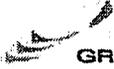


# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16 - 30, 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.



# Grant Application Package

|                                |   |
|--------------------------------|---|
| <b>Opportunity Title:</b>      | Solicitation of Project Proposals for the Low or No Emi   |
| <b>Offering Agency:</b>        | DOT/Federal Transit Administration  |
| <b>CFDA Number:</b>            | 20.514  |
| <b>CFDA Description:</b>       | Public Transportation Research, Technical Assistance, a   |
| <b>Opportunity Number:</b>     | FTA-2015-006-TRI  |
| <b>Competition ID:</b>         | FTA-2015-006-TRI  |
| <b>Opportunity Open Date:</b>  | 09/25/2015  |
| <b>Opportunity Close Date:</b> | 11/23/2015  |
| <b>Agency Contact:</b>         | Sean Ricketson<br>Federal Transit Administration Office of Mobility<br>Innovation<br>e-mail: sean.ricketson@dot.gov |

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Application Filing Name:** Napa County Transportation and Planning Agency (NCTPA)

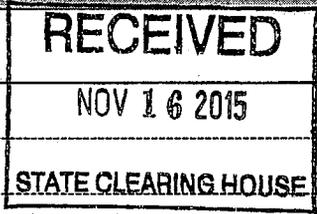
### Select Forms to Complete

#### Mandatory

[SF424 Mandatory Form](#)

[Attachments](#)

#### Optional



### Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**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.

**STATE USE ONLY:**

**3. Applicant Identifier:**

**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  No

Explanation

**7. APPLICANT INFORMATION:**

**a. Legal Name:**

Napa County Transportation and Planning Agency (NCTPA)

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

68-0471080

**c. Organizational DUNS:**

8317259110000

**d. Address:**

**Street1:**

625 Burnell Street

**Street2:**

RECEIVED

**City:**

Napa

**County / Parish:**

NOV 16 2015

**State:**

CA: California

**Province:**

STATE CLEARING HOUSE

**Country:**

USA: UNITED STATES

**Zip / Postal Code:**

94559-3420

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Mr.

**First Name:**

Justin

**Middle Name:**

**Last Name:**

Paniagua

**Suffix:**

Title: Senior Financial Policy Analyst

**Organizational Affiliation:**

Napa County Transportation and Planning Agency (NCTPA)

**Telephone Number:**

707-259-8781

**Fax Number:**

**Email:**

jpaniagua@nctpa.net

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**8a. TYPE OF APPLICANT:**

Other (specify)

Other (specify):

Joint Powers Agency

**b. Additional Description:**

**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:**

VINE Transit Zero Emission Bus Project services approximately 140,000 residents

**12. Areas Affected by Funding:**

The Napa County Transportation and Planning Agency (NCTPA) provides services to residents and visitors in Napa County, California including the Cities of Napa, St. Helena, Calistoga, American Canyon, and the Town of Yountville.

**13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

CA-005

b. Program/Project:

CA-005

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

Add Attachment

Delete Attachment

View Attachment

**14. FUNDING PERIOD:**

a. Start Date:

03/01/2016

b. End Date:

01/31/2020

**15. ESTIMATED FUNDING:**

a. Federal (\$):

2,026,296.00

b. Match (\$):

862,002.00

**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: 11/16/2015

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:

Justin

Middle Name:

Last Name:

Paniagua

Suffix:

Title:

Sr. Finance & Policy Analyst

Organizational Affiliation:

Napa County Transportation and Planning Agency (NCTPA)

Telephone Number:

(707) 259-8781

Fax Number:

Email:

jpaniagua@nctpa.net

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.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Consolidated Application/Plan/Funding Request Explanation:**

[Empty box for Consolidated Application/Plan/Funding Request Explanation]

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Applicant Federal Debt Delinquency Explanation:**

[Empty text area for explanation]

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

|                                 |                              |                |                   |                 |
|---------------------------------|------------------------------|----------------|-------------------|-----------------|
| 1) Please attach Attachment 1   | NCTPA_2015 LoNo Supplemental | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2   | Attachment A - NCTPA Project | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3   | Attachment B- NCTPA Letters  | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4   | Attachment C - NCTPA Letters | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5   | Attachment D - NCTPA Project | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6   | Attachment E - NCTPA LoNo Tr | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7   | Attachment F - BYD Bus Specs | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8   |                              | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9   |                              | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 |                              | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 |                              | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 |                              | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 |                              | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 |                              | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 |                              | Add Attachment | Delete Attachment | View Attachment |

**Application for Federal Assistance SF-424**

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

- Preapplication
- Application
- Changed/Corrected Application

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

- New
- Continuation
- Revision

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

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

\_\_\_\_\_

**5a. Federal Entity Identifier:**

\_\_\_\_\_

**5b. Federal Award Identifier:**

\_\_\_\_\_

RECEIVED

NOV 16 2015

STATE CLEARING HOUSE

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** SOUTHWEST WETLANDS INTERPRETIVE ASSOCIATION

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

95-3488207

**\* c. Organizational DUNS:**

0275365360000

**d. Address:**

**\* Street1:** 700 SEACOAST DRIVE, #108

**Street2:** \_\_\_\_\_

**\* City:** IMPERIAL BEACH

**County/Parish:** SAN DIEGO

**\* State:** CA: California

**Province:** \_\_\_\_\_

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 91932-1842

**e. Organizational Unit:**

**Department Name:**

\_\_\_\_\_

**Division Name:**

\_\_\_\_\_

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

**Prefix:** \_\_\_\_\_ **\* First Name:** DEBRA

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

**\* Last Name:** CAREY

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

**Title:** ADMINISTRATIVE DIRECTOR

**Organizational Affiliation:**

\_\_\_\_\_

**\* Telephone Number:** 619-575-0550

**Fax Number:** \_\_\_\_\_

**\* Email:** swia\_dcarey@att.net

**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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

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

\* Other (specify):  
[Empty box]

**\* 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-NOS-ORR-2016-2004578

\* Title:  
FY2016 Community-based Marine Debris Removal

**13. Competition Identification Number:**

2553601

Title:  
[Empty box]

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

[Empty box]  Add Attachment  Delete Attachment  View Attachment

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

Tijuana River NERR Marine Debris Clean-up and Reduction Program

Attach supporting documents as specified in agency instructions.

