION**

Legal Name: County of Madera	<b>Organizational Unit:</b> Department: Resource Management Agency
Organizational DUNS: 0049939377	Division: Engineering - Special Districts
Address: Street: 2037 W. Cleveland Ave.	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>
City: Madera	Prefix: Mr.
County: Madera	First Name: William
State: California	Middle Name Loma
Zip Code 93637-6720	Last Name Hayter
Country: USA	Suffix:
	Email: WLMASsoc@aol.com



**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
94-6000518

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
B. County  
Other (specify)

**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

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

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

TITLE (Name of Program):  
Water and Wastewater Disposal Grant and Loan Program

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Expansion of wastewater treatment facility to meet RWQCB required full permitted 0.65 MGD capacity; Purchase of equipment to complete grant awarded by EPA; New lift station to complete Red Bud crossing improvement at Fresno River; New sludge storage structure; Replace pipeline segments and manholes along Hwy 41; upgrade septage receiving station.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Unincorporated Community of Oakhurst / Madera County

**13. PROPOSED PROJECT**  
Start Date: April 11, 2011  
Ending Date: Aug 1, 2013

**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 19th - Radonovich  
b. Project 19th - Radonovich

**15. ESTIMATED FUNDING:**

a. Federal	\$	3,257,741 <sup>00</sup>
b. Applicant	\$	873,754 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	<sup>00</sup>
e. Other EPA Grant #XP-9796001-0	\$	786,700 <sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	4,917,195 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: Nov. 1, 2010  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

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

**a. Authorized Representative**

Prefix Mr.	First Name Ray	Middle Name
Last Name Beach	Suffix	
b. Title Director - Madera County Resource Management Agency	c. Telephone Number (give area code) (559) 661-6333	
d. Signature of Authorized Representative <i>Ray Beach</i>	e. Date Signed Nov. 1, 2010	

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

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s):  <input type="text"/>            * Other (Specify)  <input type="text"/> </p>		
<p>* 3. Date Received:  <input type="text"/> Completed by Grants.gov upon submission. </p>		<p>4. Applicant Identifier:  <input type="text"/> </p>
<p>5a. Federal Entity Identifier:  <input type="text"/> </p>		<p>* 5b. Federal Award Identifier:  <input type="text"/> </p>
<p>STATE CLEARING HOUSE</p>		
<p>State Use Only:</p>		
<p>6. Date Received by State: <input type="text"/></p>		<p>7. State Application Identifier: <input type="text"/></p>
<p><b>8. APPLICANT INFORMATION:</b></p>		
<p>* a. Legal Name: <input type="text"/> Ocean Voyages Institute</p>		
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):  <input type="text"/> 94-2665367 </p>		<p>* c. Organizational DUNS:  <input type="text"/> 037647864 </p>
<p>d. Address:</p>		
<p>* Street1: <input type="text"/> 1709 Bridgeway</p>		
<p>Street2: <input type="text"/></p>		
<p>* City: <input type="text"/> Sausalito</p>		
<p>County: <input type="text"/></p>		
<p>* State: <input type="text"/> CA: California</p>		
<p>Province: <input type="text"/></p>		
<p>* Country: <input type="text"/> USA: UNITED STATES</p>		
<p>* Zip / Postal Code: <input type="text"/> 94965</p>		
<p>e. Organizational Unit:</p>		
<p>Department Name:  <input type="text"/> Project Kaiser </p>		<p>Division Name:  <input type="text"/> </p>
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>		
<p>Prefix: <input type="text"/> Ms.</p>		<p>* First Name: <input type="text"/> Mary </p>
<p>Middle Name: <input type="text"/></p>		
<p>* Last Name: <input type="text"/> Crowley </p>		
<p>Suffix: <input type="text"/></p>		
<p>Title: <input type="text"/> Expedition Director </p>		
<p>Organizational Affiliation:  <input type="text"/> Ocean Voyages Institute </p>		
<p>* Telephone Number: <input type="text"/> 415-332-4681 </p>		<p>Fax Number: <input type="text"/> (415) 332-7460 </p>
<p>* Email: <input type="text"/> sail@oceanvoyages.com </p>		

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

## Application for Federal Assistance SF-424

Version 02

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

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

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

Department of Commerce

## 11. Catalog of Federal Domestic Assistance Number:

11.463

## CFDA Title:

Habitat Conservation

## \* 12. Funding Opportunity Number:

NOAA-NMFS-HCPO-2011-2002657

## \* Title:

Fiscal Year 2011 Community-based Marine Debris Removal Project Grants

## 13. Competition Identification Number:

2195857

## Title:

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

Coastal waters of the Western United States, Hawaii and Alaska, mid Pacific Ocean and international waterways (and associated ecosystems).

