

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16 - 30, 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		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> 11/17/2014	<b>4. Applicant Identifier:</b> _____	<b>RECEIVED</b> NOV 17 2014 STATE CLEARING HOUSE
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Regents of the University of California Davis		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6036494	<b>* c. Organizational DUNS:</b> 0471200840000	
<b>d. Address:</b>		
<b>* Street1:</b> 1850 Research Park Drive, Suite 300	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Davis	_____	
<b>County/Parish:</b> Yolo	_____	
<b>* State:</b> CA: California	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 95618-6153	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Office of Research	<b>Division Name:</b> Sponsored Programs	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> Kirsten	
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> Gilardi	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> SR Veterinarian		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 530-752-4896	<b>Fax Number:</b> 530-752-3318	
<b>* Email:</b> kvgilardi@ucdavis.edu		

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Commerce

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

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:**

Fisherman-led Dungeness crab gear recovery in Northern and Central California

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="198,316.00"/>
* 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="70,280.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="268,596.00"/>

**\* 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** Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
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<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> NOV 18 2014 <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">STATE CLEARING HOUSE</div>
--	--	---

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

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**6. APPLICANT INFORMATION:**

**\* a. Legal Name:** University of Southern California

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-1642394	<b>* c. Organizational DUNS:</b> 072933393
--	---

**d. Address:**

<b>* Street1:</b>	3720 South Flower Street
<b>Street2:</b>	_____
<b>* City:</b>	Los Angeles
<b>County:</b>	_____
<b>* State:</b>	CA: California
<b>Province:</b>	_____
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	90089-0701

**e. Organizational Unit:**

<b>Department Name:</b> Dept of Contracts & Grants	<b>Division Name:</b> _____
---	--------------------------------

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

<b>Prefix:</b>	Mr.	<b>* First Name:</b>	Leonard
<b>Middle Name:</b>	_____		
<b>* Last Name:</b>	Mitchell		
<b>Suffix:</b>	_____		
<b>Title:</b>	Executive Director, CED		

**Organizational Affiliation:**  
\_\_\_\_\_

<b>* Telephone Number:</b> 213-740-1487	<b>Fax Number:</b> 213-740-0373
---	---------------------------------

**\* Email:** mitchell@usc.edu

**Application for Federal Assistance SF-424**

Version 02

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

O: Private 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:**

Economic Development Administration

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

11.307

CFDA Title:

Economic Adjustment Assistance

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

EDAP2014

\* Title:

FY 2014 Economic Development Assistance Programs

**13. Competition Identification Number:**

EAA-N

Title:

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

Counties of Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura

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

Reinventing How Economic Development is Done in Manufacturing with the Advanced Manufacturing Partnership for Southern California (AMP SoCal)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

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="2,499,474.00"/>
* b. Applicant	<input type="text" value="737,317.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="22,500.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,259,291.00"/>

\* 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

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.

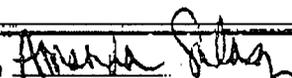
Authorized Representative:

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

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

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

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

**Application for Federal Assistance SF-424**

**1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**2. Type of Application:**

- New
- Continuation
- Revision

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

\_\_\_\_\_

\* Other (Specify)

\_\_\_\_\_

\* 3. Date Received:

Completed on **SEP 15 2014**

4. Applicant Identifier:

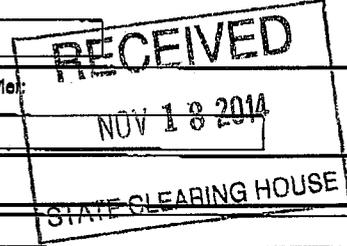
\_\_\_\_\_

5a. Federal Entity Identifier:

\_\_\_\_\_

\* 5b. Federal Award Identifier:

\_\_\_\_\_



State Use Only:

6. Date Received by State:

\_\_\_\_\_

7. State Application Identifier:

\_\_\_\_\_

**B. APPLICANT INFORMATION:**

\* a. Legal Name:

Providence International Enterprises

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

68-0438998

\* c. Organizational DUNS:

093207210

d. Address:

\* Street 1:

1805 Hilltop Drive Suite 212

Street 2:

\* City:

Redding

County/Parish:

\* State:

CA

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

96002

e. Organizational Unit:

Department Name:

Domestic Division

Division Name:

Agriculture / RURAL DEVELOPMENT

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

Prefix:

Mr

\* First Name:

Robert Bud

Middle Name:

Lincoln

\* Last Name:

Hancock

Suffix:

Title:

Founder/Director

Organizational Affiliation:

N.A.