Add Attachment  Delete Attachment  View Attachment

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* 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="164,087.00"/> |
| * b. Applicant      | <input type="text" value="0.00"/>       |
| * c. State          | <input type="text" value="164,087.00"/> |
| * 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="328,174.00"/> |

**\* 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:

- Preapplication  
 Application  
 Changed/Corrected Application

\* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify)

\* 3. Date Received:

11/18/2015

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: The Regents of the University of California

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

956006142

\* c. Organizational DUNS:

627797426

d. Address:

\* Street1: 200 University Office Building

Street2: University of California, Riverside

\* City: Riverside

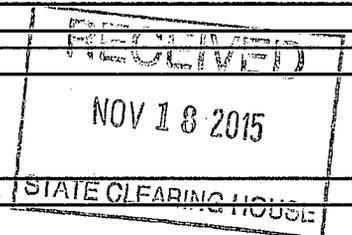
County: Riverside

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 92521-0001



e. Organizational Unit:

Department Name:

Vice Chancellor - Research

Division Name:

Office of Research Affairs

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

Prefix:

\* First Name: Frosina

Middle Name:

\* Last Name: Al Zgoul

Suffix:

Title: Principal Contract & Grant Officer

Organizational Affiliation:

The Regents of the University of California

\* Telephone Number: 951-827-4968

Fax Number: 951-827-4483

\* Email: frosina@ucr.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:**

Animal and Plant Health Inspection Service

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

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

USDA-GRANTS-090915-001

\* Title:

National Clean Plant Network Cooperative Agreements Program

**13. Competition Identification Number:**

Title:

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

Areas\_affected\_by\_this\_project1004372681.pdf

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

The California Citrus Clean Plant Network

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="1,028,615.00"/> |
| * 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="1,028,615.00"/> |

**\* 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:

# Grant Application Package

|                         |  |
|-------------------------|--|
| Opportunity Title:      | National Clean Plant Network Cooperative Agreements Pro  |
| Offering Agency:        | Animal and Plant Health Inspection Service               |
| CFDA Number:            | 10.025   |
| CFDA Description:       | Plant and Animal Disease, Pest Control, and Animal Care  |
| Opportunity Number:     | USDA-GRANTS-090915-001                                   |
| Competition ID:         |  |
| Opportunity Open Date:  | 09/09/2015   |
| Opportunity Close Date: | 11/18/2015   |
| Agency Contact:         | Erich Rudyj<br>Coordinator, National Clean Plant Network |

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: THE FOUNDATION PLANT SERVICES CLEAN PLANT SPECIALITY CROP PROGRAM AT THE UNIVERSITY OF CALIFORNIA, DAVIS (2016/2017)

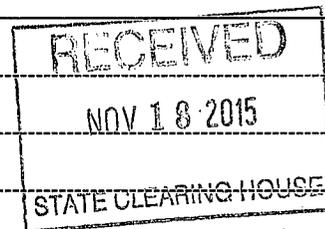
## Select Forms to Complete

### Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

[Assurances for Non-Construction Programs \(SF-424B\)](#)



### Optional

[Disclosure of Lobbying Activities \(SF-LLL\)](#)

[Attachments](#)

## Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**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:**

11/18/2015

**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:**

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

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

94-6036494

**\* c. Organizational DUNS:**

0471200840000

**d. Address:****\* Street1:**

1850 RESEARCH PARK DRIVE

**Street2:**

SUITE 300

**\* City:**

DAVIS

**County/Parish:**

YOLO

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95616-6153

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

SPONSORED PROGRAMS OFFICE

**Division Name:**

OFFICE OF RESEARCH

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

Dr.

**\* First Name:**

DEBORAH

**Middle Name:**

**\* Last Name:**

GOLINO

**Suffix:**

**Title:** PI / DIRECTOR, FOUNDATION PLANT SERVICES**Organizational Affiliation:**

FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS

**\* Telephone Number:**

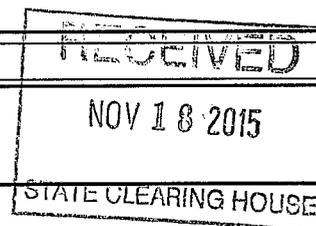
530-754-8102

**Fax Number:**

530-752-2132

**\* Email:**

DAGOLINO@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:**

Animal and Plant Health Inspection Service

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

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

USDA-GRANTS-090915-001

\* Title:

National Clean Plant Network Cooperative Agreements Program

**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:**

THE FOUNDATION PLANT SERVICES CLEAN PLANT SPECIALITY CROP PROGRAM AT THE UNIVERSITY OF CALIFORNIA, DAVIS (2016/2017)

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="1,804,030.00"/> |
| * 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="1,804,030.00"/> |

**\* 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**

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

|  |  |
|--|--|
| <b>* 3. Date Received:</b><br>Completed by Grants.gov upon submission. | <b>4. Applicant Identifier:</b><br>_____ |
|--|--|

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

**State Use Only:**

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

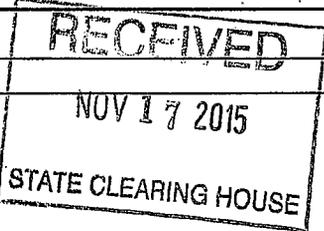
**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Urban Corps of San Diego County

|  |   |
|--|---|
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>33-0352148 | <b>* c. Organizational DUNS:</b><br>6050178880000 |
|--|---|

**d. Address:**

**\* Street1:** P.O. Box 80156  
**Street2:** \_\_\_\_\_  
**\* City:** San Diego  
**County/Parish:** \_\_\_\_\_  
**\* State:** CA: California  
**Province:** \_\_\_\_\_  
**\* Country:** USA: UNITED STATES  
**\* Zip / Postal Code:** 92138-0156



**e. Organizational Unit:**

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

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

**Prefix:** Mr. **\* First Name:** Robert  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** Chavez  
**Suffix:** \_\_\_\_\_

**Title:** Chief Executive Officer

**Organizational Affiliation:**  
Urban Corps of San Diego County

**\* Telephone Number:** 619-235-6884 **Fax Number:** 619-235-5425

**\* Email:** rchavez@urbancorps.org

**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501C3 IRS Status (Other than 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:**

Environmental Protection Agency

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

66.440

CFDA Title:

Urban Waters Small Grants

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

EPA-OW-IO-15-01

\* Title:

Urban Waters Small Grants

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Green Infrastructure Job Training for Underserved San Diegans

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="59,953.88"/> |
| * b. Applicant      | <input type="text" value="4,000.00"/>  |
| * 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="63,953.88"/> |

**\* 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**

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

|                                     |  |
|-------------------------------------|--|
| <b>* 3. Date Received:</b><br>_____ | <b>4. Applicant Identifier:</b><br>_____ |
|-------------------------------------|--|

