

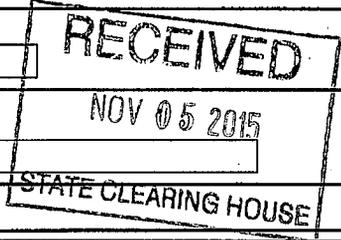
Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1 - 15, 2015**. 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

* 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): _____
---	---	--

* 3. Date Received: OCT 7 0 2015	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:** County of Shasta

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000535	* c. Organizational DUNS: 8278929640000
--	---

d. Address:

* Street1:	Shasta County DPW
Street2:	1855 Placer Street
* City:	Redding
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	96001-1857

e. Organizational Unit:

Department Name: Public Works	Division Name: CSA 2 - Sugarloaf Water
---	--

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

Prefix: _____	* First Name: Eric
Middle Name: _____	
* Last Name: Wedemeyer	
Suffix: _____	

Title: Supervising Engineer

Organizational Affiliation:

* Telephone Number: (530) 225-5181	Fax Number: (530) 225-5667
---	-----------------------------------

*** Email:** ewedemeyer@co.shasta.ca.us

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Rural Utilities Service

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Loan and Grant Program

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

SUGARLOAF, WEST OF LAKEHOM

Add Attachment

Delete Attachment

View Attachment

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

Replace outdated surface water filter; replace outdated controls; provide additional security and treatment measures for well; provide additional water storage to meet current fire requirements.

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 Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,541,000.00"/>
* 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	<input type="text" value="1,541,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

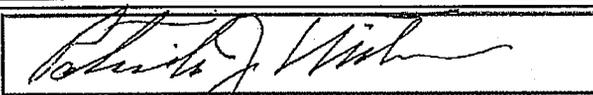
Authorized Representative:

Prefix: * First Name:
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):**

[Empty field]

*** Other (Specify):**

[Empty field]

*** 3. Date Received:**

[Empty field]

4. Applicant Identifier:

[Empty field]

RECEIVED
NOV 10 2015

5a. Federal Entity Identifier:

[Empty field]

5b. Federal Award Identifier:

[Empty field]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

*** a. Legal Name:** Lake County Watershed Protection District

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

94-6000825

*** c. Organizational DUNS:**

0715547600000

d. Address:

*** Street1:**

255 N Forbes St.

Street2:

[Empty field]

*** City:**

Lakeport

County/Parish:

[Empty field]

*** State:**

CA: California

Province:

[Empty field]

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95453

e. Organizational Unit:

Department Name:

Water Resources

Division Name:

[Empty field]

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

Prefix:

[Empty field]

*** First Name:**

Will

Middle Name:

[Empty field]

*** Last Name:**

Evans

Suffix:

[Empty field]

Title: Water Resources Program Coordinator

Organizational Affiliation:

[Empty field]

*** Telephone Number:**

707-263-2344

Fax Number:

[Empty field]

*** Email:**

will.evans@lakecountycal.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:**

USDA Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.923

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

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:**

Valley Fire Emergency Response

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 3 & 5

* b. Program/Project 5

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

[Empty text box for additional districts]

Add/Attachment

Delete/Attachment

View/Attachment

17. Proposed Project:

* a. Start Date: 11/16/15

* b. End Date: 11/23/15

18. Estimated Funding (\$):

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

* 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 11/10/15
- 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]

Add/Attachment

Delete/Attachment

View/Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: [Empty] * First Name: Scott
 Middle Name: [Empty]
 * Last Name: De Leon
 Suffix: [Empty]

* Title: Director

* Telephone Number: 707-263-2341 Fax Number: [Empty]

* Email: scott.deleon@lakecountycal.gov

* Signature of Authorized Representative: [Handwritten Signature]

* Date Signed: 11/10/2015

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:**

11/02/2015

4. Applicant Identifier:

CA Dept of Food & Agriculture

5a. Federal Entity Identifier:

USDA-APHIS-PPQ

5b. Federal Award Identifier:

16-8506-1005-CA

RECEIVED

NOV 10 2015

State Use Only:

6. Date Received by State:

11/02/2015

7. State Application Identifier:

STATE CLEARING HOUSE

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:**

3294 Meadowview Road

Street2:

*** City:**

Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95832-1437

e. Organizational Unit:

Department Name:

Food & Agriculture

Division Name:

Plant Health & Pest Prev Svcs

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

Prefix:

Dr.