\* Telephone Number:

(530) 243-3373

Fax Number:

\* Email:

Providence@charter.net

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Non-profit 501c3

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

USDA Rural Development FACILITIES LOAN

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

10.766 COMMUNITY FACILITIES LOANS AND GRANTS

\* 12. Funding Opportunity Number:

\* Title:

13. Competition Identification Number:

Title:

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

SHASTA COUNTY

Add Attachments

Delete Attachments

View Attachments

\* 16. Descriptive Title of Applicant's Project:

Facility Purchase for Housing and Work Experience for Homeless 18-24 year old foster care and Juvenile Hall young people

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	\$800,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	\$100,000.00
* f. Program Income	
* g. TOTAL	\$900,000.00 TOTAL \$900,000.00

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 09-10-2014.
- 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

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: Mr \* First Name: Robert  
Middle Name: Lincoln  
\* Last Name: Hancock  
Suffix:

\* Title: Founder/Director

\* Telephone Number: (530) 243-3373 Fax Number:

\* Email: Providence@charter.net

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

\*\*\*\*\* -COMM. JOURNAL- \*\*\*\*\* DATE NOV-18-2014 \*\*\* TIME 14:50 \*\*\*\*\*

MODE = MEMORY TRANSMISSION

START=NOV-18 14:49

END=NOV-18 14:50

FILE NO.=548

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	915302338869.	004/004	00:00:46

-STATE CLEARINGHOUSE -

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

USDA is an equal opportunity provider and employer.  
 If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.nrc.usda.gov/complaint\\_filing\\_instructions](http://www.nrc.usda.gov/complaint_filing_instructions), fill in the information requested in the form, and your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.nhike@usda.gov](mailto:program.nhike@usda.gov).

Attached, please find a copy of the subject's application for federal assistance. Please fax a copy of the date stamped Standard Form 424 showing when it was received by the State Clearinghouse; so that we may show that the subject applicant has complied with Executive Order 12372.  
 The fax number is (530) 233-8869.  
 Thank you for your assistance and if you have any questions, please do not hesitate to contact me at (530) 233-4137 x 112.

SUBJECT: Providence International Enterprises

Governor's Office of Planning and Research  
State Clearinghouse

Fax No. (916) 323-3018

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET 4

TIME: 12:57 PM  
 DATE: November 18, 2014

FAX TRANSMITTAL

Rural Development  
 221 W. 8th Street  
 Alhambra, CA  
 91801-8211  
 Voice 530.233.4137  
 Fax 530.233.8869  
 TDD: 530.792.5848



United States Department of Agriculture

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> N/A			
<b>5a. Federal Entity Identifier:</b> _____			<b>* 5b. Federal Award Identifier:</b> _____		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> CITY OF WINTERS					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000457			<b>* c. Organizational DUNS:</b> 607194907		
<b>d. Address:</b>					
<b>* Street 1:</b> 318 FIRST STREET					
<b>Street 2:</b> _____					
<b>* City:</b> WINTERS					
<b>County/Parish:</b> _____					
<b>* State:</b> CA					
<b>Province:</b> _____					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 95694					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> CITY OF WINTERS			<b>Division Name:</b> PUBLIC WORKS		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> _____		<b>* First Name:</b> JIM			
<b>Middle Name:</b> _____					
<b>* Last Name:</b> FLETTER					
<b>Suffix:</b> _____					
<b>Title:</b> ASSISTANT CITY ENGINEER					
<b>Organizational Affiliation:</b> PONTICELLO ENTERPRISES					
<b>* Telephone Number:</b> (530) 668-5883		<b>Fax Number:</b> _____			
<b>* Email:</b> jim.fletter@ponticelloinc.com					

RECEIVED  
NOV 18 2014  
STATE CLEARING HOUSE

**Application for Federal Assistance SF-424**

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

C. CITY GOVERNMENT

Type of Applicant 2- Select Applicant Type:

E. REGIONAL ORGANIZATION

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

USDA RURAL DEVELOPMENT SERVICE, CALIFORNIA

**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.):**

CITY OF WINTERS

Add Attachments

Delete Attachments

View Attachments

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

WEST MAIN STREET PUMP STATION AND FORCE MAIN  
EAST STREET AND EL RIO VILLA SEWER PUMP STATION CONTROL PANEL REPLACEMENT

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="\$4,949,000.00"/>
* 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="\$4,949,000.00"/>

**\* 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.)**

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:

11-12-2014

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture	
<b>5a. Federal Entity Identifier:</b> 15-8506-0934-GR	<b>5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> State of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000	
<b>d. Address:</b>		
<b>* Street1:</b> 1220 N Street, Room 315	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Sacramento	_____	
<b>County/Parish:</b>	_____	
<b>* State:</b> CA: California	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 95814	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health/Pest Prev Svcs	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> _____	<b>* First Name:</b> Jason	
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> Chan	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> _____		
<b>Organizational Affiliation:</b> California Department of Food and Agriculture		
<b>* Telephone Number:</b> (916) 654-1211	<b>Fax Number:</b> (916) 654-0555	
<b>* Email:</b> jason.chan@cdfa.ca.gov		

RECEIVED  
NOV 18 2014  
STATE CLEARING HOUSE

**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:**

Exotic Fruit Fly Survey

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="2,000,000.00"/>
* 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="2,000,000.00"/>

**\* 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:**

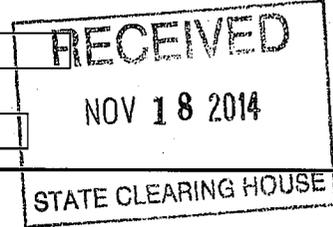
- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_  
\* Other (Specify): \_\_\_\_\_



**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-1317-CA

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**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:**

European Grapevine Moth

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="6,341,075.00"/>
* 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="6,341,075.00"/>

**\* 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**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> Water Supply Restoration Project		<b>RECEIVED</b> <b>NOV 20 2014</b> <b>STATE CLEARING HOUSE</b>	
<b>5a. Federal Entity Identifier:</b> _____		<b>* 5b. Federal Award Identifier:</b> _____			
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> _____		<b>7. State Application Identifier:</b> _____			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Stratford Public Utility District					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6034933			<b>* c. Organizational DUNS:</b> _____		
<b>d. Address:</b>					
<b>* Street 1:</b> 19681 Railroad					
<b>Street 2:</b> _____					
<b>* City:</b> Stratford					
<b>County/Parish:</b> Kings					
<b>* State:</b> CA					
<b>Province:</b> _____					
<b>* Country:</b> USA: UNITED STATES					
<b>* Zip / Postal Code:</b> 93266					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> _____			<b>Division Name:</b> _____		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> _____		<b>* First Name:</b> James			
<b>Middle Name:</b> H.		_____			
<b>* Last Name:</b> Wegley		_____			
<b>Suffix:</b> _____		_____			
<b>Title:</b> Consulting Civil Engineer					
<b>Organizational Affiliation:</b> _____					
<b>* Telephone Number:</b> (559) 732-7938		<b>Fax Number:</b> (559) 732-7937			
<b>* Email:</b> kelweg1@aol.com					

**Application for Federal Assistance SF-424**

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

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

United States Department of Agriculture, Rural Development

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

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

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

10.763

\* Title:

Emergency Community Water Assistance Grant

**13. Competition Identification Number:**

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Restore well capacity to Well Numbers 5, 6 and 7.

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="\$500,000.00"/>
* 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="\$500,000.00"/>

**\* 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.)**

- 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:

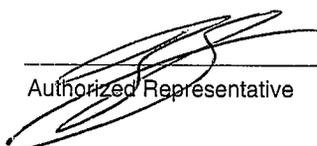
\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

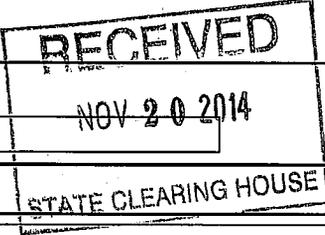
  
Authorized Representative

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> 11/20/2014	<b>4. Applicant Identifier:</b> _____
--	--

<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> NA14NOS4290023
--	--



**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** California State University Channel Islands

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 912153805	<b>* c. Organizational DUNS:</b> 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:**

<b>Department Name:</b> _____	<b>Division Name:</b> _____
----------------------------------	--------------------------------