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

**State Use Only:**

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

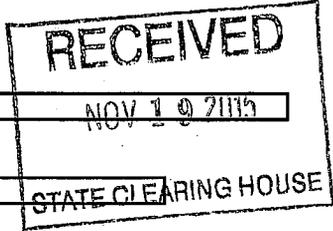
**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** CSU Fullerton Auxiliary Services Corporation

|   |   |
|---|---|
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>952081258 | <b>* c. Organizational DUNS:</b><br>106670755 |
|---|---|

**d. Address:**

|                             |                                |
|-----------------------------|--------------------------------|
| <b>* Street1:</b>           | 2600 Nutwood Avenue, Suite 250 |
| <b>Street2:</b>             | _____                          |
| <b>* City:</b>              | Fullerton                      |
| <b>County:</b>              | Orange                         |
| <b>* State:</b>             | CA: California                 |
| <b>Province:</b>            | _____                          |
| <b>* Country:</b>           | USA: UNITED STATES             |
| <b>* Zip / Postal Code:</b> | 928313137                      |



**e. Organizational Unit:**

|   |                                |
|---|--------------------------------|
| <b>Department Name:</b><br>Grants and Contracts | <b>Division Name:</b><br>_____ |
|---|--------------------------------|

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

|                              |                           |
|------------------------------|---------------------------|
| <b>Prefix:</b> _____         | <b>* First Name:</b> Tina |
| <b>Middle Name:</b> _____    |                           |
| <b>* Last Name:</b> Tranilla |                           |
| <b>Suffix:</b> _____         |                           |

**Title:** Senior Grants and Contracts Coordinator

**Organizational Affiliation:** CSU Fullerton Auxiliary Services Corporation

|   |                                 |
|---|---------------------------------|
| <b>* Telephone Number:</b> 657-278-4097 | <b>Fax Number:</b> 657-278-1409 |
|---|---------------------------------|

**\* Email:** ttranilla@fullerton.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:**

Environmental Protection Agency

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

66.440

CFDA Title:

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

EPA-OW-IO-15-01

\* Title:

Urban Waters Small Grants

**13. Competition Identification Number:**

Title:

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

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

Long term self-sustainable management of urban stormwater runoff through public-private partnerships

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="55,064.00"/> |
| * b. Applicant      | <input type="text" value="4,001.00"/>  |
| * 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="59,065.00"/> |

**\* 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

# Attachments

AreasAffected

File Name

Mime Type

AdditionalProjectTitle

File Name

Mime Type

AdditionalCongressionalDistricts

File Name

Mime Type

DebtExplanation

File Name

Mime Type

# Grant Application Package

|                         |  |
|-------------------------|--|
| Opportunity Title:      | Urban Waters Small Grants                    |
| Offering Agency:        | Environmental Protection Agency              |
| CFDA Number:            | 66.440                                       |
| CFDA Description:       | Urban Waters Small Grants                    |
| Opportunity Number:     | EPA-OW-IO-15-01                              |
| Competition ID:         |  |
| Opportunity Open Date:  | 09/22/2015                                   |
| Opportunity Close Date: | 11/20/2015                                   |
| Agency Contact:         | Ruth Chemerys<br>E-mail: urbanwaters@epa.gov |



This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

### Select Forms to Complete

#### Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Project Narrative Attachment Form](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

#### Optional

[Other Attachments Form](#)

### Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**Application for Federal Assistance SF-424**

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

|  |  |
|--|--|
| <b>* 3. Date Received:</b><br>11/18/2015 | <b>4. Applicant Identifier:</b><br>_____ |
|--|--|

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

|  |  |
|--|--|
| <b>* a. Legal Name:</b> Environmental Health Coalition                       | <b>RECEIVED</b><br>NOV 19 2015<br>STATE CLEARING HOUSE |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>95-3798792 |  |
| <b>* c. Organizational DUNS:</b><br>6151706280000                            |  |

**d. Address:**

|   |
|---|
| <b>* Street1:</b> 2727 Hoover Avenue, Suite 202 |
| <b>Street2:</b> _____                           |
| <b>* City:</b> National City                    |
| <b>County/Parish:</b> _____                     |
| <b>* State:</b> CA: California                  |
| <b>Province:</b> _____                          |
| <b>* Country:</b> USA: UNITED STATES            |
| <b>* Zip / Postal Code:</b> 91950-6604          |

**e. Organizational Unit:**

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

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

|                             |                             |
|-----------------------------|-----------------------------|
| <b>Prefix:</b> _____        | <b>* First Name:</b> Amelia |
| <b>Middle Name:</b> _____   |                             |
| <b>* Last Name:</b> Simpson |                             |
| <b>Suffix:</b> _____        |                             |

|                            |
|----------------------------|
| <b>Title:</b> Grant Writer |
|----------------------------|

|  |
|--|
| <b>Organizational Affiliation:</b><br>Environmental Health Coalition |
|--|

|   |                                 |
|---|---------------------------------|
| <b>* Telephone Number:</b> 619.952.5568 | <b>Fax Number:</b> 619.474.1210 |
|---|---------------------------------|

|   |
|---|
| <b>* Email:</b> AmeliaS@environmentalhealth.org |
|---|

**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501C3 IRS Status (Other than 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:**

Environmental Protection Agency

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

66.440

CFDA Title:

Urban Waters Small Grants

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

EPA-OW-IO-15-01

\* Title:

Urban Waters Small Grants

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Community-Based Planning and Education to Protect Paradise Creek in National City, 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="60,000.00"/> |
| * b. Applicant      | <input type="text" value="4,000.00"/>  |
| * 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="64,000.00"/> |