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

Project Kaihei 2011 - Marine Debris Reclamation

Attach supporting documents as specified in agency instructions.



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

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

**16. Congressional Districts Of:**

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

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

**17. Proposed Project:**

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

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

* a. Federal	<input type="text" value="0.00"/>
* 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="515,000.00"/>
* f. Program Income	<input type="text" value="35,000.00"/>
* g. TOTAL	<input type="text" value="550,000.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

**Application for Federal Assistance SF-424**

Version 02

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify)**

\_\_\_\_\_



**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

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

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**B. APPLICANT INFORMATION:**

**\* a. Legal Name:**

The Regents of the University of California, Berkeley

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

94-6002123

**\* c. Organizational DUNS:**

124726725

**d. Address:**

**\* Street1:**

c/o Sponsored Project Office

**Street2:**

2150 Shattuck Ave, Suite 300

**\* City:**

Berkeley

**County:**

\_\_\_\_\_

**\* State:**

CA: California

**Province:**

\_\_\_\_\_

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

94720-5940

**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:**

Deborah

**Middle Name:**

\_\_\_\_\_

**\* Last Name:**

Rurkowski-Howard

**Suffix:**

\_\_\_\_\_

**Title:**

Research Administrator

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:**

510-642-5603

**Fax Number:**

510-642-8236

**\* Email:**

deborahr@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:**

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

**\* Other (specify):**

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

Department of Commerce

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

11.420

**CFDA Title:**

Coastal Zone Management Estuarine Research Reserves

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

NOAA-NOS-OCRM-2011-2002575

**\* Title:**

National Estuarine Research Reserve Graduate Research Fellowship Program FY11

**13. Competition Identification Number:**

2193896

**Title:**

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

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

Tidal wetland vegetation response to climate change in the San Francisco Bay-Delta: modeling shifts in species distributions

Attach supporting documents as specified in agency instructions.



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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="8,572.00"/>
* 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="28,572.00"/>

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

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

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

- Yes
- No

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

\*\* I AGREE

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

**Authorized Representative:**

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

## Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
Completed by Grants.gov upon submission.		<input type="text"/>			
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier:		
<input type="text"/>			<input type="text"/>		
RECEIVED NOV - 1 2010					
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
STATE CLEARING HOUSE					
<b>B. APPLICANT INFORMATION:</b>					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
94-6002123			124726725		
* d. Address:					
* Street1: c/o Sponsored Projects Office					
Street2: 2150 Shattuck Avenue, Suite 300					
* City: Berkeley					
County: <input type="text"/>					
* State: CA: California					
Province: <input type="text"/>					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 94704-5940					
* e. Organizational Unit:					
Department Name:			Division Name:		
ESPM			Ecosystem Sciences		
* f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		* First Name: Deborah			
Middle Name: <input type="text"/>					
* Last Name: Rutkowski-Howard					
Suffix: <input type="text"/>					
Title: Senior Research Administrator					
Organizational Affiliation:					
Sponsored Projects Office, University of California Berkeley					
* Telephone Number: 510-643-5603		Fax Number: 510-642-8236			
* Email: dnboznhr@berkeley.edu					

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

## Application for Federal Assistance SF-424

Version 02

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

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:

Department of Commerce

## 11. Catalog of Federal Domestic Assistance Number:

11.420

## CFDA Title:

Coastal Zone Management Estuarine Research Reserves

## \* 12. Funding Opportunity Number:

NOAA-NOS-OCRM-2011-2002575

## \* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY11

## 13. Competition Identification Number:

2193896

## Title:

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

Marin, Napa, Solano, Alameda, Contra Costa, Santa Clara, San Mateo, and Sonoma counties in California

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

Past, present and future: understanding the effects of habitat change on connectivity of a threatened wetland bird in San Francisco Bay.

Attach supporting documents as specified in agency instructions.