**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 Island Research Station Manager

**Organizational Affiliation:**  
CSU Channel Islands

<b>* Telephone Number:</b> (805) 437-3785	<b>Fax Number:</b> _____
---	--------------------------

**\* 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:**

11.429

CFDA Title:

Marine Sanctuary Program

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

NOAA-NOS-NMS-2015-2004242

\* Title:

2015 NOAA California Bay Watershed Education and Training (B-WET) Program

**13. Competition Identification Number:**

2502579

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Crossing the Channel

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="59,908.00"/>
* b. Applicant	<input type="text" value="15,695.00"/>
* 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="75,603.00"/>

**\* 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:

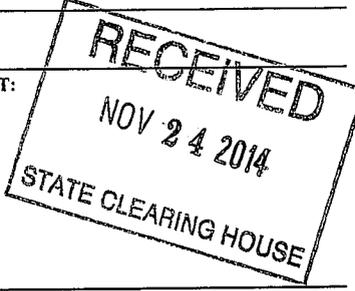
\* Date Signed:

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 11/20/14	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

<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>Emma Nogales (213) 922-3066</b>

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</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	A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District        N Other (Specify) _____
If Revision, enter appropriate letter(s) in box(es):  A Increase Award    B Decrease Award    C Increase Duration D Decrease Duration    Other (specify)	<b>State Chartered Transit District</b>

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>Growing States – PM Rail, CA-90-Z224</b>



<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF</b>	
Start Date <b>07/01/14</b>	Ending Date <b>6/30/15</b>	a. Applicant <b>Districts 27,29,30,32,33,34,37,38,40,43,44,47</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	\$ 7,958,293.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/20/14</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	\$ 1,989,574.00		
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	\$ 9,947,867.00		

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

a Typed Name of Authorized Representative <b>Cosette Stark</b>	b Deputy Executive Officer, Regional Grants Management	c Telephone number <b>(213) 922-2822</b>
d. Signature of Authorized Representative 	e. Date Signed <b>11-20-14</b>	



**Metro**

Metropolitan Transportation Authority

One Gateway Plaza  
Los Angeles, CA 90012-2952

(213) 922.2000 Tel  
metro.net

November 20, 2014

State Clearinghouse  
Governor's Office of Planning and Research  
P.O. Box 3044  
Sacramento, CA 95812-3044

Attention: Grants Coordinator

### **REQUEST FOR CIRCULATION OF PROPOSAL**

In compliance with Federal Executive Order 12372, the Los Angeles County Metropolitan Transportation Authority (LACMTA) hereby submits to the State Office of Planning and Research a copy of Standard Form 424 for the following Federal Transit Administration (FTA) grant application:

- Grant number CA-90-Z224 for Growing States Assistance to be submitted to the FTA under Title 49 U.S.C. § 5307/5340.

Please circulate the enclosed proposal to the appropriate state and local agencies as required by Executive Order 12372. Additionally, please inform us of any agency reviews and/or comments on the application so we may respond accordingly to comply with any applicable state processes.

Should you have any questions or need additional information, please contact me at (213) 922-3066. Thank you for your assistance.

Sincerely,

EMMA NOGALES  
Transportation Planning Manager  
Regional Grants Management

Enclosures

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
-------------------------------------	--

<b>5a. Federal Entity Identifier:</b> 15-8506-0651-CA	<b>5b. Federal Award Identifier:</b> _____
--	---

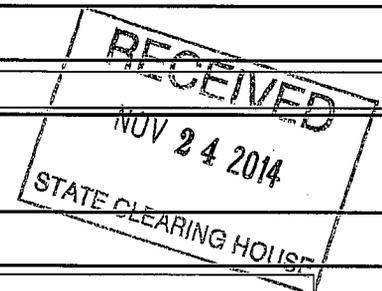
**State Use Only:**

<b>6. Date Received by State:</b> 11/18/2014	<b>7. State Application Identifier:</b> _____
--	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> State of California
---

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000
--	---



**d. Address:**

<b>* Street1:</b> 1220 N Street, Room 315
<b>Street2:</b> _____
<b>* City:</b> Sacramento
<b>County/Parish:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95814

**e. Organizational Unit:**

<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health/Pest Prev Svcs
--	---

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

<b>Prefix:</b> _____	<b>* First Name:</b> Jason
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Chan	
<b>Suffix:</b> _____	
<b>Title:</b> _____	