**\* 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

**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:

## Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds |                 | New or Revised Budget |                 | Total (g)    |
|--|---|-----------------------------|-----------------|-----------------------|-----------------|--------------|
|  |   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) |              |
| 1. US EPA Urban Waters Small Grants    | 66.440  | \$                          | \$              | 60,000.00             | 4,000.00        | \$ 64,000.00 |
| 2.                                     |   |                             |                 |                       |                 |              |
| 3.                                     |   |                             |                 |                       |                 |              |
| 4.                                     |   |                             |                 |                       |                 |              |
| 5. Totals                              |   | \$                          | \$              | 60,000.00             | 4,000.00        | \$ 64,000.00 |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |             |     |     | Total<br>(5) |
|--|-------------------------------------|-------------|-----|-----|--------------|
|  | (1)                                 | (2)         | (3) | (4) |              |
|  | US EPA Urban Waters<br>Small Grants | N/A         |     |     |              |
| a. Personnel                           | \$ 28,338.00                        | \$ 0.00     |     | \$  | \$ 28,338.00 |
| b. Fringe Benefits                     | 5,951.00                            | 0.00        |     |     | 5,951.00     |
| c. Travel                              | 1,957.00                            | 100.00      |     |     | 2,057.00     |
| d. Equipment                           | 0.00                                | 0.00        |     |     |              |
| e. Supplies                            | 645.00                              | 0.00        |     |     | 645.00       |
| f. Contractual                         | 2,444.00                            | 2,150.00    |     |     | 4,594.00     |
| g. Construction                        | 0.00                                | 0.00        |     |     |              |
| h. Other                               | 10,096.00                           | 1,750.00    |     |     | 11,846.00    |
| i. Total Direct Charges (sum of 6a-6h) | 49,431.00                           | 4,000.00    |     |     | \$ 53,431.00 |
| j. Indirect Charges                    | 10,569.00                           | 0.00        |     |     | \$ 10,569.00 |
| k. TOTALS (sum of 6i and 6j)           | \$ 60,000.00                        | \$ 4,000.00 |     | \$  | \$ 64,000.00 |
| 7. Program Income                      | \$ 0.00                             | \$ 0.00     |     | \$  | \$           |

**SECTION C - NON-FEDERAL RESOURCES**

| (a) Grant Program                   | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
|-------------------------------------|---------------|-----------|-------------------|------------|
| 8. US EPA Urban Waters Small Grants | \$            | \$        | \$                | \$         |
| 9.                                  |               |           |                   |            |
| 10.                                 |               |           |                   |            |
| 11.                                 |               |           |                   |            |
| 12. TOTAL (sum of lines 8-11)       | \$            | \$        | \$                | \$         |

**SECTION D - FORECASTED CASH NEEDS**

| Total for 1st Year                 | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|------------------------------------|-------------|-------------|-------------|-------------|
| 13. Federal                        | \$          | \$          | \$          | \$          |
| 14. Non-Federal                    | \$          |             |             |             |
| 15. TOTAL (sum of lines 13 and 14) | \$          | \$          | \$          | \$          |

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

| (a) Grant Program                    | FUTURE FUNDING PERIODS (YEARS) |            |           |            |
|--------------------------------------|--------------------------------|------------|-----------|------------|
|                                      | (b) First                      | (c) Second | (d) Third | (e) Fourth |
| 16. US EPA Urban Waters Small Grants | \$                             | \$         | \$        | \$         |
| 17.                                  |                                |            |           |            |
| 18.                                  |                                |            |           |            |
| 19.                                  |                                |            |           |            |
| 20. TOTAL (sum of lines 16 - 19)     | \$                             | \$         | \$        | \$         |

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:

22. Indirect Charges:

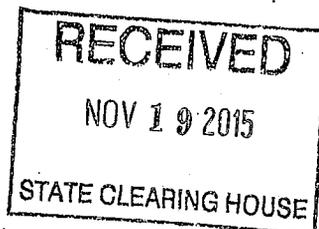
23. Remarks:



Office of Sponsored Programs  
5998 Alcalá Park  
San Diego, CA 92110-2492  
P: (619) 260-6825  
F: (619) 260-2225

November 19, 2015

Grants Coordination  
State Clearinghouse  
Office of Planning and Research  
P.O. Box 3044, Room 222  
Sacramento, CA 95812-3044  
(916) 445-0613 phone  
(916) 323-3018 fax  
[state.clearinghouse@opr.ca.gov](mailto:state.clearinghouse@opr.ca.gov)



To Whom It May Concern:

Attached please find an original signed 424-face page for a proposal selected under Executive Order 12372. This submission to the Environmental Protection Agency is entitled "Reducing marine debris before it happens: Mapping sources of plastics in an urban coastal watershed", and is in response to the announcement EPA-OW-IO-15-01, CFDA number 66.440. Please feel free to contact me at [tmerrill@sandiego.edu](mailto:tmerrill@sandiego.edu) if additional information is required.

Sincerely,

Traci Merrill  
Director, Office of Sponsored Programs

| Application for Federal Assistance SF-424  |  |  |
|--|--|--|
| * 1. Type of Submission:<br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application:<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision | * If Revision, select appropriate letter(s):<br>_____<br>* Other (Specify):<br>_____ |
| * 3. Date Received:<br>Completed by Grants.gov upon submission.  | 4. Applicant Identifier:<br>_____  |  |
| 5a. Federal Entity Identifier:<br>_____  | 5b. Federal Award Identifier:<br>_____   |  |
| State Use Only:  |  |  |
| 6. Date Received by State: _____   | 7. State Application Identifier: _____   |  |
| 8. APPLICANT INFORMATION:  |  |  |
| * a. Legal Name: University of San Diego   |  |  |
| * b. Employer/Taxpayer Identification Number (EIN/TIN):<br>952544535   | * c. Organizational DUNS:<br>0644679620000   | RECEIVED<br>NOV 10 2015<br>STATE CLEARING HOUSE                                      |
| d. Address:  |  |  |
| * Street1: 5998 Alcalá Park  |  |  |
| Street2: _____   |  |  |
| * City: San Diego  |  |  |
| County/Parish: _____   |  |  |
| * State: CA: California  |  |  |
| Province: _____  |  |  |
| * Country: USA: UNITED STATES  |  |  |
| * Zip / Postal Code: 92110-2492  |  |  |
| e. Organizational Unit:  |  |  |
| Department Name: Sponsored Programs  | Division Name: Provost   |  |
| f. Name and contact information of person to be contacted on matters involving this application:   |  |  |
| Prefix: _____  | * First Name: Traci  |  |
| Middle Name: Lynn  |  |  |
| * Last Name: Merrill   |  |  |
| Suffix: _____  |  |  |
| Title: Director  | <i>Traci Merrill</i>   |  |
| Organizational Affiliation:<br>University of San Diego   |  |  |
| * Telephone Number: 619-260-6825   | Fax Number: 619-260-2225   |  |
| * Email: research@sandiego.edu   |  |  |

**Application for Federal Assistance SF-424**

**\* 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:**

Environmental Protection Agency

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

66.440

CFDA Title:

Urban Waters Small Grants

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

EPA-OW-IO-15-01

\* Title:

Urban Waters Small Grants

**13. Competition Identification Number:**

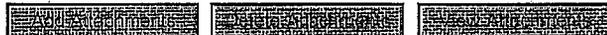
Title:

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

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

Reducing marine debris before it happens: Mapping sources of plastics in an urban coastal watershed

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.