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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA-009

\* b. Program/Project CA-009

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

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

17. Proposed Project:

\* a. Start Date: 06/01/2011

\* b. End Date: 05/31/2014

18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	25,716.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,716.00

\* 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 11/01/2010
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No [Explanation box]

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

\*\* I AGREE

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

Authorized Representative:

Prefix: [ ] \* First Name: Patricia  
Middle Name: [ ]  
\* Last Name: Gates  
Suffix: [ ]

\* Title: Associate Director, Federal Projects

\* Telephone Number: 510-642-8189 Fax Number: 510-642-8236

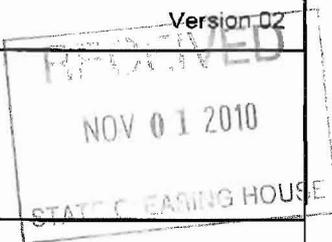
\* Email: spo\_grants\_gov@lists.berkeley.edu

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

**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: 11/01/2010	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: 94-3015363	* 5b. Federal Award Identifier: _____
----------------------------------------------	------------------------------------------

**State Use Only:**

6. Date Received by State: 11/01/2010	7. State Application Identifier: C1529360
---------------------------------------	-------------------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: Solano Land Trust	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3015363	* c. Organizational DUNS: 038813882

**d. Address:**

* Street1: 1001 Texas Street, Suite C
Street2: _____
* City: Fairfield
County: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94533

**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: Sue
Middle Name: _____	
* Last Name: Wickham	
Suffix: _____	
Title: _____	

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

* Telephone Number: 707-432-0150	Fax Number: _____
* Email: sue@solanolandtrust.org	

**Application for Federal Assistance SF-424**

Version 02

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

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

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.420

**CFDA Title:**

Coastal Zone Management Estuarine Research Reserves

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

NOAA-NOS-CCRM-2011-2002575

**\* Title:**

National Estuarine Research Reserve Graduate Research Fellowship Program FY11

**13. Competition Identification Number:**

2193896

**Title:**

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

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

Spring Branch Creek Restoration Alternatives Analysis

Attach supporting documents as specified in agency instructions.

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

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="2,000.00"/>
* c. State	<input type="text" value="6,572.00"/>
* 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="28,572.00"/>

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

TO: State Treasury  
Gov's Office of Planning + R each

4 pages

10/31/10

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

Version 02

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty field]

\* Other (Specify)

[Empty field]

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

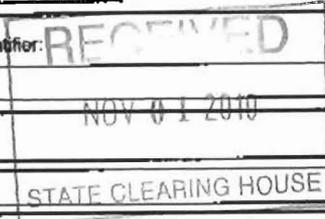
[Empty field]

5a. Federal Entity Identifier:

[Empty field]

\* 5b. Federal Award Identifier:

[Empty field]



State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

\* a. Legal Name:

Friends of Monterey Academy of Oceanographic Science

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

77-0473358

\* c. Organizational DUNS:

066830063

d. Address:

\* Street1:

Post Office Box 3212

Street2:

[Empty field]

\* City:

Monterey

County:

[Empty field]

\* State:

CA: California

Province:

[Empty field]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93942-3212

a. Organizational Unit:

Department Name:

[Empty field]

Division Name:

[Empty field]

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

Prefix:

[Empty field]

\* First Name:

Therese

Middle Name:

[Empty field]

\* Last Name:

Mayone

Suffix:

[Empty field]

Title:

Administrative Coordinator

Organizational Affiliation:

[Empty field]

\* Telephone Number:

831.392.3858

Fax Number:

831.392.3814

\* Email:

macsoffice@gmail.com

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

**Application for Federal Assistance SF-424**

Version 02

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

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

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

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

**\* Other (specify):**

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

Department of Commerce

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

11.463

**CFDA Title:**

Habitat Conservation

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

NOAA-NMFS-HCPO-2011-2002657

**\* Title:**

Fiscal Year 2011 Community-based Marine Debris Removal Project Grants

**13. Competition Identification Number:**

2195857

**Title:**

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

Monterey County, City of Monterey, (Monterey National Marine Sanctuary), California

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

Monterey Wharf Marine Debris Removal

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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

Version 02

## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant

CA-017

\* b. Program/Project

CA-017

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

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date:

07/01/2011

\* b. End Date:

06/30/2012

## 18. Estimated Funding (\$):

* a. Federal	19,000.00
* b. Applicant	19,039.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	38,039.00

## \* 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 10/31/2010.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

 Yes No

Explanation:

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

 \*\* I AGREE

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

## Authorized Representative:

Prefix:

\* First Name:

Geoff

Middle Name:

\* Last Name:

von Saltza

Suffix:

\* Title:

Director, MAOS Program

\* Telephone Number:

831.392.3858

Fax Number:

\* Email:

gvonsaltza@mpusd.k12.ca.us

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

Authorized for Local Reproduction

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