

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1 - 15, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application 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: Calaveras Healthy Impact Products Solutions, Inc. (CHIPS)					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-1435215			*c. Organizational DUNS: 808428069		
d. Address:					
*Street1: 291-A Main St. Street 2: P.O. Box 616 *City: West Point County: Calaveras *State: CA Province: Country: USA					
*Zip/Postal Code: 95255					
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: Rick			
Middle Name:					
*Last Name: Breeze-Martin					
Suffix:					
Title: Biomass Utilization Capacity Building Project Manager					
Organizational Affiliation: CHIPS					
*Telephone Number: (209) 588-0210			Fax Number:		
*Email: rick@breeze-martin.com					

RECEIVED
OCT 02 2012
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Department of Commerce / Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

Economic Adjustment Assistance

*12. Funding Opportunity Number: FY2012EDAP111811

*Title: Public Works and Economic Adjustment Assistance Program

13. Competition Identification Number:

Title:

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

Various small communities in the rural counties of Amador and Calaveras in California (i.e. Wilseyville, West Point, Railroad Flat, Mountain Ranch, Glencoe, Pioneer, Pine Grove, Volcano, etc.)

*15. Descriptive Title of Applicant's Project:

The Wilseyville Woody Biomass Product Yard: providing local infrastructure for opportunities in diverse small scale entrepreneurial activities that make innovative, valuable products from woody biomass.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant CA4

*b. Program/Project: CA4

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

17. Proposed Project:

*a. Start Date: November 1, 2012

*b. End Date: December 31, 2013

18. Estimated Funding (\$):

*a. Federal	\$735,413.00
*b. Applicant	\$109,053.00
*c. State	\$74,800.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$919,266.00

***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 Sept. 14, 2012.
- 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: Ms.

*First Name: Suzette

Middle Name:

*Last Name: Ariza

Suffix:

*Title: Board Chairperson

*Telephone Number: (209) 293-2333

Fax Number:

*Email: wp-chips@hotmail.com

*Signature of Authorized Representative: *Suzette Ariza*

Date Signed: 9/11/12

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

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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OCT 04 2012

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Ecohydrology Research, Inc.

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

26-1400596

*** c. Organizational DUNS:**

0236071600000

d. Address:

*** Street1:**

1111 Kennedy Place, Suite 4

Street2:

*** City:**

Davis

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95616-1265

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:**

Niall

Middle Name:

E

*** Last Name:**

McCarten

Suffix:

Title:

President

Organizational Affiliation:

Ecohydrology Research, Inc.

*** Telephone Number:**

530-756-4257

Fax Number:

*** Email:**

nmccarten@ecohydrology-research.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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R13FA20001

*** Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

R13FA20001

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Ecological study of California Vernal Pools for Improving Restoration Success for Rare, Threatened and Endangered Species

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="290,237.00"/>
* b. Applicant	<input type="text" value="30,464.00"/>
* 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="320,701.00"/>

*** 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:

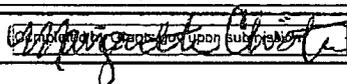
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
RECEIVED OCT 04 2012		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
STATE CLEARING HOUSE		
B. APPLICANT INFORMATION:		
* a. Legal Name: University of the Pacific		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1156266	* c. Organizational DUNS: 6259468310000	
d. Address:		
* Street1: 3601 Pacific Ave.	Street2: _____	
* City: Stockton	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 95211-0110	
e. Organizational Unit:		
Department Name: Dept. of Biological Sciences	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Carol	Middle Name: Ann
* Last Name: Brodie	Suffix: _____	
Title: Director, Research Administration & Compliance		
Organizational Affiliation: University of the Pacific		
* Telephone Number: 209-946-7367	* Fax Number: 209-946-2858	
* Email: cbrodie@pacific.edu		

C.

C.

1. 1980
2. 1981
3. 1982

1983

1984

Application for Federal Assistance SF-424

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

0: 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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R13FA20001

*** Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

R13FA20001

Title:

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

Add Attachment Delete Attachment View Attachment

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

Population genetics research, and development of a genetic management plan for the Callippe Silverspot butterfly

Attach supporting documents as specified in agency instructions.