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

|                     |  |
|---------------------|--|
| * a. Federal        | <input type="text" value="60,000.00"/> |
| * b. Applicant      | <input type="text" value="4,000.00"/>  |
| * 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="64,000.00"/> |

**\* 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

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

**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:

16-8506-0934-GR

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

**RECEIVED**  
NOV 19 2015  
STATE CLEARING HOUSE

**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:**

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:



### Grant Application Package

|                         |  |
|-------------------------|--|
| Opportunity Title:      | Urban Waters Small Grants                    |
| Offering Agency:        | Environmental Protection Agency              |
| CFDA Number:            | 66.440                                       |
| CFDA Description:       | Urban Waters Small Grants                    |
| Opportunity Number:     | EPA-OW-IO-15-01                              |
| Competition ID:         |  |
| Opportunity Open Date:  | 09/22/2015                                   |
| Opportunity Close Date: | 11/20/2015                                   |
| Agency Contact:         | Ruth Chemerys<br>E-mail: urbanwaters@epa.gov |

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Multi-Benefit Stormwater Resource Planning in Marsh Creek Communities

#### Select Forms to Complete

##### Mandatory

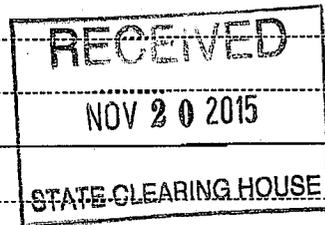
[Application for Federal Assistance \(SF-424\)](#)

[Project Narrative Attachment Form](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

##### Optional

[Other Attachments Form](#)



#### Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

OMB Number: 4040-0004  
Expiration Date: 8/31/2016

| Application for Federal Assistance SF-424  |  |   |
|--|--|---|
| * 1. Type of Submission:<br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application:<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision   | * If Revision, select appropriate letter(s):<br><input type="text"/><br>* Other (Specify):<br><input type="text"/>  |
| * 3. Date Received:<br><input type="text"/> Completed by Grants.gov upon submission.   | 4. Applicant Identifier:<br><input type="text"/>   |   |
| 5a. Federal Entity Identifier:<br><input type="text"/>   | 5b. Federal Award Identifier:<br><input type="text"/>  |   |
| <b>State Use Only:</b>   |  |   |
| 6. Date Received by State: <input type="text"/>  | 7. State Application Identifier: <input type="text"/>  |   |
| <b>8. APPLICANT INFORMATION:</b>   |  | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="font-size: 0.8em; margin: 0;">NOV 20 2015</p> <p style="font-size: 0.8em; margin: 0;">STATE CLEARING HOUSE</p> </div> |
| * a. Legal Name: <input type="text"/> American Rivers  | * b. Employer/Taxpayer Identification Number (EIN/TIN):<br><input type="text"/> 23-7305963   |   |
| * c. Organizational DUNS:<br><input type="text"/> 0810571680000  | * d. Address:<br>* Street1: <input type="text"/> 120 Union St.<br>Street2: <input type="text"/><br>* City: <input type="text"/> Nevada City<br>County/Parish: <input type="text"/><br>* State: <input type="text"/> Ca: California<br>Province: <input type="text"/><br>* Country: <input type="text"/> USA: UNITED STATES<br>* Zip / Postal Code: <input type="text"/> 95959-2503 |   |
| <b>e. Organizational Unit:</b>   |  |   |
| Department Name:<br><input type="text"/>   | Division Name:<br><input type="text"/>   |   |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>  |  |   |
| Prefix: <input type="text"/>   | * First Name: <input type="text"/> J&E   |   |
| Middle Name: <input type="text"/>  | * Last Name: <input type="text"/> Odefey   |   |
| Suffix: <input type="text"/>   | Title: <input type="text"/> Director Clean Water Program   |   |
| Organizational Affiliation:<br><input type="text"/>  |  |   |
| * Telephone Number: <input type="text"/> 530-478-0206  | Fax Number: <input type="text"/>   |   |
| * Email: <input type="text"/> jodefey@amrivers.org   |  |   |

**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501C3 IRS Status (Other than 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:**

Environmental Protection Agency

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

66.440

**CFDA Title:**

Urban Waters Small Grants

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

EPA-OW-IO-15-01

**\* Title:**

Urban Waters Small Grants

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Remove Attachment

Remove Attachment

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

Multi-Benefit Stormwater Resource Planning in Marsh Creek Communities

Attach supporting documents as specified in agency instructions.

Add Attachments

Remove Attachments

Remove 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="49,545.00"/> |
| * 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="4,750.00"/>  |
| * f. Program Income | <input type="text" value="0.00"/>      |
| * g. TOTAL          | <input type="text" value="54,295.00"/> |

**\* 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 1004)

\*\* 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:

### Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename: Final Narrative Proposal Marsh Creek for EPA UWSG\_Nov

[Add Optional Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

---

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

OMB Number: 4040-0006  
Expiration Date: 06/30/2014

**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity (a)           | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds |                 | New or Revised Budget |                 |           |
|--|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
|  |   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) | Total (g) |
| 1. EPA Urban Waters Small Grants EPA-OW-10-15-01 | 66.490  | \$                          | \$              | 49,545.00             | 4,750.00        | 54,295.00 |
| 2.   |   |                             |                 |                       |                 |           |
| 3.   |   |                             |                 |                       |                 |           |
| 4.   |   |                             |                 |                       |                 |           |
| <b>5. Totals</b>                                 |   | \$                          | \$              | 49,545.00             | 4,750.00        | 54,295.00 |

# Grant Application Package

|                         |  |
|-------------------------|--|
| Opportunity Title:      | Urban Waters Small Grants                    |
| Offering Agency:        | Environmental Protection Agency              |
| CFDA Number:            | 66.440                                       |
| CFDA Description:       | Urban Waters Small Grants                    |
| Opportunity Number:     | EPA-OW-IO-15-01                              |
| Competition ID:         |  |
| Opportunity Open Date:  | 09/22/2015                                   |
| Opportunity Close Date: | 11/20/2015                                   |
| Agency Contact:         | Ruth Chemerys<br>E-mail: urbanwaters@epa.gov |

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Tuolumne Stream Team - Water Quality Monitoring

### Select Forms to Complete

#### Mandatory

- Application for Federal Assistance (SF-424)
- Project Narrative Attachment Form
- Budget Information for Non-Construction Programs (SF-424A)



#### Optional

- Other Attachments Form

### Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**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:**

Tuolumne River Preservation Trust

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

94-2834151

**\* c. Organizational DUNS:**

8409967300000

**RECEIVED**

NOV 20 2015

**STATE CLEARING HOUSE**

**d. Address:**

**\* Street1:**

829 Thirteenth Street

**Street2:**

**\* City:**

Modesto

**County/Parish:**

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95354-0901

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

**\* First Name:**

Meg

**Middle Name:**

**\* Last Name:**

Gonzalez

**Suffix:**

**Title:**

Outreach & Education Director

**Organizational Affiliation:**

Tuolumne River Trust

**\* Telephone Number:**

209-236-0330

**Fax Number:**

209-236-0311

**\* Email:**

meg@tuolumne.org

**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501C3 IRS Status (Other than 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:**

Environmental Protection Agency

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

66.440

CFDA Title:

Urban Waters Small Grants

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

EPA-OW-IO-15-01

\* Title:

Urban Waters Small Grants

**13. Competition Identification Number:**

Title:

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

project map.pdf

Add Attachment

Delete Attachment

View Attachment

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

Tuolumne Stream Team - Water Quality Monitoring

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* 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="52,241.00"/> |
| * b. Applicant      | <input type="text" value="0.00"/>      |
| * c. State          | <input type="text" value="0.00"/>      |
| * d. Local          | <input type="text" value="7,524.00"/>  |
| * e. Other          | <input type="text" value="0.00"/>      |
| * f. Program Income | <input type="text" value="0.00"/>      |
| * g. TOTAL          | <input type="text" value="59,765.00"/> |

**\* 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:

## Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename:

---

To add more Project Narrative File attachments, please use the attachment buttons below.

**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds |                 | New or Revised Budget |                 |           |
|--|---|-----------------------------|-----------------|-----------------------|-----------------|-----------|
|  |   | Federal (c)                 | Non-Federal (d) | Federal (e)           | Non-Federal (f) | Total (g) |
| 1.                                     |   | \$                          | \$              | \$                    | \$              | \$        |
| 2.                                     |   |                             |                 |                       |                 |           |
| 3.                                     |   |                             |                 |                       |                 |           |
| 4.                                     |   |                             |                 |                       |                 |           |
| 5. Totals                              |   | \$                          | \$              | \$                    | \$              | \$        |

**SECTION B - BUDGET CATEGORIES**

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |             |     |     | Total<br>(5) |
|--|-------------------------------------|-------------|-----|-----|--------------|
|  | (1)                                 | (2)         | (3) | (4) |              |
| a. Personnel                           | \$ 37,376.00                        | \$ 1,833.00 | \$  | \$  | \$ 39,209.00 |
| b. Fringe Benefits                     | 8,970.00                            | 440.00      |     |     | 9,410.00     |
| c. Travel                              | 2,300.00                            |             |     |     | 2,300.00     |
| d. Equipment                           |                                     |             |     |     |              |
| e. Supplies                            | 3,595.00                            |             |     |     | 3,595.00     |
| f. Contractual                         |                                     |             |     |     |              |
| g. Construction                        |                                     |             |     |     |              |
| h. Other                               |                                     |             |     |     |              |
| i. Total Direct Charges (sum of 6a-6h) | 52,241.00                           | 2,273.00    |     |     | \$ 54,514.00 |
| j. Indirect Charges                    |                                     | 5,251.00    |     |     | \$ 5,251.00  |
| k. TOTALS (sum of 6i and 6j)           | \$ 52,241.00                        | \$ 7,524.00 | \$  | \$  | \$ 59,765.00 |
| 7. Program Income                      | \$                                  | \$          | \$  | \$  | \$           |

| SECTION C - NON-FEDERAL RESOURCES       |               |           |                   |            |          |
|---|---------------|-----------|-------------------|------------|----------|
| (a) Grant Program                       | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |          |
| 8. Prime Shine/Porges Family Foundation | \$            | \$        | 6,000.00          | \$         | 6,000.00 |
| 9. Beard Foundation                     |               |           | 1,524.00          |            | 1,524.00 |
| 10.                                     |               |           |                   |            |          |
| 11.                                     |               |           |                   |            |          |
| 12. TOTAL (sum of lines 8-11)           | \$            | \$        | 7,524.00          | \$         | 7,524.00 |

| SECTION D - FORECASTED CASH NEEDS  |             |             |             |             |
|------------------------------------|-------------|-------------|-------------|-------------|
| Total for 1st Year                 | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal                        | \$          | \$          | \$          | \$          |
| 14. Non-Federal                    | \$          | \$          | \$          | \$          |
| 15. TOTAL (sum of lines 13 and 14) | \$          | \$          | \$          | \$          |

| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT |                                |            |           |            |
|---|--------------------------------|------------|-----------|------------|
| (a) Grant Program   | FUTURE FUNDING PERIODS (YEARS) |            |           |            |
|   | (b) First                      | (c) Second | (d) Third | (e) Fourth |
| 16.   | \$                             | \$         | \$        | \$         |
| 17.   |                                |            |           |            |
| 18.   |                                |            |           |            |
| 19.   |                                |            |           |            |
| 20. TOTAL (sum of lines 16 - 19)  | \$                             | \$         | \$        | \$         |

| SECTION F - OTHER BUDGET INFORMATION |  |
|--------------------------------------|--|
| 21. Direct Charges:                  |  |
| 22. Indirect Charges:                |  |
| 23. Remarks:                         |  |



# Grant Application Package

|                         |   |
|-------------------------|---|
| Opportunity Title:      | Solicitation of Project Proposals for the Low or No Emi   |
| Offering Agency:        | DOT/Federal Transit Administration  |
| CFDA Number:            | 20.514  |
| CFDA Description:       | Public Transportation Research, Technical Assistance, a   |
| Opportunity Number:     | FTA-2015-006-TRI  |
| Competition ID:         | FTA-2015-006-TRI  |
| Opportunity Open Date:  | 09/25/2015  |
| Opportunity Close Date: | 11/23/2015  |
| Agency Contact:         | Sean Ricketson<br>Federal Transit Administration Office of Mobility<br>Innovation<br>e-mail: sean.ricketson@dot.gov |



This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Sacramento Region Three agency Application for FTA Funding of Battery No Emission Battery Electric Buses.

### Select Forms to Complete

#### Mandatory

|                      |          |
|----------------------|----------|
| SF424 Mandatory Form | Complete |
| Attachments          | Complete |

#### Optional

### Instructions

[Show Instructions >>](#)

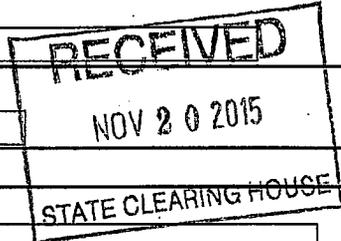
For information on grant applications, please contact the grant administrator for the opportunity. The grant administrator is the person who is responsible for providing information about the opportunity. If you have any questions, please contact the grant administrator. You will be notified by email when the grant application deadline is near.

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>1.a. Type of Submission:</b><br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Funding Request<br><input type="checkbox"/> Other<br>Other (specify):<br><input type="text"/> |  | <b>1.b. Frequency:</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Other<br>Other (specify):<br><input type="text"/> |  | <b>1.d. Version:</b><br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update |  |
|   |  | <b>2. Date Received:</b><br>11/20/2015   |  | <b>STATE USE ONLY:</b>  |  |
|   |  | <b>3. Applicant Identifier:</b><br><input type="text"/>  |  | <b>5. Date Received by State:</b><br><input type="text"/>   |  |
|   |  | <b>4a. Federal Entity Identifier:</b><br>1659  |  | <b>6. State Application Identifier:</b><br><input type="text"/>   |  |
|   |  | <b>4b. Federal Award Identifier:</b><br><input type="text"/>   |  |   |  |
| <b>1.c. Consolidated Application/Plan/Funding Request?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |  |  |   |  |

**7. APPLICANT INFORMATION:**

|  |   |
|--|---|
| <b>a. Legal Name:</b><br>Sacramento Regional Transit District              |   |
| <b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>94-1338218 | <b>c. Organizational DUNS:</b><br>0489471390000 |
| <b>d. Address:</b>   |   |
| <b>Street1:</b><br>1516 29th Street  | <b>Street2:</b><br><input type="text"/>         |
| <b>City:</b><br>Sacramento   | <b>County / Parish:</b><br>Sacramento           |
| <b>State:</b><br>CA: California  | <b>Province:</b><br><input type="text"/>        |
| <b>Country:</b><br>USA: UNITED STATES                                      | <b>Zip / Postal Code:</b><br>95816-6407         |



|  |  |   |
|--|--|---|
| <b>e. Organizational Unit:</b>   |  |   |
| <b>Department Name:</b><br>Finance Division  | <b>Division Name:</b><br>Finance       |   |
| <b>f. Name and contact information of person to be contacted on matters involving this submission:</b> |  |   |
| <b>Prefix:</b><br>Mrs  | <b>First Name:</b><br>Maureen          | <b>Middle Name:</b><br><input type="text"/> |
| <b>Last Name:</b><br>Ring  | <b>Suffix:</b><br><input type="text"/> |   |
| <b>Title:</b> Grants Manager   |  |   |
| <b>Organizational Affiliation:</b><br><input type="text"/>   |  |   |
| <b>Telephone Number:</b> 916-321-2959  | <b>Fax Number:</b> 916-444-3135        |   |
| <b>Email:</b> mring@sacrt.com  |  |   |

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**8a. TYPE OF APPLICANT:**

D: Special District Government

Other (specify):

b. Additional Description:

**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:**

Regional Electric Buses, Facilities and Related Equipment

**12. Areas Affected by Funding:**

**13. CONGRESSIONAL DISTRICTS OF:**

a. Applicant:

CA-006

b. Program/Project:

ca-006

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

Congressional Districts.pdf

Download Attachment

Delete Attachment

View Attachment

**14. FUNDING PERIOD:**

a. Start Date:

08/01/2016

b. End Date:

08/30/2019

**15. ESTIMATED FUNDING:**

a. Federal (\$):

10,733,798.00

b. Match (\$):

4,202,620.00

**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:

11/20/2015

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

**Application**

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:

Mrs.

First Name:

Maureen

Middle Name:

Last Name:

Ring

Suffix:

Title:

Grants Manager

Organizational Affiliation:

Telephone Number:

916-321-2959

Fax Number:

916-444-3135

Email:

mring@sacrt.com

Signature of Authorized Representative:

Maureen Ring

Date Signed:

11/20/2015

Attach supporting documents as specified in agency instructions.

**Add Attachments**

**DELETE Attachment**

**VIEW Attachment**

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Consolidated Application/Plan/Funding Request Explanation:**

[Empty box for Consolidated Application/Plan/Funding Request Explanation]

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**Applicant Federal Debt Delinquency Explanation:**

[Empty text box for explanation]

## ATTACHMENTS FORM

**Instructions:** On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

**Important:** Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

|                                 |                               |                |                   |                 |
|---------------------------------|-------------------------------|----------------|-------------------|-----------------|
| 1) Please attach Attachment 1   | Supplemental App.pdf          | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2   | Attachment 1 eBus Promise Zo  | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3   | Attachment 2 LoNo EVSE Map.p  | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4   | Attachment 3-Report.pdf       | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5   | Attachment 4 Bus-Facility-Equ | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6   | Attachment 5 - Funding Break  | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7   | MTIP Update Process Letter.p  | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8   | Partner Letters.pdf           | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9   | Support Letters.pdf           | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 |                               | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 |                               | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 |                               | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 |                               | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 |                               | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 |                               | Add Attachment | Delete Attachment | View Attachment |

**JUNIPER RIVIERA COUNTY WATER DISTRICT**  
**25715 SANTA ROSA ROAD**  
**P.O. BOX 386, APPLE VALLEY, CA 92307**  
**PHONE (760) 247-9818 - FAX (760) 247-3974**  
**EMAIL: [jrcwd@basicisp.net](mailto:jrcwd@basicisp.net)**

**Rick Porter, President - Eric Koester, Vice President**  
**Peter Horne, Director - Jason Owens, Director**  
**Charlene Grenier - Director**

November 13, 2015

California State Clearinghouse  
1400 10<sup>th</sup> Street  
Sacramento, CA 95814

**SUBJECT: Juniper Riviera County Water District – USDA Pre-Application**

Dear Sir or Madam:

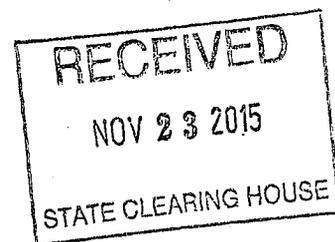
This letter is to inform you that Juniper Riviera County Water District in San Bernardino County, California is applying to the USDA for funding from the Water and Waste Disposal Loan and Grant Program. Please see the attached copy of Standard Form 424, Application for Federal Assistance.

