

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1 - 15, 2012**. 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: 03/31/2012

Application for Federal Assistance SF-424

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

* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

RECEIVED

NOV 01 2012

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

4. Applicant Identifier:

STATE CLEARING HOUSE

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 Corporation at Monterey Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN):
77-0387459

* c. Organizational DUNS:
0824129200000

d. Address:

* Street1: 100 Campus Center, Bldg. 97
Street2:
* City: Seaside
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93955-8001

e. Organizational Unit:

Department Name:
Watershed Institute

Division Name:
Science, Media Arts & Tech

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

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

Title: Assistant Director, Sponsored Programs Office

Organizational Affiliation:
California State University Monterey Bay

* Telephone Number: 931-582-3551

Fax Number: 931-582-3305

* Email: climesand@csumb.edu

Application for Federal Assistance SF-424

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

Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

Other (specify)

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Auxiliary to a state IHE

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

*** 12. Funding Opportunity Number:**

NOAA-NOS-NMS-2013-2003447

*** Title:**

Fiscal Year 2013 NOAA California Bay Watershed Education and Training (B-WET) Program

13. Competition Identification Number:

2293089

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Professional Development for Creeks of Salinas to the Bay - Empowering Teachers and Future Educators

Attach supporting documents as specified in agency instructions.

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA 17

b. Program/Project CA 17

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

[Empty text box for additional list]



17. Proposed Project:

* a. Start Date: 09/01/2013

* b. End Date: 08/31/2014

18. Estimated Funding (\$):

* a. Federal	59,794.00
* b. Applicant	6,155.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	67,949.00

* 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

11/01/2012

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

[Empty text box for 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: [Empty] * First Name: Cynthia

Middle Name: [Empty]

* Last Name: Lopez

Suffix: [Empty]

* Title: Director, Sponsored Programs Office

* Telephone Number: 831-582-3089

Fax Number: 831-582-3305

* Email: clopez@csumb.edu

* 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
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

NOV 01 2012

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: **University Corporation at Monterey Bay**

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

77-0387459

* c. Organizational DUNS:

0824129200000

d. Address:

* Street1: 100 Campus Center
 Street2: Alumni Visitors Center, Building 97
 * City: Seaside
 County/Parish: _____
 * State: CA: California
 Province: _____
 * Country: USA: UNITED STATES
 * Zip / Postal Code: 93955 8001

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: Peggy
 Middle Name: _____
 * Last Name: Rueda
 Suffix: _____

Title: **sponsored Programs Director**

Organizational Affiliation: _____

* Telephone Number: 831 582 4577 Fax Number: 831 582 3305

* Email: **prueda@csumb.edu**

Application for Federal Assistance SF-424

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

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Auxiliary to State University

* 10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.429

CFDA Title:

Marine Sanctuary Program

* 12. Funding Opportunity Number:

NOAA-NOS-NMS-2013-2003447

* Title:

Fiscal Year 2013 NOAA California Bay Watershed Education and Training (B-WET) Program

13. Competition Identification Number:

2293089

Title:

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

[Empty box] [Map Attachment] [Data Attachment] [View Attachment]

* 15. Descriptive Title of Applicant's Project:

Native Plant Phenology and Climate Change on the Central Coast of California: Multi-Year Project.

Attach supporting documents as specified in agency instructions.

[Map Attachment] [Data Attachment] [View Attachment]

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.

[Empty box for additional list]

ADD Attachment

Basic Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013

* b. End Date: 07/31/2016

18. Estimated Funding (\$):

* a. Federal	179,891.00
* b. Applicant	28,709.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	208,600.00

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

11/01/2012

- a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2012.
- 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

[Empty box for explanation]

ADD Attachment

Basic Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: [Empty] * First Name: Cynthia
 Middle Name: [Empty]
 * Last Name: Lopez
 Suffix: [Empty]

* Title: Sponsored Programs Director

* Telephone Number: 831 562 3089

Fax Number: 831 562 3305

* Email: clopez@csumb.edu

* Signature of Authorized Representative: Cynthia Lopez

* Date Signed: 11/01/2012

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE 10/24/2012	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-1164-CA
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: 3294 Meadowview Rd		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Mr.	First Name: Duane
County: Sacramento		Middle Name	
State: CA	Zip Code: 95832	Last Name: Schnabel	
Country: USA		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) 916-262-1102	Fax Number (give area code) 916-262-2020
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.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A- State Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Light Brown Apple Moth	
TITLE (Name of Program): Pest and Animal Disease, Pest Control and Animal Care			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2012	Ending Date: 09/30/2013	a. Applicant Statewide	b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,170,000 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/6/12	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 1,170,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Kathy	Middle Name	
Last Name Alameda		Suffix	
b. Title Federal Funds Manager		c. Telephone Number (give area code) 916-403-6525	
d. Signature of Authorized Representative <i>Kathy Schnabel</i>		e. Date Signed 11/1/12	

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: Husak20130460	
6a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
RECEIVED NOV 02 2012 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of The University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006145W	* c. Organizational DUNS: 0948783940000	
d. Address:		
* Street1: 2227 Cheadle Hall, Office of Research	<input type="text"/>	
Street2: UC Santa Barbara	<input type="text"/>	
* City: Santa Barbara	<input type="text"/>	
County/Parish: Santa Barbara	<input type="text"/>	
* State: CA: California	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 93106-2050	<input type="text"/>	
e. Organizational Unit:		
Department Name: Geography	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Greg	
Middle Name:	<input type="text"/>	
* Last Name: Husak	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Principal Investigator and Asst. Researcher		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 805-893-4955	Fax Number: 805-893-2576	
* Email: husak@geog.ucsb.edu		

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15. 808

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

* 12. Funding Opportunity Number:

G13AS00001

* Title:

USGS Non-Competitive Assistance FY 2013 - National Grants Branch

13. Competition Identification Number:

G13AS00001

Title:

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

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

* 15. Descriptive Title of Applicant's Project:

Innovations for an Integrated Approach to Climate Analysis and Food Security Monitoring

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-023

b. Program/Project CA-023

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

17. Proposed Project:

* a. Start Date: 12/01/2012

* b. End Date: 01/31/2014

18. Estimated Funding (\$):

* a. Federal	459,276.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	459,276.00

* 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 11/02/2012 .
- 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:

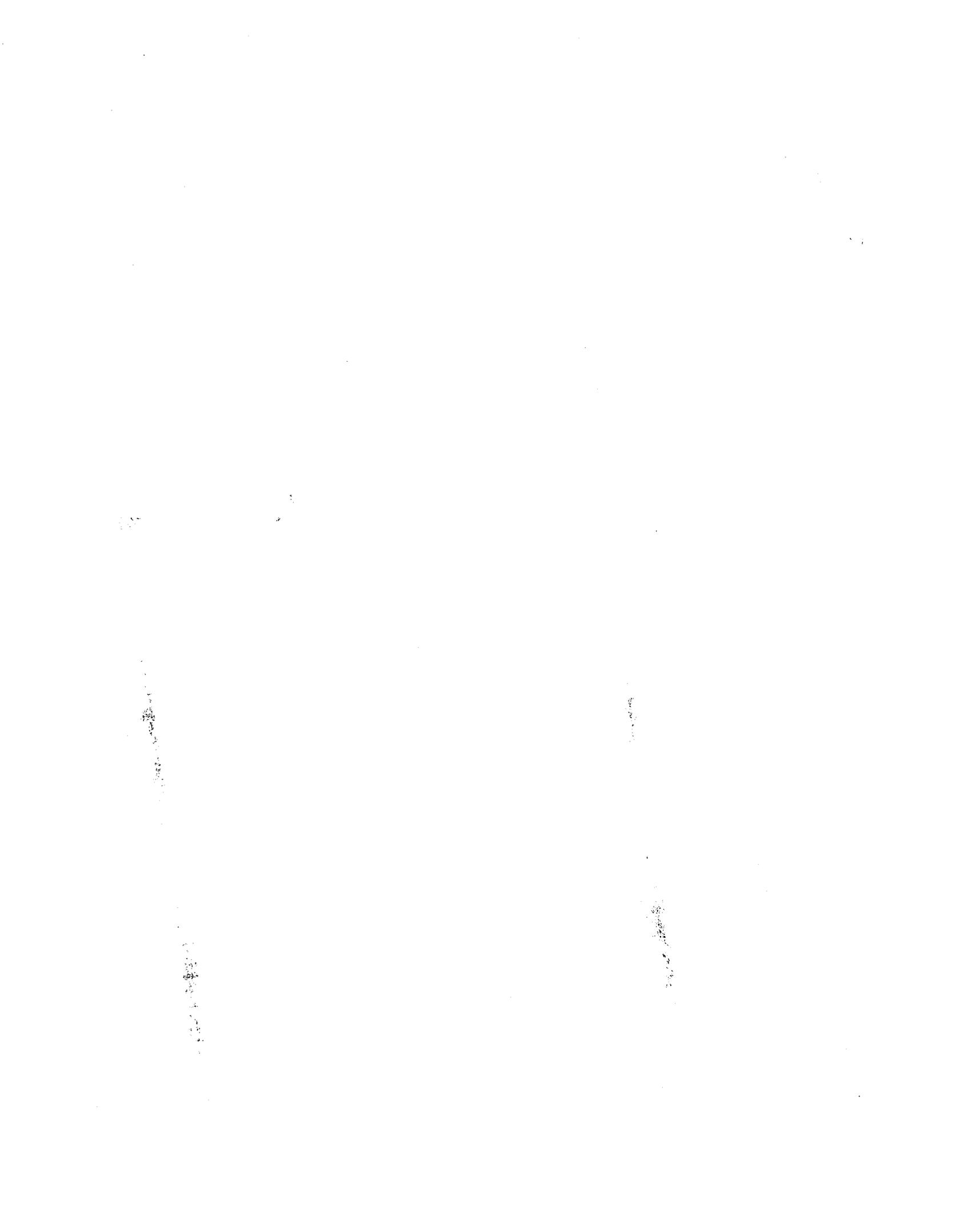
Prefix: Mr. * First Name: Alexa
 Middle Name:
 * Last Name: Greco
 Suffix:

* Title: Sponsored Projects Analyst

* Telephone Number: 805-893-3690 Fax Number: 805-893-2611

* Email: greco@research.ucsb.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

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

RECEIVED

NOV 06 2012

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

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

STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Sonoma County Water Agency"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="946000539"/>	* c. Organizational DUNS: <input type="text" value="0746625030000"/>	

d. Address:

* Street1:	<input type="text" value="404 Aviation Blvd"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Santa Rosa"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CA: California"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="95403-9019"/>

e. Organizational Unit:

Department Name: <input type="text" value="Environmental Division"/>	Division Name: <input type="text"/>
---	--

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

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Joan"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Hultberg"/>		
Suffix:	<input type="text"/>		
Title:	<input type="text" value="Grants and Funded Projects Manager"/>		
Organizational Affiliation:	<input type="text"/>		

* Telephone Number:	<input type="text" value="707-547-1902"/>	Fax Number:	<input type="text" value="707-524-3782"/>
* Email:	<input type="text" value="joan@scwa.ca.gov"/>		

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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.623

CFDA Title:

North American Wetlands Conservation Fund

*** 12. Funding Opportunity Number:**

F12A800306

*** Title:**

NAWCA U.S. Small Grants

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:**

Upper Laguna NAWCA Project: Wetland habitat restoration for bird species of federal concern.

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 06

b. Program/Project CA 06

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

[] Add Attachment [] Delete Attachment [] View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 09/30/2015

18. Estimated Funding (\$):

* a. Federal	75,000.00
* b. Applicant	9,000.00
* c. State	586,500.00
* d. Local	0
* e. Other	12,500.00
* f. Program Income	0
* g. TOTAL	683,000.00

* 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 10/25/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes
- No

If "Yes", provide explanation and attach

[] Add Attachment [] Delete Attachment [] View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: [] * First Name: Grant
 Middle Name: []
 * Last Name: Davis
 Suffix: []

* Title: General Manager

* Telephone Number: 707-524-3771 Fax Number: 707-524-3782

* Email: l.ynnc.roose111@scwa.co.gov

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

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

led Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
10/18/12

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
13SR144047

4. DATE RECEIVED BY FEDERAL AGENCY:
10/18/12

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: City of Oxnard Recreation Division

DUNS NUMBER: 069480080

ADDRESS (give street address, city, state, zip code and county):
350 North C Street
Oxnard CA 93030 - 4046
County: Ventura

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Marisue Eastlake

TELEPHONE NUMBER: (805) 385-8023

FAX NUMBER: (805) 385-7494

INTERNET E-MAIL ADDRESS: Marisue.Eastlake@ci.oxnard.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
956000756

7. TYPE OF APPLICANT:

7a. Local Government - Municipal

7b. Local Government, Municipal

8. TYPE OF APPLICATION (Check appropriate box).

NEW

NEW/PREVIOUS GRANTEE

CONTINUATION

AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION

D. OTHER (specify below):

RECEIVED

NOV 07 2012

STATE CLEARING

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

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

California Opportunity #9 - Oxnard, Camarillo, Ventura, Pl. Hueneme in California

13. PROPOSED PROJECT: START DATE: 04/01/13 END DATE: 03/31/16

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	\$ 87,777.00
b. APPLICANT	\$ 109,155.00
c. STATE	\$ 0.00
d. LOCAL	\$ 109,155.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 176,932.00

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oxnard RSVP

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 023 b.Program CA 023

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

YES- THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 18-OCT-12

NO. PROGRAM IS NOT COVERED BY E.O. 12372

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:

Efren Gorre

b. TITLE:

Community Svcs Mgr.

c. TELEPHONE NUMBER:

(805) 385-7982

NATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

10/18/12

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/5/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> 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

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975	7. TYPE OF APPLICANT: (enter appropriate letter in box) N
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	A State B County C Municipal D Township E Interstate F Intermunicipal G Special District H Independent School Dist. I State Controlled Institution of Higher Learning J Private University K Indian Tribe L Individual M Profit Organization N Other (Specify) _____
If Revision, enter appropriate letter(s) in box(es): A	
-A Increase Award - B Decrease Award - C Increase Duration D Decrease Duration Other (specify) _____	

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9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20509	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 Bus & Bus Facilities - State of Good Repair Initiative - Acquisition of Buses, CA-04-0232-01
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA	

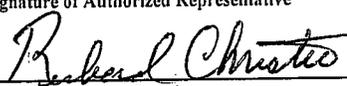
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF
Start Date 3/2/12	Ending Date 06/30/2016
a. Applicant Districts 25 - 39, 42 and 46	b. Project Same as Applicant

15. ESTIMATED FUNDING	
a Federal	\$ 10,000,000.00
b Applicant	\$.00
c State	\$.00
d Local	\$ 2,048,193.00
e Other	\$.00
f Program Income	\$.00
g TOTAL	\$ 12,048,193.00

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 <u>11/6/12</u>
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?
<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> 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 RICHARD CHRISTIE	b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 	e. Date Signed 11/5/12	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 5, 2012	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Mendocino Coast Clinics, Inc		Organizational Unit: Department:	
Organizational DUNS: 832207245		Division:	
Address: Street: 205 South Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fort Bragg		Prefix: Ms.	First Name: Marianne
County: Mendocino Coast Clinics, Inc		Middle Name	
State: California		Last Name McGee	
Zip Code 95437		Suffix:	
Country: USA		Email: mmcgee@mccinc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0262003		Phone Number (give area code): 707-961-3460	Fax Number (give area code): 707-961-3471
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mendocino Coast Clinics 2012 Computer Project	
13. PROPOSED PROJECT Start Date: Determined by date of award		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 01	
Ending Date: Determined by date of award		b. Project CA 01	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 5, 2012	
b. Applicant	\$ 25,800.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	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	\$ 55,800.00	a. Authorized Representative	
		Prefix Ms.	First Name Paula
		Middle Name	
		Last Name Cohen	
		Suffix	
		b. Title Executive Director	
		c. Telephone Number (give area code) 707-961-3430	
d. Signature of Authorized Representative <i>Paula Cohen</i>		e. Date Signed NOV 5, 2012	

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

Application for Federal Assistance SF-424

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

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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:
-----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: Rancho Medical Investors Corporation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-5104925	* c. Organizational DUNS: 078454929	

d. Address:

* Street 1:	70-077 Ramon Road
Street 2:	
* City:	Rancho Mirage
County/Parish:	Riverside
* State:	California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92234

e. Organizational Unit:

Department Name: N/A	Division Name: N/A
--------------------------------	------------------------------

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

Prefix: Mr.	* First Name: Roy
Middle Name:	
* Last Name: Nelson	
Suffix: II	
Title: Public Finance	
Organizational Affiliation: Consultant	
* Telephone Number: (415) 421-8900	Fax Number: (415) 956-6929
* Email: rnelson@wulffhansen.com	

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

M Nonprofit

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

10-766

* Title:

Community Facilities Direct Loan Program

13. Competition Identification Number:

Title:

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

Coachella Valley

Add Attachments

Delete Attachments

View Attachments

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

Rehabilitation/Long Term Acute Care Hospital

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-045

* b. Program/Project CA-045

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

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

* 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 10-29-2012.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

- Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

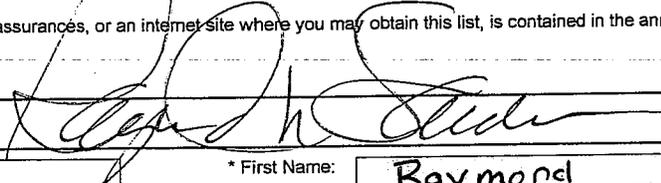
View Attachments

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

** I AGREE

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

Authorized Representative:



Prefix:

* First Name: Raymond

Middle Name:

* Last Name: Sanders

Suffix:

* Title: Secretary

* Telephone Number: 214-674-9162

Fax Number: 214-432-3005

* Email: Raymond.Sanders@SbcGlobal.net

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

* Date Signed: Completed by Grants.gov upon submission.

OMB-Number: 4040-0001
Expiration Date: 08/30/2011

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE
State Application Identifier

1. TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Identifier

2. DATE SUBMITTED
Applicant Identifier
King 20130482

5. APPLICANT INFORMATION
Organizational DUNS: 094678394

* Legal Name: The Regents of the University of California
Department: Division:
* Street1: 3227 Cheadle Hall
Street2:
* City: Santa Barbara County / Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-0156

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Person to be contacted on matters involving this application
Prefix: * First Name: Jamie Middle Name:
* Last Name: Sprague Suffix:
* Phone Number: 805-893-8503 Fax Number: 805-893-2611
Email: sprague@research.ucsb.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 956006145w

7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify):
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION: If Revision, mark appropriate box(es).
 New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 Renewal Continuation Revision E. Other (specify):

* Is this application being submitted to other agencies? Yes No What other Agencies? :

9. NAME OF FEDERAL AGENCY: Office of Science
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Moisture Pulse Dependency of Biotic and Abiotic Drivers of C Storage and Flux in Arid and Semi-arid Ecosystems.

12. PROPOSED PROJECT: * 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date * Ending Date CA-023
09/01/2013 08/31/2016

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: * First Name: Jennifer Middle Name:
* Last Name: King Suffix:
Position/Title: Associate Professor
* Organization Name: The Regents of the University of California
Department: Earth Research Institute Division: Office of Research
* Street1: 5912 Ellison Hall
Street2:
* City: Santa Barbara County / Parish:
* State: CA: California Province:
* Country: USA: UNITED STATES * ZIP / Postal Code: 93106-4060
* Phone Number: 805-893-3663 Fax Number: 805-893-2578
* Email: jyking@geog.ucsb.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input type="text" value="1,049,968.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input type="text" value="1,049,968.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

17. 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 18, 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.

18. SFLLL or other Explanatory Documentation

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative * Date Signed

20. Pre-application

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 94-1539563	* c. Organizational DUNS: <input type="text"/> 1250847230000	
d. Address:		
* Street1:	<input type="text"/> 1156 High Street	
Street2:	<input type="text"/>	
* City:	<input type="text"/> Santa Cruz	
County/Parish:	<input type="text"/>	
* State:	<input type="text"/> CA: California	
Province:	<input type="text"/>	
* Country:	<input type="text"/> USA: UNITED STATES	
* Zip / Postal Code:	<input type="text"/> 95064-1077	
e. Organizational Unit:		
Department Name:	<input type="text"/> Office of Sponsored Projects	
Division Name:	<input type="text"/> Research	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	<input type="text"/>	* First Name: <input type="text"/> Suzanne
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text"/> Ziegler	
Suffix:	<input type="text"/>	
Title:	<input type="text"/> Contract and Grant Officer	
Organizational Affiliation: <input type="text"/>		
* Telephone Number:	<input type="text"/> 831-459-1731	Fax Number: <input type="text"/>
* Email:	<input type="text"/> sziegler@ucsc.edu	

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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:

11.431

CFDA Title:

Climate and Atmospheric Research

*** 12. Funding Opportunity Number:**

NOAA-OAR-CPO-2013-2003445

* Title:

Climate Program Office for FY 2013

13. Competition Identification Number:

2291493

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Local Groundwater Drought Reserves to Reduce the Risk of Water Shortages Associated with Extreme Droughts

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-017
b. Program/Project	CA-017
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date:	08/01/2013
* b. End Date:	07/31/2015
18. Estimated Funding (\$):	
* a. Federal	298,212.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	298,212.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	11/13/2013
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	
* First Name:	Suzanne
Middle Name:	
* Last Name:	Ziegler
Suffix:	
* Title:	Contract and Grant Officer
* Telephone Number:	831-459-1731
Fax Number:	
* Email:	sziegler@ucsc.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

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

* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

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

NOV 13 2012

B. APPLICANT INFORMATION:

* a. Legal Name: Pacific Institute **STATE CLEARING HOUSE**

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3050434

* c. Organizational DUNS: 8600292710000

d. Address:

* Street1: 654 13th Street

* Street2: Preservation Park

* City: Oakland

* County/Parish: Alameda

* State: CA: California

* Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94612-1075

e. Organizational Unit:

Department Name: Water Program

Division Name:

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

Prefix: Dr. * First Name: Juliet

Middle Name:

* Last Name: Christian-Smith

Suffix:

Title: Senior Research Associate

Organizational Affiliation: Pacific Institute

* Telephone Number: 510-251-1600 Fax Number: 510-251-2203

* Email: juliet@pacinst.org

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 CA-009

b. Program/Project CA-001

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

Additional Attachments: [Redacted]

17. Proposed Project:

* a. Start Date: 05/01/2013

* b. End Date: [Redacted]

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	0.00
* c. State	100,000.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	200,000.00

* 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 11/13/2012
- 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

Additional Attachments: [Redacted]

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

** 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: [Redacted] * First Name: Peter

Middle Name: [Redacted]

* Last Name: Ptanga

Suffix: [Redacted]

* Title: Chief Operating Officer

* Telephone Number: 510-251-1600 Fax Number: 510-251-2303

* Email: ptanga@pacinst.org

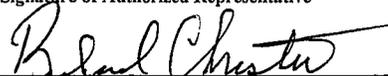
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/13/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> 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 Capital Development	
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) Emma Nogales (213) 922-3066	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) STATE CLEARING HOUSE	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20500		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5909 Fixed Guideway - PM Rail, CA-05-0273-01	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
2/1/12	12/31/12	Districts 26,28,31,32,34,35,37 and 38	Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 18,990,990.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/13/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c State	\$.00		
d Local	\$ 4,747,748.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 23,738,738.00		

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

a Typed Name of Authorized Representative Richard Christie	b Title Transportation Planning Manager V, Regional Program Management	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 	e. Date Signed 11/13/12	

**APPLICATION FOR
FEDERAL ASSISTANCE**

2. DATE SUBMITTED November 15, 2012	Applicant Identifier Dept. of Food and Agriculture
3. DATE RECEIVED BY STATE November 15, 2012	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-0651-CA

1. TYPE OF SUBMISSION: Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> 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 K
County: Sacramento	Last Name Chan
State: California	Zip Code 95814
Country: United States	Email: jason.chan@cdfa.ca.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6 8 - 0 3 2 5 1 0 4	Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
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8. TYPE OF APPLICATION:

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Continuation	<input type="checkbox"/> Revision
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:**

1 0 - 0 2 5
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Infrastructure Project and State Survey Coordinator

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

State of California

13. PROPOSED PROJECT

Start Date: January 1, 2013	Ending Date: December 31, 2013
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District 5	b. Project Infrastructure Project and State S
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15. ESTIMATED FUNDING:

a. Federal	\$	150,000 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	92,981 ⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	242,981 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 15, 2012

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 Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 15, 2012	Applicant Identifier Dept. of Food and Agriculture
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE November 15, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-0781-CA
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: State of California		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)	
City: Sacramento		Prefix:	First Name: Jason
County: Sacramento		Middle Name K	Last Name Chan
State: California	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
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care 10-025		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Biological Control of the Olive Fly in California	
13. PROPOSED PROJECT Start Date: January 1, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 5	
Ending Date: December 31, 2013		b. Project Biological Control of the Olive Fly	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 78,245 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 15, 2012	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰	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	\$ 78,245 ⁰⁰	a. Authorized Representative	
		Prefix	First Name Kathy
		Middle Name	
		Last Name Alameda	
		Suffix	
		b. Title Manager, Federal Funds Management Office	
		c. Telephone Number (give area code) (916) 403-6525	
		d. Signature of Authorized Representative	
		e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED November 15, 2012	Applicant Identifier Dept. of Food and Agriculture
			3. DATE RECEIVED BY STATE November 15, 2012	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-0934-GR
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)	
City: Sacramento			Prefix:	First Name: Jason
County: Sacramento			Middle Name K	
State: California			Zip Code 95814	Last Name Chan
Country: United States			Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104			Email: jason.chan@cdfa.ca.gov	
			Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care 10-025			9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Exotic Fruit Fly	
13. PROPOSED PROJECT Start Date: January 1, 2013			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 40	
Ending Date: December 31, 2013			b. Project Exotic Fruit Fly	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	2,097,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$		DATE: November 15, 2012	
c. State	\$	12,973,873	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	15,070,873		
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 Office				c. Telephone Number (give area code) (916) 403-6525
d. Signature of Authorized Representative				e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED November 15, 2012	Applicant Identifier Dept. of Food and Agriculture
3. DATE RECEIVED BY STATE November 15, 2012	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-1317-CA

1. TYPE OF SUBMISSION: Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

RECEIVED
NOV 15 2012
STATE CLEARING HOUSE

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 K
County: Sacramento	Last Name Chan
State: California	Suffix:
Zip Code 95814	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
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8. TYPE OF APPLICATION:
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)
Other (specify) <input type="checkbox"/> <input type="checkbox"/>

7. TYPE OF APPLICANT: (See back of form for Application Types)
A - State
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care

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

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: European Grapevine Moth

13. PROPOSED PROJECT	
Start Date: January 1, 2013	Ending Date: December 31, 2013

14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant District 1	b. Project European Grapevine Moth

15. ESTIMATED FUNDING:	
a. Federal	\$ 11,648,986 ⁰⁰
b. Applicant	\$ ⁰⁰
c. State	\$ 0 ⁰⁰
d. Local	\$ ⁰⁰
e. Other	\$ ⁰⁰
f. Program Income	\$ ⁰⁰
g. TOTAL	\$ 11,648,986 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 15, 2012
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

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 Office	c. Telephone Number (give area code) (916) 403-6525	
d. Signature of Authorized Representative	e. Date Signed	

