

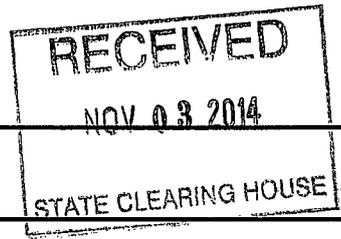
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

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



3. Date Received:	4. Applicant Identifier: 1189-1543
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
---------------------------------------	---------------------------------------

State Use Only:

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

8. APPLICANT INFORMATION:

***a. Legal Name:** Sonoma County Transportation Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN): EIN 91-1861000	*c. Organizational DUNS: 036406911
---	--

d. Address:

***Street 1:** 490 Mendocino Ave, Ste 206
Street 2: _____
***City:** Santa Rosa
County: _____
***State:** CA
Province: _____
***Country:** United States
***Zip / Postal Code** 95401

e. Organizational Unit:

Department Name: Regional Climate Protection Authority	Division Name:
--	-----------------------

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

Prefix: _____ ***First Name:** Lauren
Middle Name: _____
***Last Name:** Casey
Suffix: _____

Title: Deputy Director, Climate Programs

Organizational Affiliation:

***Telephone Number:** 707-565-5379 **Fax Number:**

***Email:** lcasey@sctainfo.org

Application for Federal Assistance SF-424

Version 02

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

E. Regional Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.117 _____

CFDA Title:

Climate Action Champions _____

***12 Funding Opportunity Number:**

DE-FOA-0001189 _____

*Title:

Climate Action Champions - Request for Applications _____

13. Competition Identification Number:

Title:

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

Sonoma County: Unincorporated County, City of Cloverdale, City of Cotati, City of Healdsburg, City of Petaluma, City of Rohnert Park, City of Santa Rosa, City of Sebastopol, City of Sonoma, Town of Windsor

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

Sonoma County Regional Climate Protection

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-002, CA-005

*b. Program/Project: CA-002, CA-005

17. Proposed Project:

*a. Start Date: 12/01/2014

*b. End Date: 12/01/2017

18. Estimated Funding (\$):

*a. Federal	_____	0
*b. Applicant	_____	\$3,750,000
*c. State	_____	0
*d. Local	_____	0
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	\$3,750,000

***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 10/24/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: _____ *First Name: Suzanne

Middle Name: _____

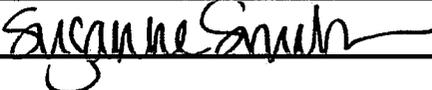
*Last Name: Smith

Suffix: _____

*Title: Executive Director

*Telephone Number: 707-565-5373 Fax Number: _____

* Email: suzsmith@sctainfo.org

*Signature of Authorized Representative: 

*Date Signed: 10/24/14

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify)		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify)		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: FTA Recipient ID #1658		5. Date Received by State:	
		4a. Federal Entity Identifier:		6. State Application Identifier:	
		4b. Federal Award Identifier:			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation:					

7. APPLICANT INFORMATION:

* a. Legal Name: Sacramento Area Council of Governments		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED NOV 08 2014 </div>
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0153162	* c. Organizational DUNS: 555895705	

d. Address:		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> CLEARING HOUSE </div>
* Street1: 1415 L Street	Street2: Suite 300	
* City: Sacramento	County: Sacramento	
* State: CA: California	Province:	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95814-3963	
e. Organizational Unit:		

Department Name: Transportation Services	Division Name:	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: Ms.	* First Name: Sharon	Middle Name:
* Last Name: Sprowls	Suffix:	
Title: Senior Program Specialist		
Organizational Affiliation: Sacramento Area Council of Governments		
Telephone Number: 9163406235	Fax Number: 9163219551	
* Email: sprowls@sacog.org		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.500

CFDA Title:

Federal Transit Capital Investment Grants

11. Areas Affected by Funding:

Planned 3.3-mile Streetcar corridor in the cities of Sacramento and West Sacramento, California

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-6

b. Program/Project:

CA-6

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

13. FUNDING PERIOD:

a. Start Date:

06/01/2015

b. End Date:

06/01/2017

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

1,118,720.00

b. Match (\$):

284,288.00

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

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 11/03/2014
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes No

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 218, Section 1001)

** I Agree

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: _____		4. Applicant Identifier: Dept. of Food and Agriculture
5a. Federal Entity Identifier: 15-8506-1211-CA		5b. Federal Award Identifier: _____
RECEIVED NOV 06 2014 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: 10/30/2014		7. State Application Identifier: 14-0434-FR
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104		* c. Organizational DUNS: 8074876650000
d. Address:		
* Street1: 1220 N Street, Room 315		
Street2: _____		
* City: Sacramento		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95814		
e. Organizational Unit:		
Department Name: Food and Agriculture		Division Name: Plant Health/Pest Prev Svcs
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____		* First Name: Jason
Middle Name: _____		
* Last Name: Chan		
Suffix: _____		
Title: _____		
Organizational Affiliation: California Department of Food and Agriculture		
* Telephone Number: (916) 654-1211		Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov		

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

NA

* Title:

NA

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,828,723.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="288,112.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,116,835.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 11/07/2014	Applicant Identifier CA-90-Z226
	3. DATE RECEIVED BY STATE 11/07/2014	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Z226

5. APPLICANT INFORMATION

Legal Name: Foothill Transit	Organizational Unit: Department: Finance Division:
Organizational DUNS: 94-364-2124	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gil Middle Name: Last Name: Victorio Suffix: NA Email: gvictorio@foothilltransit.org
Address: Street: 100 S. Vincent Avenue, Suite 200 City: West Covina County: Los Angeles State: CA Zip Code: 91790	RECEIVED NOV 07 2014 STATE CLEARING HOUSE
Country: USA	Phone Number (give area code): (626) 931-7227 Fax Number (give area code): (626) 931-7327

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 95-4868218

7. TYPE OF APPLICANT: (See back of form for Application Types)
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)
 Other (specify):

9. NAME OF FEDERAL AGENCY:
 Federal Transit Authority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 20-507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Bus Replacement FY2015

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 20 cities and Los Angeles County

13. PROPOSED PROJECT
 Start Date: 09/13/2012 Ending Date: 10/31/2016

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant District No. 29,32,35,38,39 & 40
 b. Project Same

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 23,217,273 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 11/07/2014
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 4,097,166 ⁰⁰	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 \$ 27,314,439 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 Mr.	First Name Gil	Middle Name
Last Name Victorio	Suffix	
b. Title Finance Manager	c. Telephone Number (give area code) (626) 931-7227	
d. Signature of Authorized Representative	e. Date Signed 11/07/2014	

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 checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 11/07/2014	Applicant Identifier CA-90-2226		
5. APPLICANT INFORMATION Legal Name: Foothill Transit		3. DATE RECEIVED BY STATE 11/07/2014	State Application Identifier			
Organizational DUNS: 94-364-2124		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-2226			
Address: Street: 100 S. Vincent Avenue, Suite 200		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 07 2014 STATE CLEARING HOUSE </div>				
City: West Covina					Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gil	
County: Los Angeles					Middle Name	
State: CA Zip Code 91790					Last Name Victorio	
Country: USA					Suffix: NA	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 6 6 8 2 1 8		Organizational Unit: Department: Finance				
B. 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"/>		Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Gil				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 2 0 - 5 0 7		Middle Name				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County		Last Name Victorio				
13. PROPOSED PROJECT Start Date: 09/13/2012 Ending Date: 10/31/2016		Suffix: NA				
15. ESTIMATED FUNDING:		Email: gvictorio@foothilltransit.org				
a. Federal \$ 23,217,273 ⁰⁰	6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 6 6 8 2 1 8		Phone Number (give area code) Fax Number (give area code) (626) 931-7227 (626) 931-7327			
b. Applicant \$. ⁰⁰	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority			
c. State \$. ⁰⁰	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 2 0 - 5 0 7		9. NAME OF FEDERAL AGENCY: Federal Transit Authority			
d. Local \$ 4,097,166 ⁰⁰	12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 20 cities and Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bus Replacement FY2015			
e. Other \$. ⁰⁰	13. PROPOSED PROJECT Start Date: 09/13/2012 Ending Date: 10/31/2016		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District No. 29,32,35,38,39 & 40 b. Project Same			
f. Program Income \$. ⁰⁰	15. ESTIMATED FUNDING:		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: 11/07/2014 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			
g. TOTAL \$ 27,314,439 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.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative						
Prefix Mr.		First Name Gil		Middle Name		
Last Name Victorio		Suffix				
b. Title Finance Manager		c. Telephone Number (give area code) (626) 931-7227				
d. Signature of Authorized Representative 		e. Date Signed 11/07/2014				

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ • Other (Specify) _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED NOV 13 2014
--	--	--------------------------------

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

State Use Only: STATE CLEARING HOUSE

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

*** a. Legal Name:** City of Grover Beach

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006383	* c. Organizational DUNS: 184492932
--	---

d. Address:

* Street 1: 154 South 8th Street
Street 2: _____
* City: Grover Beach
County/Parish: _____
* State: CA
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92433

e. Organizational Unit:

Department Name: City Management	Division Name: _____
--	--------------------------------

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

Prefix: _____ * First Name: Robert
Middle Name: J.
* Last Name: Perrault
Suffix: _____

Title: City Manager

Organizational Affiliation: Municipal

* Telephone Number: (805) 743-4567 Fax Number: (805) 743-4561

* Email: rperrault@grover.org

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Municipality

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Assistance

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

City of Grover Beach

Add Attachments

Delete Attachments

View Attachments

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

West Grand Avenue Phase 3

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$1,055,305.00"/>
* b. Applicant	<input type="text" value="\$236,620.00"/>
* c. State	<input type="text" value="\$927,951.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$2,219,876.00"/>

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

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

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

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

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

Yes No

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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

11/14/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

NOV 14 2014

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

California State University Channel Islands

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

912153805

* c. Organizational DUNS:

7968799430000

d. Address:

* Street1:

One University Drive

Street2:

* City:

Camarillo

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93012-8599

e. Organizational Unit:

Department Name:

Santa Rosa Island Resch. St.

Division Name:

Academic Affairs

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

Prefix:

Dr.

* First Name:

Cause

Middle Name:

* Last Name:

Hanna

Suffix:

Title: Santa Rosa Islands Research Station Manager

Organizational Affiliation:

CSU Channel Islands

* Telephone Number:

(805) 437-3785

Fax Number:

* Email:

cause.hanna@csuci.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:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NMFS-HCPO-2015-2004213

* Title:

FY2015 Community-based Marine Debris Removal

13. Competition Identification Number:

2499287

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Cultivating Santa Barbara Channel Stewards

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="94,402.00"/>
* b. Applicant	<input type="text" value="38,332.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="56,332.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="189,066.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <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"/>	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED NOV 14 2014 STATE CLEARING HOUSE </div>
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" value="SONOMA STATE UNIVERSITY"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="68-0338225"/>	* c. Organizational DUNS: <input type="text" value="0925544840000"/>	
d. Address:		
* Street1: <input type="text" value="1901 East Cotati Ave"/>	<input type="text"/>	
Street2: <input type="text" value="Stevenson Hall 3056"/>	<input type="text"/>	
* City: <input type="text" value="Rohnert Park"/>	<input type="text"/>	
County/Parish: <input type="text"/>	<input type="text"/>	
* State: <input type="text" value="CA: California"/>	<input type="text"/>	
Province: <input type="text"/>	<input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	<input type="text"/>	
* Zip / Postal Code: <input type="text" value="94928-3609"/>	<input type="text"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="GEOGRAPHY"/>	Division Name: <input type="text" value="ACADEMIC AFFAIRS"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Prof."/>	* First Name: <input type="text" value="Michelle"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="Goman"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="Assoc. Prof. and Co-Organizer FACILIM Workshop"/>		
Organizational Affiliation: <input type="text" value="SCHOOL OF SOCIAL SCIENCES"/>		
* Telephone Number: <input type="text" value="707-664-3214"/>	Fax Number: <input type="text" value="707-664-3332"/>	
* Email: <input type="text" value="GOMAN@SONOMA.EDU"/>		

Application for Federal Assistance SF-424

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

R: 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-B08

CFDA Title:

U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G15A00001

* Title:

USGS Non-Competitive Assistance FY 2015 - National Grants Branch

13. Competition Identification Number:

G15A00001

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Request for student and early career scientist travel support for PACLIM workshop 2015

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-05

* b. Program/Project CA-17

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 11/30/2014

* b. End Date: 09/30/2015

18. Estimated Funding (\$):

Table with 2 columns: Funding Source and Amount. Rows include Federal (5,000.00), Applicant (0.00), State (0.00), Local (0.00), Other (0.00), Program Income (0.00), and TOTAL (5,000.00).

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

- Checked: a. This application was made available to the State under the Executive Order 12372 Process for review on 11/14/2014.
Unchecked: b. Program is subject to E.O. 12372 but has not been selected by the State for review.
Unchecked: c. Program is not covered by E.O. 12372.

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

Unchecked: Yes
Checked: No

If "Yes", provide explanation and attach

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

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

Checked: ** I AGREE

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

Authorized Representative:

Form fields for Authorized Representative: Prefix, First Name (JEFF), Middle Name, Last Name (Wilson), Suffix

* Title: Senior Director, Sponsored Programs

* Telephone Number: 707-664-3715 Fax Number: 707-664-4463

* Email: jeff.wilson@sonoma.edu

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