*** First Name:**

Patrick

Middle Name:

*** Last Name:**

Akers

Suffix:

Title:

Branch Chief

Organizational Affiliation:

*** Telephone Number:**

916-262-1102

Fax Number:

916-262-2020

*** Email:**

patrick.akers@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 & Animal Disease, Pest Control & Animal Care

*** 12. Funding Opportunity Number:**

n/a

* Title:

n/a

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:**

Pink Bollworm

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 Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="54,175.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="54,175.00"/>

*** 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

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:
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:

10/15/2015

4. Applicant Identifier:

CA Dept of Food & Agriculture

RECEIVED

NOV 12 2015

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

16-8506-0484-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

15-0451-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

Street2:

* City:

Sacramento

County/Parish:

Sacramento

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814-5621

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Pierce's Disease Control Prgm

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

Prefix:

* First Name:

Roger

Middle Name:

* Last Name:

Spencer

Suffix:

Title: Environmental Program Manager II

Organizational Affiliation:

* Telephone Number:

(916) 900-5024

Fax Number:

(916) 900-5350

* Email:

roger.spencer@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:**

* Title:

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:**

Pierce's Disease Control Program/Glassy-winged Sharpshooter

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="15,574,754.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="15,574,754.00"/>

*** 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

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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

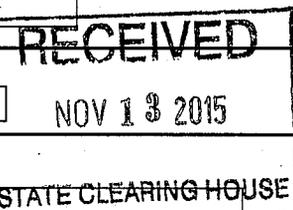
*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

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:**

Sacramento-San Joaquin Delta Conservancy

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

01-096-7313

*** c. Organizational DUNS:**

9649891930000

d. Address:

*** Street1:**

1450 Halyard Drive, Suite 600

Street2:

*** City:**

West Sacramento

County/Parish:

Yolo

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95691-5038

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Kathryn

Middle Name:

*** Last Name:**

Kynett

Suffix:

Title:

Environmental Scientist

Organizational Affiliation:

*** Telephone Number:**

916-376-4024

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:**

A: State Government

Type of Applicant 2: Select Applicant Type:
[Empty field]

Type of Applicant 3: Select Applicant Type:
[Empty field]

* Other (specify):
[Empty field]

*** 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-OEI-16-01

* Title:
FY 2016 National Environmental Information Exchange Network Grant Program

13. Competition Identification Number:

NONE

Title:
[Empty field]

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

Areas Affected.pdf

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

QED: Quality Environmental Data
A project to establish quality-control standards, tools, and general access to continuous data in the San Francisco Bay-Delta Estuary

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="300,000.00"/>
* b. Applicant	<input type="text" value="11,049.60"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="26,000.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="337,049.60"/>

*** 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 - MANDATORY

1.a. Type of Submission:

- Application
- Plan
- Funding Request
- Other

Other (specify):

1.b. Frequency:

- Annual
- Quarterly
- Other

Other (specify):

1.d. Version:

- Initial
- Resubmission
- Revision
- Update

2. Date Received:

Completed by Grants.gov upon submission.

3. Applicant Identifier:

LoNo2015

4a. Federal Entity Identifier:

94222398

4b. Federal Award Identifier:**STATE USE ONLY:****5. Date Received by State:****6. State Application Identifier:****1.c. Consolidated Application/Plan/Funding Request?**

Yes No

EXPLANATION

7. APPLICANT INFORMATION:**a. Legal Name:**

Monterey-Salinas Transit District

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

94222398

c. Organizational DUNS:

0739578130000

d. Address:**Street1:**

One Ryan Ranch Road

Street2:**City:**

Monterey

County / Parish:**State:**

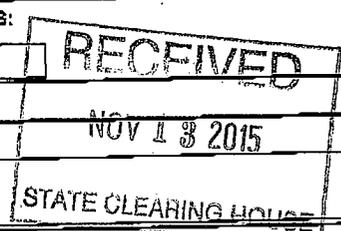
CA: California

Province:**Country:**

USA: UNITED STATES

Zip / Postal Code:

93940-5703

**e. Organizational Unit:****Department Name:**

Administration

Division Name:**f. Name and contact information of person to be contacted on matters involving this submission:****Prefix:**

Ms.

First Name:

Michelle

Middle Name:**Last Name:**

Overmeyer

Suffix:

Title: Grants Analyst

Organizational Affiliation:

Monterey-Salinas Transit

Telephone Number:

831-393-8131

Fax Number:**Email:**

movermeyer@msat.org

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

D: Special District Government

Other (specify):

b. Additional Description:

Public Transit Agency

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Proposal to purchase 5 all-electric buses, and construct and install equipment to provide wireless Power Transfer (WPT) to extend battery range.

12. Areas Affected by Funding:

Monterey County, California

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-020

b. Program/Project:

CA-020

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

14. FUNDING PERIOD:

a. Start Date:

01/01/2016

b. End Date:

12/31/2017

15. ESTIMATED FUNDING:

a. Federal (\$):

1,355,500.00

b. Match (\$):

2,164,500.00

16. 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:

11/13/2015

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

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No



18. 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:

Mr.

First Name:

Carl

Middle Name:

Last Name:

Sedoryk

Suffix:

Title:

General Manager/CFO

Organizational Affiliation:

Telephone Number:

831-393-8123

Fax Number:

831-899-3954

Email:

csedoryk@mst.org

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