**Organizational Affiliation:**  
California Department of Food and Agriculture

<b>* Telephone Number:</b> (916) 654-1211	<b>Fax Number:</b> (916) 654-0555
---	-----------------------------------

<b>* Email:</b> 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:**

Infrastructure Project and State Survey Coordinator

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="27,287.00"/>
* 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="27,287.00"/>

**\* 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:

**Christine Asiata**

---

**From:** Chan, Jason@CDFA <jason.chan@cdfa.ca.gov>  
**Sent:** Monday, November 24, 2014 2:53 PM  
**To:** OPR State Clearinghouse  
**Subject:** SF424 needing SPOC approval - 2015 Infrastructure-0651  
**Attachments:** 4 New 424 - 2015 Infrastructure-0651.pdf

Hello,

Please see attached for a SF424 needing SPOC stamp approval. Review per E.O. 12372 requirements. Upon approval, please email the SF424 back to me with a stamp approval to certify your review process.

Thank you,  
Jason Chan

✓ mailed  
a

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

* 3. Date Received: _____	4. Applicant Identifier: _____
------------------------------	-----------------------------------

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: San Francisco State University	* b. Employer/Taxpayer Identification Number (EIN/TIN): 931137247	* c. Organizational DUNS: 942514985
---	---	-------------------------------------

**RECEIVED**  
NOV 25 2014  
STATE CLEARING HOUSE

**d. Address:**

* Street1: 1600 Holloway Ave
Street2: ADM 471
* City: San Francisco
County: San Francisco
* State: CA; California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94132-1722

**e. Organizational Unit:**

Department Name: _____	Division Name: Academic Affairs
------------------------	---------------------------------

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

Prefix: _____	* First Name: Alison
Middle Name: _____	
* Last Name: Sanders	
Suffix: _____	
Title: Director	

**Organizational Affiliation:**

San Francisco State University	
* Telephone Number: 415-405-3943	Fax Number: 415-338-2493
* Email: asanders@sfsu.edu	

**Application for Federal Assistance SF-424**

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Department of Commerce

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

11.429

CFDA Title:

Marine Sanctuary Program

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

NOAA-NOS-NMS-2015-2004242

\* Title:

2015 NOAA California Bay Watershed Education and Training (B-WET) Program

**13. Competition Identification Number:**

2502578

Title:

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

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

Citizen Science in the Classroom: Engaging High School Students and Teachers in Authentic Estuary Research, from Bay to Lab to Classroom

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="58,490.00"/>
* 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="58,490.00"/>

**\* 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\*\* 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:

Authorized for Local Reproduction

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

**Application for Federal Assistance SF-424**

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

<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
-------------------------------------	--

<b>5a. Federal Entity Identifier:</b> 15-8506-0651-CA	<b>5b. Federal Award Identifier:</b> _____
--	---

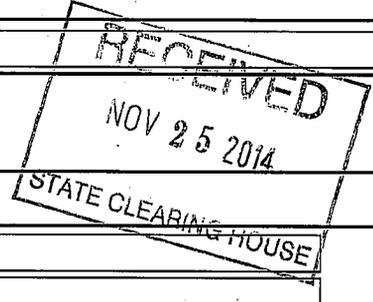
**State Use Only:**

<b>6. Date Received by State:</b> 11/18/2014	<b>7. State Application Identifier:</b> _____
--	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> State of California
---

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000
--	---



**d. Address:**

<b>* Street1:</b> 1220 N Street, Room 315
<b>Street2:</b> _____
<b>* City:</b> Sacramento
<b>County/Parish:</b> _____
<b>* State:</b> CA: California
<b>Province:</b> _____
<b>* Country:</b> USA: UNITED STATES
<b>* Zip / Postal Code:</b> 95814

**e. Organizational Unit:**

<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health/Pest Prev Svcs
---	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> Jason
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Chan	
<b>Suffix:</b> _____	

<b>Title:</b> _____
---------------------

<b>Organizational Affiliation:</b> California Department of Food and Agriculture
---

<b>* Telephone Number:</b> (916) 654-1211	<b>Fax Number:</b> (916) 654-0555
---	-----------------------------------

<b>* Email:</b> 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:**

Infrastructure Project and State Survey Coordinator

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="138,300.00"/>
* 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="138,300.00"/>

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

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If "Yes", provide explanation and attach

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\*\* 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: