Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1 - 15, 2011.** 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

Version 7/03

2. DATE SUBMITTED 11/01/2011	Applicant Identifier Dept. of Food and Agriculture	
3. DATE RECEIVED BY STATE 11/01/2011	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 11-8520-1507-CA	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☑ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California	Organizational Unit:
	Department: Food and Agriculture
Organizational DUNS: 807487665	Division: Plant Health and Pest Prevention Services
Address: Street: 1220 N Street, Room 315	Name and telephone number of person to be contacted on matters involving this application (give area code)
	Prefix: / First Name: Jason
City: Sacramento	Middle Name
County: Sacramento	Last Name: Chan
State: CA / Zip Code: 95814	Suffix:
Country: United States	Email: jason.chan@cdfa.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104	Phone Number (give area code): (916) 654-1211 / Fax Number (give area code): (916) 654-0555

RECEIVED NOV 01 2011 STATE CLEARING HOUSE

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)

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025

TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Oriental Fruit Fly Eradication Project

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

13. PROPOSED PROJECT

Start Date: September 13, 2011 / Ending Date: September 12, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: District 11 / b. Project: Oriental Fruit Fly Eradication Proj

15. ESTIMATED FUNDING:

a. Federal	$ -32,328.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ -32,328.00

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: November 1, 2011

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	First Name: Kathy	Middle Name
Last Name: Alameda		Suffix
b. Title: Manager, Federal Funds Management Unit		c. Telephone Number (give area code): (916) 651-9888
d. Signature of Authorized Representative		e. Date Signed

********** -COMM. URNAL- ********** DATE V-01-2011 ***** TIME 15:04 ********

MODE = MEMORY TRANSMISSION START=NOV-01 15:04 END=NOV-01 15:04

FILE NO.=909

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	5	6540555	002/002	00:00:25

-STATE CLEARINGHOUSE -

***** UF-8000 ********** -916 323 3018 - ***** - - *********

Jerry Brown
Governor

STATE OF CALIFORNIA

Governor's Office of Planning and Research
State Clearinghouse

Facsimile Transmittal

Date: 11/1/11

Fax Number: 916.654-0555

To: Jason Chen

From: Sheila Brown

Instructions:

State Clearinghouse Fax: 916-323-3018

Number of Pages
Including cover sheet

2

1400 TENTH STREET P.O. BOX 3044 SACRAMENTO, CALIFORNIA 95812-3044
TEL (916) 445-0613 FAX (916) 323-3018 www.opr.ca.gov

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
NOV 01 2011
STATE CLEARING HOUSE

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego Unified Port District

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
952241453	0095929250000

d. Address:

* Street1: 3165 Pacific Highway
Street2:
* City: San Diego
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92101-0000

e. Organizational Unit:

Department Name:	Division Name:

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

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

Title: Sr. Mgr., External Relations

Organizational Affiliation:

* Telephone Number: 619-725-6084
Fax Number:

* Email: jrosato@portofsandiego.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2012-2003095

* Title:

FY2012 Community-based Marine Debris Removal

13. Competition Identification Number:

2249449

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The San Diego Bay A-8 Anchorage and Surrounds Phase 3 project will clean up 945 items of debris; 11 of which are vessels.

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-051
b. Program/Project: CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2012
* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	439,891.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	589,891.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2011.
- [ ] 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
- [x] 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: Jerine
Middle Name:
* Last Name: Rosato
Suffix:

* Title: Sr. Mgr. External Relations

* Telephone Number: 619.725.6084
Fax Number:

* Email: jrosato@portofsandiego.org

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego Unified Port District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952241453

* c. Organizational DUNS: 0095928250000

d. Address:

* Street1: 3165 Pacific Highway
Street2:
* City: San Diego
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92101-0000

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: Jerine

Middle Name:

* Last Name: Rosato

Suffix:

Title: Sr. Mgr., External Relations

Organizational Affiliation:

* Telephone Number: 619-725-6084

Fax Number:

* Email: jrosato@portofsandiego.org

Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2012-2003095

* Title:

FY2012 Community-based Marine Debris Removal

13. Competition Identification Number:

2249449

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

The San Diego Bay A-8 Anchorage and Surrounds Phase 3 project will clean up 945 items of debris; 11 of which are vessels.

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-051
b. Program/Project: CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2012
* b. End Date: 09/30/2013

18. Estimated Funding ($):

* a. Federal	150,000.00
* b. Applicant	439,891.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	589,891.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2011.
- [ ] 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
- [x] 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: Jerine
Middle Name:
* Last Name: Rosato
Suffix:

* Title: Sr. Mgr. External Relations

* Telephone Number: 619.725.6084
Fax Number:

* Email: jrosato@portofsandiego.org

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: A50059386

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 Univ. of Calif., U.C. San Diego

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006144

* c. Organizational DUNS: 8043557900000

d. Address:

* Street1: 9500 Gilman Drive
Street2: 0003
* City: La Jolla
County/Parish: San Diego
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92093-0003

e. Organizational Unit:

Department Name: Office of Graduate Studies

Division Name:

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

Prefix:
* First Name: Zoe
Middle Name: Lynn
* Last Name: Ziliak Michel
Suffix:

Title: Graduate Fellowship Advisor

Organizational Affiliation: The Regents of the Univ. of Calif., U.C. San Diego

* Telephone Number: (858)822-2938
Fax Number: (858)534-4304

* Email: gradadvisor@ucsd.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

NOAA-NOS-OCRM-2012-2003083

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program for Fiscal Year 2012

13. Competition Identification Number:

2249449

Title:

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

Areas affected by project.docx

Add Attachment | Delete Attachment | View Attachment

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

The effect of local adaptation, diversity and species interactions on salt marsh community resilience to climate change

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-053 b. Program/Project CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2012 * b. End Date: 06/01/2015

18. Estimated Funding ($):

* a. Federal	60,000.00
* b. Applicant	25,715.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,715.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/31/2011.

[ ] 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 [X] 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)**

[X] ** I AGREE

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

Authorized Representative:

Prefix: Dr. * First Name: Kim

Middle Name: Elaine

* Last Name: Barrett

Suffix:

* Title: Dean of Graduate Studies

* Telephone Number: (858)534-6655 Fax Number: (858)534-4304

* Email: graduatedean@ucsd.edu

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
11/1/11

Applicant Identifier

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

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NOV 03 2011
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN)
95 - 44 0 19 75

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:
☒ New ☐ Continuation Revision

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5307 Urbanized Area Formula Program – Operating Assistance for LA CRD, CA-95-X099

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/11	10/31/13	Districts 31, 32, 34,35 37	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	3,801,124.00
b Applicant	$	.00
c State	$	.00
d Local	$	.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	3,801,124.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 11/1/11
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 Typed Name of Authorized Representative	b Title	c Telephone number
RICHARD CHRISTIE	Transportation Planning Manager	(213) 922-6022

d. Signature of Authorized Representative
Richard Christie

e. Date Signed
10/31/11

Previous Editions Not Usable

Standard Form 424 REV 4/88;

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
11/1/11

Applicant Identifier

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

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NOV 03 2011
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-4401975

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:
☒ New ☐ Continuation Revision

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5307 Urbanized Area Formula Program – Operating Assistance for Expo Phase I, CA-95-X176

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
3/1/2012	3/1/2013	Districts 31, 33,34	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	32,307,000
b Applicant	$	.00
c State	$	.00
d Local	$	.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	32,307,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 11/1/11
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 Typed Name of Authorized Representative	b Title	c Telephone number
RICHARD CHRISTIE	Transportation Planning Manager	(213) 922-6022

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	10/31/11

Previous Editions Not Usable

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
11/2/11

Applicant Identifier

1. TYPE OF SUBMISSION:
Application
☐ Construction
☒ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Regional Program Management

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Nela De Castro
(213) 922-6166

RECEIVED
NOV 04 2011
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95 - 44 0 19 75

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):
A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Y717-04

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/09	12/31/13	Districts 25 – 39, 42 and 46	Same as Applicant

15. ESTIMATED FUNDING		
a Federal	$	31,216,010.00
b Applicant	$	.00
c State	$	.00
d Local	$	7,804,003.00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	39,020,013.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE 11/02/11
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 Typed Name of Authorized Representative	b Title	c Telephone number
RICHARD CHRISTIE	Transportation Planning Manager	(213) 922-6022

d. Signature of Authorized Representative	e. Date Signed
Richard Christie	11/02/11 11/2/2011

Previous Editions Not Usable

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED November 15, 2011	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-12-UC-06-0005	

1. TYPE OF SUBMISSION:

Application	Pre-application
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: County 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) Prefix: Mr. First Name: Geoffrey
City: Sacramento	Middle Name
County: Sacramento	Last Name: Rosa
State: California Zip Code: 95814	Suffix:
Country: USA	Email: gross@shra.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3385818	Phone Number (give area code): (916) 440-1322 Fax Number (give area code): (916) 447-2281

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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)

Municipal

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218

TITLE (Name of Program): Community Development Block Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2012Community Development Block Grant Projects

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

13. PROPOSED PROJECT

Start Date: January 1, 2012 Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 3rd, 4th, 5th, and 11th b. Project: 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 4,459,932.00
b. Applicant	$ 0.00
c. State	$ 1,981,342.00
d. Local	$ 1,466,963.00
e. Other	$ 1,167,856.00
f. Program Income	$ 118,407.00
g. TOTAL	$ 9,194,500.00

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: November 14, 2011

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: 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		e. Date Signed: 11/8/11

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED November 15, 2011	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-12-MC-06-0003

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

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) Prefix: Mr. First Name: Geoffrey
City: Sacramento	Middle Name
County: Sacramento	Last Name Ross
State: California Zip Code 95814	Suffix:
Country: USA	Email: gross@shra.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238	Phone Number (give area code) (916) 440-1322 Fax Number (give area code) (916) 444-2281

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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)

Municipal

Other (specify)

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218

TITLE (Name of Program): Community Development Block Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2012 Community Development Block Grant Projects

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

13. PROPOSED PROJECT

Start Date: January 1, 2012 Ending Date: December 31, 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

a. Federal	$ 4,443,331.00
b. Applicant	$ 0.00
c. State	$ 1,981,342.00
d. Local	$ 1,372,964.00
e. Other	$ 1,167,856.00
f. Program Income	$ 184,447.00
g. TOTAL	$ 9,149,940.00

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: November 14, 2011

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 Ms.	First Name LaShelle	Middle Name
Last Name Dozier		Suffix
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319
d. Signature of Authorized Representative		e. Date Signed 11/8/11

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:

4. Applicant Identifier: Southern California Regional Rail Authority

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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: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 3 4 3 5 1 6 6 3

* c. Organizational DUNS: 836140475

d. Address:

* Street1: One Gateway Plaza, 12th Floor
Street2:
* City: Los Angeles
County:
* State: California
Province:
* Country: United States
* Zip / Postal Code: 90012-2952

e. Organizational Unit:

Department Name: Strategic Programming & Development

Division Name:

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

Prefix: Ms.
* First Name: Anne
Middle Name: Louise
* Last Name: Rice
Suffix:

Title: Manager of Strategic Programming & Development

Organizational Affiliation:
Southern California Regional Rail Authority

* Telephone Number: (213) 452-0211
Fax Number: (213) 452-0429

* Email: RiceA@scrra.net

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Joint Powers Authority

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

U.S. Department of Transportation, Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

2 0 5 0 7

CFDA Title:

Federal Transit Formula Grants

*** 12. Funding Opportunity Number:**

* Title:

FTA Section 5307

13. Competition Identification Number:

Title:

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

Riverside County and Venture County in California

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

Rehabilitation of 1) rolling stock, track, structures, signal and communications system, 2) upgrade of train control systems and equipment to ensure compatibility with Positive Train Control, 3) purchase of information systems to improve data management, and 4) TVM rehabilitation.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 22-49
* b. Program/Project: 22-49

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2012
* b. End Date: 12/31/2014

18. Estimated Funding ($):

* a. Federal	2,617,801.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	2,617,801.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/10/2011.

[ ] 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 [X] 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)**

[X] **** 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: John

Middle Name:

* Last Name: Fenton

Suffix:

* Title: Chief Executive Officer

* Telephone Number: (213) 452-0258 Fax Number: (213) 452-0452

* Email: FentonJ@scrra.net

* Signature of Authorized Representative: John C. Fenton * Date Signed: 11-11-11

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):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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* 3. Date Received:	4. Applicant Identifier:
	Southern California Regional Rail Authority

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: Southern California Regional Rail Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
9 3 4 3 5 1 6 6 3	836140475

d. Address:

* Street1: One Gateway Plaza, 12th Floor
Street2:
* City: Los Angeles
County:
* State: California
Province:
* Country: United States
* Zip / Postal Code: 90012-2952

e. Organizational Unit:

Department Name:	Division Name:
Strategic Programming & Development	

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

Prefix: Ms. * First Name: Anne
Middle Name: Louise
* Last Name: Rice
Suffix:

Title: Manager of Strategic Programming & Development

Organizational Affiliation:
Southern California Regional Rail Authority

* Telephone Number: (213) 452-0211 Fax Number: (213) 452-0429

* Email: RiceA@scrra.net

OMB Number: 4040-0004

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Joint Powers Authority

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

U.S. Department of Transportation, Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20 500

CFDA Title:

Transit capital investment program

*** 12. Funding Opportunity Number:**

* Title:

FTA Section 5309

13. Competition Identification Number:

Title:

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

counties of Orange, San Bernardino and Ventura in California

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

Rehabilitation of 1) rolling stock, track, structures, signal and communications system, 2) upgrade of train control systems and equipment to ensure compatibility with Positive Train Control, 3) purchase of information systems to improve data management, and 4) TVM rehabilitation.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: 22-49
* b. Program/Project: 22-49

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2012
* b. End Date: 12/31/2014

18. Estimated Funding ($):

* a. Federal	8,891,620.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	8,891,620.00

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

[x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/10/2011.

[ ] 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 [x] 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)**

[x] **** 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: John

Middle Name:

* Last Name: Fenton

Suffix:

John E. Fenton

* Title: Chief Executive Officer

* Telephone Number: (213) 452-0258 Fax Number: (213) 452-0452

* Email: FentonJ@scrra.net

* Signature of Authorized Representative: John E. Fenton * Date Signed: 11-11-11

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

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University Enterprises, Inc., on behalf of CSU Sacramento

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1337638

* c. Organizational DUNS: 0290317960000

d. Address:

* Street1: 6000 J Street, Bookstore Bldg, Ste 3400
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95819-6111

e. Organizational Unit:

Department Name: Research Administration

Division Name:

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

Prefix: Mr.
* First Name: David
Middle Name:
* Last Name: Earwicker
Suffix:

Title: Asst Vice Pres, Research Admin/Contract Admin

Organizational Affiliation: California State University, Sacramento

* Telephone Number: 916-278-3668
Fax Number: 916-278-6163

* Email: david.earwicker@csus.edu

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.652

CFDA Title:

Forestry Research

*** 12. Funding Opportunity Number:**

USDA-FS-PSW-TAHOE-2011

* Title:

Tahoe Research Supported by SNPLMA Round 12

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:**

Engineered Soils to Reduce Groundwater Contamination at Infiltration Facilities

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-005 b. Program/Project: CA-004

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2012 * b. End Date: 05/31/2013

18. Estimated Funding ($):

* a. Federal	131,177.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	131,177.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/14/2011.

[ ] 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 [X] 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)**

[X] ** 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: David

Middle Name:

* Last Name: Earwicker

Suffix:

* Title: Asst Vice Pres, Research Admin/Contract Admin

* Telephone Number: 916-278-3668 Fax Number: 916-278-6163

* Email: david.earwicker@csus.edu

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