Sincerely,



Denise Johnson  
General Manager

Juniper Riviera County Water District  
P.O. Box 386  
Apple Valley, CA 92307



c: USDA Rural Development, El Centro, CA

### Application for Federal Assistance SF-424

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

**\*3. Date Received:** \_\_\_\_\_ **4. Application Identifier:** \_\_\_\_\_

|   |   |
|---|---|
| <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> _____ |
|---|---|

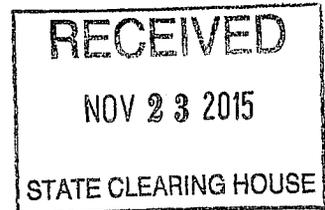
**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** Juniper Riviera County Water District

|  |  |
|--|--|
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>33-0416409 | <b>*c. Organizational DUNS:</b><br>137819285 |
|--|--|

**d. Address:**

**\*Street1:** P.O. Box 386  
**Street 2:** \_\_\_\_\_  
**\*City:** Apple Vallev  
**County:** San Bernardino  
**\*State:** CA  
**Province:** \_\_\_\_\_  
**Country:** USA **\*Zip/ Postal Code:** 92307



**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:** \_\_\_\_\_ **First Name:** James  
**Middle Name:** F  
**\*Last Name:** Owens  
**Suffix:** P. E.  
**Title:** Consulting Engineer

**Organizational Affiliation:**

NV5  
15092 Avenue of Science Ste. 200  
San Diego CA 92128

|  |                                 |
|--|---------------------------------|
| <b>*Telephone Number:</b> 858-385-0500 x 187 | <b>Fax Number:</b> 858-385-0400 |
| <b>*Email:</b> james.owens@nv5.com           |                                 |

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: D. Special District Government

Type of Applicant 2: Select Applicant Type:

B. County Government

Type of Applicant 3: Select Applicant Type:

D. Special District Government

\*Other (specify):

Water District

\*10. Name of Federal Agency:

USDA-Rural Development

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.):

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

2016 USDA Water System Improvements

**Attach supporting documents as specified in agency instructions.**

# Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant 8th

\*b. Program/Project: 8th

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

17. Proposed Project:

\*a. Start Date: 1/1/2017

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

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

|                    |                |
|--------------------|----------------|
| *a. Federal        | \$1,055,300.00 |
| *b. Applicant      | \$0.00         |
| *c. State          | \$1,320,200.00 |
| *d. Local          | \$1,400.00     |
| *e. Other          | \$0.00         |
| *f. Program Income | \$0.00         |
| *g. TOTAL          | \$2,376,900.00 |

### \*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 Nov 2015
- 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: Denise

Middle Name:

\*Last Name: Johnson

Suffix:

\*Title: General Manager

\*Telephone Number: 760-247-9818

Fax Number:

\*Email: jrcwd@basicisp.net

\*Signature of Authorized Representative: *Denise Johnson* Date Signed: 11/13/15

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

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

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry:   | Item | Entry:   |
|------|--|------|--|
| 1.   | <b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>   | 10.  | <b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.   |
|      |  | 11.  | <b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.   |
| 2.   | <b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.               <ul style="list-style-type: none"> <li>A. Increase Award      B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>   | 12.  | <b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.   |
|      |  | 13.  | <b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.   |
|      |  | 14.  | <b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.  |
| 3.   | <b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.  | 15.  | <b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.  |
| 4.   | <b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.   | 16.  | <b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul> |
| 5a.  | <b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.  |      |  |
| 5b.  | <b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.  |      |  |
| 6.   | <b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.   |      |  |
| 7.   | <b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.   |      |  |
| 8.   | <b>Applicant Information:</b> Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> <li>a. <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</li> <li>c. <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</li> <li>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</li> </ul> | 17.  | <b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.   |
|      |  | 18.  | <b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.  |
|      |  | 19.  | <b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the  |

**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:

16-8506-1636-CA

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

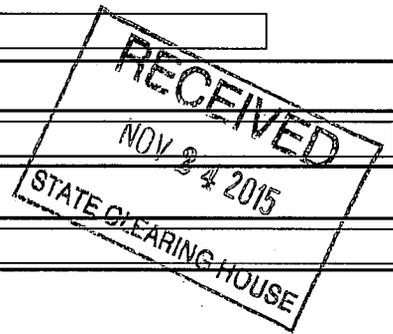
\* a. Legal Name: State of California

\* 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:**

Integrated Control of the Olive Fly in 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.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

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

|                     |   |
|---------------------|---|
| * a. Federal        | <input type="text" value="107,138.00"/> |
| * 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="107,138.00"/> |

**\* 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:**

16-8506-0651-CA

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:**

\_\_\_\_\_

**7. State Application Identifier:**

\_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

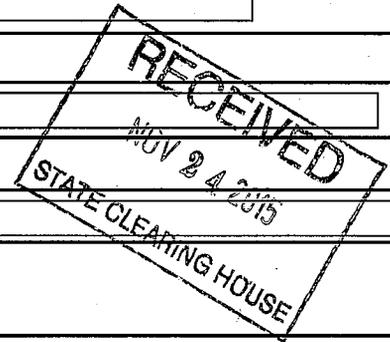
State of California

**\* 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:**

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"/> |

**\* 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:

4. Applicant Identifier:

Dept. of Food and Agriculture

5a. Federal Entity Identifier:

16-8506-1317-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

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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:**

10/30/2015

**4. Applicant Identifier:**

Dept. of Food and Agriculture

RECEIVED

NOV 5 9 2013

STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**

16-8506-1211-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:**

807487665

**d. Address:**

**\* Street1:**

1220 N Street, Room 315

**Street2:**

**\* City:**

Sacramento

**County:**

**\* State:**

California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95814

**e. Organizational Unit:**

**Department Name:**

California Department of Food and Agriculture

**Division Name:**

Plant Health & Pest Prevention Services

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

**Prefix:**

**\* First Name:**

Jason

**Middle Name:**

K

**\* 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:**

\* Title:

**13. Competition Identification Number:**

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant District 6

\* b. Program/Project CA-all

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

**17. Proposed Project:**

\* a. Start Date: 10/1/2015

\* b. End Date: 9/30/2016

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

\* a. Federal 2,136,406

\* b. Applicant

\* c. State 379,094

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 2,515,500

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

a. This application was made available to the State under the Executive Order 12372 Process for review on November 30, 2015.

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

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

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

Yes  No

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix: Middle Name: \* First Name: Crystal

Middle Name:

\* Last Name: Myers

Suffix:

\* Title: Manager, Federal Funds Management Office

\* Telephone Number: (916) 657-3231

Fax Number:

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

\* Signature of Authorized Representative:

\* Date Signed: