

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1 - 15, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

**RECEIVED**

**NOV 01 2013**

**STATE CLEARING HOUSE**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

**\* Other (Specify)**

**\* 3. Date Received:**

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

Pending

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

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

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

\* c. Organizational DUNS:

**d. Address:**

\* Street1:

Street2:

\* City:

County:

\* State:

Province:

\* Country:

\* Zip / Postal Code:

**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:

Middle Name:

\* Last Name:

Suffix:

Title:

Organizational Affiliation:

\* Telephone Number:

Fax Number:

\* Email:

**Application for Federal Assistance SF-424**

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

A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA/APHIS/PPQ

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

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Oriental Fruit Fly Project - Los Angeles and Orange Counties

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 6

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 10/1/2013

\* b. End Date: 9/30/2014

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

\* a. Federal 524,540

\* b. Applicant

\* c. State 524,540

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 1,049,080

**\* 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 November 1, 2013.

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Middle Name: \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231 Fax Number:

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

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

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 11/04/13	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE  State Application Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY  Federal Identifier	
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Regional Grants Management</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Anne Flores (213) 922-4894</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) <b>95 - 440 1975</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
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): <b>A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)</b>		<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>NOV 06 2013</b></p> <p style="text-align: center;"><b>STATE CLEARING HOUSE</b></p> <p>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) _____</p> <p style="text-align: center;"><b>State Chartered Transit District</b></p>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>20507</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Section 5309 New Starts - CA-03-0825</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>01/29/2009</b>	Ending Date <b>12/31/22</b>	a. Applicant <b>Districts 34</b>	b. Project <b>Same as Applicant</b>

<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?</b>	
a Federal	\$ .00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/04/13</u>	
b Applicant	\$ .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	\$ 1,402,932,490		
e Other	\$ .00		
f Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 1,402,932,490		

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>COSETTE STARK</b>	b Title DEO, Regional Grants Management	c Telephone number <b>(213) 922-2822</b>
d. Signature of Authorized Representative 	e. Date Signed 11/04/2013 <b>11/4/2013</b>	

Application for Federal Assistance SF-424

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

[Empty box]

\* Other (Specify)

[Empty box]

\* 3. Date Received:

11/5/2013

4. Applicant Identifier:

Simms 20140472

5a. Federal Entity Identifier:

[Empty box]

\* 5b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

RECEIVED

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

NOV 06 2013

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

956006145

\* c. Organizational DUNS:

094878394

STATE CLEARING HOUSE

d. Address:

\* Street1:

3227 Cheadle Hall

Street2:

3rd floor, MC 2050

\* City:

Santa Barbara

County:

Santa Barbara

\* State:

CA: California

Province:

[Empty box]

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

93106-2050

e. Organizational Unit:

Department Name:

Office of Research

Division Name:

[Empty box]

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

Prefix:

[Empty box]

\* First Name:

Jamie Lynn

Middle Name:

A [Empty box]

\* Last Name:

Sprague

Suffix:

[Empty box]

Title: Sr Sponsored Projects Analyst

Organizational Affiliation:

The Regents of the University of California, Santa Barbara

\* Telephone Number: 805-893-8503

Fax Number: 805-893-2811

\* Email: sprague@research.ucsb.edu

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Geological Survey

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

15.810

CFDA Title:

National Cooperative Geologic Mapping Program

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

G14AS00005

\* Title:

The Educational Component of the National Cooperative Geologic Mapping Program

**13. Competition Identification Number:**

G14AS00005

Title:

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

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

Geologic Controls on Karst in western Oklahoma

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-024

\* b. Program/Project CA-024

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

17. Proposed Project:

\* a. Start Date: 08/01/2014

\* b. End Date: 07/31/2015

18. Estimated Funding (\$):

* a. Federal	19,508.00
* b. Applicant	19,508.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	39,016.00

\* 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 11/06/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes  No

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

\*\* I AGREE

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

Authorized Representative:

Prefix: \_\_\_\_\_ \* First Name: George

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

\* Last Name: Hopwood

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

\* Title: Senior Sponsored Projects Officer

\* Telephone Number: 805-893-5530 Fax Number: 805-893-2511

\* Email: hopwood@research.ucsb.edu

\* Signature of Authorized Representative: George Hopwood \* Date Signed: 11/06/2013

Authorized for Local Reproduction

Standard Form 424 (Revised 10-2000)  
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: 11/06/2013	4. Applicant Identifier: Gans 20140474
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5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
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NOV 06 2013  
STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, Santa Barbara	* c. Organizational DUNS: 094878394
* b. Employer/Taxpayer Identification Number (EIN/TIN): 056008145	

d. Address:

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

c. Organizational Unit:

Department Name: Office of Research	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: Jamie Lynn
Middle Name: A	
* Last Name: Sprague	
Suffix: <input type="text"/>	
Title: Sr Sponsored Projects Analyst	

Organizational Affiliation:  
The Regents of the University of California, Santa Barbara

* Telephone Number: 805-893-8503	* Fax Number: 805-893-8811
* Email: sprague@research.ucsb.edu	

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

Geological Survey

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

15.810

CFDA Title:

National Cooperative Geologic Mapping Program

\* 12. Funding Opportunity Number:

G14AS00005

\* Title:

The Educational Component of the National Cooperative Geologic Mapping Program

**13. Competition Identification Number:**

G14AS00005

Title:

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

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

Geologic Mapping of the Southwestern Whipple Mountains and Eastern Mopah Range, Southeastern California: Unraveling the Eruptive and Structural History of a Syntensional Miocene Volcanic Center

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

* a. Federal	<input type="text" value="25,677.00"/>
* b. Applicant	<input type="text" value="25,677.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="51,354.00"/>

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

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

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

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications<sup>16</sup> and (2) that the statements herein are true, complete and accurate to the best of my knowledge, I also provide the required assurances<sup>17</sup> and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

Authorized for Local Reproduction

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

OMB Number: 4040-0004  
Expiration Date: 06/30/2012

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- Proapplication  
 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 07 2013

## State Use Only:

STATE CLEARING HOUSE

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

YUROK INDIAN HOUSING AUTHORITY

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

680397286

## \* c. Organizational DUNS:

0381270690000

## d. Address:

## \* Street1:

15540 U.S. Highway 101 North

## Street2:

## \* City:

Elamath

## County/Parish:

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

95548-9351

## e. Organizational Unit:

## Department Name:

Non-Profit Department

## Division Name:

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

## Prefix:

Ms.

## \* First Name:

Judith

## Middle Name:

## \* Last Name:

Marasco

## Suffix:

## Title:

Executive Director

## Organizational Affiliation:

Yurok Indian Housing Authority

## \* Telephone Number:

707-482-1506

## Fax Number:

707-482-3117

## \* Email:

jmarasco@yurokhousing.com

**Application for Federal Assistance SF-424**

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

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Utilities Programs

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

10.446

CFDA Title:

Rural Community Development Initiative

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

USDA-RD-HCFP-RCDI-2013

\* Title:

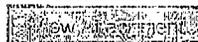
Rural Community Development Initiative (RCDI)

**13. Competition Identification Number:**

Title:

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

Service Area Map.pdf



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

Yurok Housing and the Non-Profits' Capacity Building Project

Attach supporting documents as specified in agency instructions.



## Application for Federal Assistance SF-424

## 16. Congressional Districts Of:

\* a. Applicant CA-002

\* b. Program/Project CA-002

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

## 17. Proposed Project:

\* a. Start Date: 01/06/2014

\* b. End Date: 01/06/2017

## 18. Estimated Funding (\$):

* a. Federal	80,000.00
* b. Applicant	80,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	160,000.00

## \* 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 11/07/2013
- 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 1061)

 \*\* I AGREE

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

## Authorized Representative:

Prefix: Ms. \* First Name: Judith

Middle Name:

\* Last Name: Marasco

Suffix:

\* Title: Executive Director

\* Telephone Number: 707-482-1506

Fax Number: 707-482-3117

\* Email: jmarasco@yurokhousing.com

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

* 3. Date Received: 11/09/13	4. Applicant Identifier: _____
---------------------------------	-----------------------------------

**RECEIVED**  
NOV 12 2013

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

**State Use Only:**

6. Date Received by State: 11/09/13	7. State Application Identifier: STATE CLEARING HOUSE
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**8. APPLICANT INFORMATION:**

* a. Legal Name: Long Beach Public Transportation Company (Long Beach Transit)	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1086275	* c. Organizational DUNS: 050125194

d. Address:

* Street1: 1963 E. Anaheim St.
Street2: _____
* City: Long Beach
County: Los Angeles
* State: CA
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 90801

e. Organizational Unit:

Department Name: Finance	Division Name: Grant Administration
--------------------------	-------------------------------------

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

Prefix: _____	* First Name: Miriam
Middle Name: _____	
* Last Name: Castaneda	
Suffix: _____	
Title: Grants Administrator	
Organizational Affiliation: Employee	

* Telephone Number: 562-599-8577	Fax Number: _____
* Email: mcastaneda@gmail.com	

**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:

DOT/ Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Section 5307 Bus and Bus Facilities

\* 12. Funding Opportunity Number:

N/A

\* Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

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

Long beach, CA and surrounding Long Beach Transit service area

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

The Long Beach Public Transportation Company (Long Beach Transit) hereby requests FY2013, section 5307, Bus and Bus Facilities capital grant funds, under grant application CA-90-Z120 for the following:

1. Clean Fuel Bus Replacement (11 Compressed Natural Gas Buses)
2. Bus Capital/ Associated Capital (including purchase of bus components, facilities, health/ safety equipment, office equipment, shop equipment, information systems/ computer equipment, shop equipment and service vehicles).
3. Bus Stop Enhancements/ Associated Transit Improvements

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant 34,36,37,38,39,40,46

\* b. Program/Project 34,36,37,38,39,40,46

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

N/A

**17. Proposed Project:**

\* a. Start Date: 12/20/2012

\* b. End Date: 12/31/2017

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

\* a. Federal 19,352,619

\* b. Applicant

\* c. State

\* d. Local 1,461,052

\* e. Other

\* f. Program Income

\* g. TOTAL 20,813,671

**\* 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 11/09/13

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name: Miriam

Middle Name:

\* Last Name: Castaneda

Suffix:

\* Title: Grants Administrator

\* Telephone Number: 562-599-8577

Fax Number:

\* Email: mcastaneda@gmail.com

\* Signature of Authorized Representative: MC

\* Date Signed: 11/09/13

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b> November 13, 2013	Applicant Identifier
	<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier S-14-UC-06-0305

**5. APPLICANT INFORMATION**

Legal Name: County of Sacramento	<b>RECEIVED</b>  <b>NOV 12 2013</b>	<b>Organizational Unit:</b> Department: Housing Authority of the County of Sacramento
Organizational DUNS: 137351164		Division:
Address: Street: 801 12th Street	<b>STATE CLEARING HOUSE</b>	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Geotray Middle Name:
City: Sacramento		Last Name Ross
County: Sacramento		Suffix:
State: California	Zip Code 95814	Email: gross@shra.org
Country: USA	Phone Number (give area code): (916) 440-1357 Fax Number (give area code): (916) 498-1655	

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 94-6300529

**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:**  
 14-231

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 2014 Emergency Solutions Grant

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

**13. PROPOSED PROJECT**

Start Date: January 1, 2014	Ending Date: December 31, 2014
--------------------------------	-----------------------------------

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

**15. ESTIMATED FUNDING:**

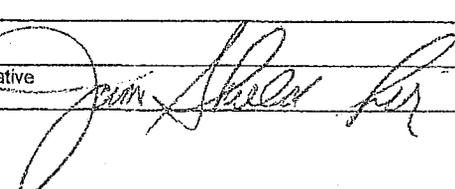
a. Federal	\$	314,897 <sup>00</sup>
b. Applicant	\$	0 <sup>00</sup>
c. State	\$	0 <sup>00</sup>
d. Local	\$	596,316 <sup>00</sup>
e. Other	\$	90,338 <sup>00</sup>
f. Program Income	\$	
g. TOTAL	\$	1,001,551 <sup>00</sup>

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: November 13, 2013  
 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 11/12/13

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> November 13, 2013	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier S-14-MC-06-0003
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Sacramento		Organizational Unit: Department: Housing Authority of the City of Sacramento	
Organizational DUNS: 137351016		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	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000759		Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Emergency Solutions Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2014 Emergency Solutions Grant	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Sacramento			
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2014 Ending Date: December 31, 2014		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 287,038 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 13, 2013	
b. Applicant	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 596,316 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 90,338 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 973,692 <sup>00</sup>		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name La Shelle	Middle Name	
Last Name Dozier		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative		e. Date Signed 11/12/13	

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NOV 12 2013

STATE CLEARINGHOUSE

*La Shelle Dozier*

**APPLICATION FOR FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 13, 2013	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		B-14-UC-06-0005

**5. APPLICANT INFORMATION**

Legal Name: County of Sacramento	<b>RECEIVED</b>  11/12 2013  <b>STATE CLEARING HOUSE</b>	Organizational Unit: Department: Housing Authority of the County of Sacramento
Organizational DUNS: 137351164		Division:
Address: Street: 601 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):**

94-6300529

Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 493-1655
---	---

**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:**

2014 Community Development Block Grant Projects

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

County of Sacramento

**13. PROPOSED PROJECT**

Start Date: January 1, 2014	Ending Date: December 31, 2014
--------------------------------	-----------------------------------

**14. CONGRESSIONAL DISTRICTS OF:**

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

**15. ESTIMATED FUNDING:**

a. Federal	\$	4,584,576 <sup>00</sup>
b. Applicant	\$	0 <sup>00</sup>
c. State	\$	148,765 <sup>00</sup>
d. Local	\$	2,071,937 <sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	141,929 <sup>00</sup>
g. TOTAL	\$	6,947,207 <sup>00</sup>

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

a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: November 13, 2013

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 11/12/13	

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Authorized for Local Reproduction

**APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> November 13, 2013	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
<b>5. APPLICANT INFORMATION</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier E-14-MC-06-0003	
Legal Name: City of Sacramento		<b>Organizational Unit:</b> Department: Housing Authority of the City of Sacramento	
Organizational DUNS: 137351016		Division:	
Address: Street: 801 12th Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Sacramento		Prefix: Mr.	First Name: Geoffrey
County: Sacramento		Middle Name	
State: California	Zip Code 95814	Last Name: Ross	
Country: USA		Suffix:	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000759		Phone Number (give area code) (916) 440-1357	Fax Number (give area code) (916) 498-1655
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Community Development Block Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2014 Community Development Block Grant Projects	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Sacramento		14-218	
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2014		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th	
Ending Date: December 31, 2014		b. Project 3rd, 4th, 5th, and 11th	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 4,071,624.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 13, 2013	
b. Applicant	\$ 0.00	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	\$ 1,901,200.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ 1,296,771.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 117,900.00		
g. TOTAL	\$ 7,387,495.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
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 11/12/13	

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STATE CLEARING HOUSE

*[Handwritten Signature]*

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

2

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"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: Sacramento-San Joaquin Delta Conservancy	NOV 15 2013	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 01-096-7313	* c. Organizational DUNS: 964989193	STATE CLEARING HOUSE
<b>d. Address:</b>		
* Street1: 1450 Halyard Drive	<input type="text"/>	
Street2: Suite 600	<input type="text"/>	
* City: West Sacramento	<input type="text"/>	
County: Yolo	<input type="text"/>	
* State: CA	<input type="text"/>	
Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 95691-5038	<input type="text"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Ms.	* First Name: Kathryn	<input type="text"/>
Middle Name:	<input type="text"/>	
* Last Name: Kynett	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Environmental Scientist	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 916-375-2089	Fax Number: 916-375-4948	
* Email: Kathryn.Kynett@deltaconservancy.ca.gov		

**Application for Federal Assistance SF-424**

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

State government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Environmental Protection Agency

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

66.608

CFDA Title:

Environmental Information Exchange Network Grant Program and Related Assistance

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

EPA-OEJ-14-01

\* Title:

FY 2014 National Environmental Information Exchange Network Grant Program

**13. Competition Identification Number:**

N/A

Title:

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

State of California, counties of Contra Costa, Sacramento, San Joaquin, Solano, and Yolo.

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

Delta Environmental Data for the Understanding of a California Estuary (DEDUCE)

Attach supporting documents as specified in agency instructions.

4

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant CA-003	* b. Program/Project CA-003
Attach an additional list of Program/Project Congressional Districts if needed.	
CA-007, CA-009, CA-010	
<b>17. Proposed Project:</b>	
* a. Start Date: 10-01-2014	* b. End Date: 03-31-2017
<b>18. Estimated Funding (\$):</b>	
* a. Federal	300,000
* b. Applicant	7,500
* c. State	20,000
* d. Local	0
* e. Other	7,500
* f. Program Income	0
* g. TOTAL	335,000
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	11-15-2013
<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.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix: Ms.	* First Name: Shakoora
Middle Name:	
* Last Name: Azimi-Gaylon	
Suffix:	
* Title: Assistant Executive Officer	
* Telephone Number: 916-375-2086	Fax Number: 916-375-4948
* Email: Shakoora.Azimi-Gaylon@deltaconservancy.ca.gov	
* Signature of Authorized Representative:	* Date Signed:

5

**Application for Federal Assistance SF-424**

**\* Applicant Federal Debt Delinquency Explanation**

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

[Empty text input area for Applicant Federal Debt Delinquency Explanation]



SACRAMENTO - SAN JOAQUIN

**DELTA CONSERVANCY**

A California State Agency

1450 Halyard Drive, Suite 6  
West Sacramento, CA 95691

Main No. (916) 375-2084

Fax No. (916) 375-4948

[www.deltaconservancy.ca.gov](http://www.deltaconservancy.ca.gov)

**RECEIVED**  
NOV 15 2013  
STATE CLEARING HOUSE

**Fax Transmittal Form**

Date: Nov 15, 2013 Number of pages including cover sheet: 5

To: To whom it May Concern Fax No: 916-<sup>323-3018</sup>~~375-4948~~

From: Susan Roberts Phone No: 916-375-2088

email: Susan.Roberts@deltaconservancy.ca.gov

Comments/Instructions:

Urgent  For Your Review  Reply ASAP  Please Comment

Please review the grant application (CDFW 62608)  
to US EPA (Environmental Information Exchange  
Grant Program & Related Assistance).

*Thanks*