Add Attachment Delete Attachment View Attachment

C

C

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="CA-011"/>	b. Program/Project: <input type="text" value="CA-011"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/> <input type="text"/> <input type="text"/>	
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2013"/>	* b. End Date: <input type="text" value="09/30/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="97,792.26"/>
* 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="97,792.26"/>
* 18. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <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 28, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Bhaskara"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Jasti"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Interim Associate Provost"/>	
* Telephone Number: <input type="text" value="209-946-7706"/>	Fax Number: <input type="text" value="209-946-2858"/>
* Email: <input type="text" value="bjjasti@pacific.edu"/>	<i>[Signature]</i> <input type="text" value="10/21/12"/>
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>

Application for Federal Assistance SF-424	
<p>* 1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> </p>	
<p>* 3. Date Received: 10/05/2012</p>	
<p>4. Applicant Identifier: <input type="text"/></p>	
<p>RECEIVED</p> <p>OCT 05 2012</p>	
<p>5a. Federal Entity Identifier: <input type="text"/></p>	
<p>5b. Federal Award Identifier: <input type="text"/></p>	
<p>State Use Only:</p>	
<p>6. Date Received by State: <input type="text"/></p>	
<p>7. State Application Identifier: <input type="text"/></p>	
<p>STATE CLEARING HOUSE</p>	
<p>8. APPLICANT INFORMATION:</p>	
<p>* a. Legal Name: Area West Environmental, Inc.</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-8648618</p>	
<p>* c. Organizational DUNS: 9649441560000</p>	
<p>d. Address:</p>	
<p>* Street1: 7006 Anice Street</p>	
<p>Street2: <input type="text"/></p>	
<p>* City: Orangevale</p>	
<p>County/Parish: <input type="text"/></p>	
<p>* State: CA: California</p>	
<p>Province: <input type="text"/></p>	
<p>* Country: USA: UNITED STATES</p>	
<p>* Zip / Postal Code: 95662-2802</p>	
<p>e. Organizational Unit:</p>	
<p>Department Name: <input type="text"/></p>	
<p>Division Name: <input type="text"/></p>	
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>	
<p>Prefix: Ms. * First Name: Becky</p>	
<p>Middle Name: <input type="text"/></p>	
<p>* Last Name: Rozumowicz</p>	
<p>Suffix: <input type="text"/></p>	
<p>Title: President</p>	
<p>Organizational Affiliation: <input type="text"/></p>	
<p>* Telephone Number: (916) 987-3362 Fax Number: <input type="text"/></p>	
<p>* Email: becky@areawest.net</p>	

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

R13FA20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

R13FA20001

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Predictive Modeling for California Tiger Salamander Breeding Habits

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="93,259.05"/>
* b. Applicant	<input type="text" value="15,833.42"/>
* c. State	<input type="text" value="38,325.35"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="13,319.85"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="160,737.67"/>

*** 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: *Becky Rozumowicz* * Date Signed:

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

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: STATE CLEARING HOUSE	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> Sequoia Riverlands Trust		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 77-0347417	* c. Organizational DUNS: <input type="text"/> 0073024040000	
d. Address:		
* Street1: <input type="text"/> 427 S. Garden Street		
Street2: <input type="text"/>		
* City: <input type="text"/> Visalia		
County/Parish: <input type="text"/> Tulare		
* State: <input type="text"/> CA: California		
Province: <input type="text"/>		
* Country: <input type="text"/> USA: UNITED STATES		
* Zip / Postal Code: <input type="text"/> 93277-2810		
e. Organizational Unit:		
Department Name: <input type="text"/> Land Conservation	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/> Chris	
Middle Name: <input type="text"/>		
* Last Name: <input type="text"/> Moi		
Suffix: <input type="text"/>		
Title: <input type="text"/> Project Manager		
Organizational Affiliation: <input type="text"/> Sequoia Riverlands Trust		
* Telephone Number: <input type="text"/> 559-736-0211	Fax Number: <input type="text"/>	
* Email: <input type="text"/> chris@sequoiariverlands.org		

RECEIVED

OCT 05 2012

1911

1912

1913

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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R13FA20001

*** Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

R13FA20001

Title:

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

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

conservation easement acquisition on a ranch in the White River watershed

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-021

b. Program/Project CA-021

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

Add Attachment Delete Attachment View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2013

* b. End Date: 07/01/2014

18. Estimated Funding (\$):

* a. Federal	998,410.00
* b. Applicant	62,965.00
* c. State	350,000.00
* d. Local	0.00
* e. Other	103,500.00
* f. Program Income	0.00
* g. TOTAL	1,514,875.00

* 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: Ms. First Name: Sopac Middle Name: Last Name: Mulholland Suffix:

* Title: Executive Director

* Telephone Number: 559-738-0211 Fax Number:

* Email: soapy@sequoiariverlands.org

* Signature of Authorized Representative: [Signature] * Date Signed: 10/04/2012

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<p>* 1. Type of Submission:</p> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<p>* 2. Type of Application:</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
<p>* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/></p>		
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Eric Christian Hansen"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0760956		* c. Organizational DUNS: <input type="text" value="069354103"/>
* d. Address:		
<p>* Street1: <input type="text" value="4200 North Freeway Boulevard, Suite 4"/> * Street2: <input type="text"/> * City: <input type="text" value="Sacramento"/> * County: <input type="text" value="Sacramento"/> * State: <input type="text" value="CA"/> * Province: <input type="text"/> * Country: <input type="text" value="USA; UNITED STATES"/> * Zip / Postal Code: <input type="text" value="95834-1235"/></p>		
* e. Organizational Unit:		
Department Name: <input type="text" value="Individual"/>		Division Name: <input type="text" value="Individual"/>
* f. Name and contact information of person to be contacted on matters involving this application:		
<p>Prefix: <input type="text" value="Mr."/> * First Name: <input type="text" value="Eric"/> Middle Name: <input type="text" value="Christian"/> * Last Name: <input type="text" value="Hansen"/> Suffix: <input type="text"/></p>		
Title: <input type="text" value="Owner/Proprietor"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="(916) 214-7848"/>		Fax Number: <input type="text" value="(916) 921-8278"/>
* Email: <input type="text" value="echansen@sbcglobal.net"/>		

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OCT 05 2012
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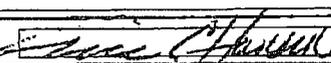
NOV 20 1936

U.S. DEPARTMENT OF AGRICULTURE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
Consultant	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Interior, Bureau of Reclamation	
11. Catalog of Federal Domestic Assistance Number:	
15.512	
CFDA Title:	
Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program	
* 12. Funding Opportunity Number:	
R13AF20001	
* Title:	
Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program	
13. Competition Identification Number:	
N/A	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Sacramento County, California Merced County, California	
* 15. Descriptive Title of Applicant's Project:	
Determining the Feasibility of Horseshoe Marsh on the Cosumnes River Preserve as a Repatriation Site for Giant Garter Snake (<i>Thamnophis gigas</i>)	
Attach supporting documents as specified in agency instructions.	

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	District 5	* b. Program/Project <input type="text" value="District 3"/>
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="April 15, 2013"/>	* b. End Date: <input type="text" value="April 28 2014"/>
18. Estimated Funding (\$):		
* a. Federal	174,372	
* b. Applicant	102,348	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	276,720	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="October 5, 2012"/> .	
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Mr."/>	* First Name: <input type="text" value="Eric"/>
Middle Name:	<input type="text" value="Christian"/>	
* Last Name:	<input type="text" value="Hansen"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Consultant"/>	
* Telephone Number:	<input type="text" value="(916) 214-7848"/>	Fax Number: <input type="text" value="(916) 921-8278"/>
* Email:	<input type="text" value="echansen@sbcglobal.net"/>	
* Signature of Authorized Representative:		* Date Signed: <input type="text" value="10/5/12"/>

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):

[Redacted]
[Redacted]
[Redacted]

* Other (Specify):

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* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name:

Center for Natural Lands Management

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

68-0233573

* c. Organizational DUNS:

0270265460000

d. Address:

* Street1:

27258 Via Industria Ste B

Street2:

[Redacted]

* City:

Temecula

County/Parish:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92590-3751

e. Organizational Unit:

Department Name:

[Redacted]

Division Name:

[Redacted]

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

Prefix:

Dr.

* First Name:

Deborah

Middle Name:

[Redacted]

* Last Name:

Rogers

Suffix:

[Redacted]

Title:

Director of Conservation Science & Stewardshp

Organizational Affiliation:

[Redacted]

* Telephone Number:

510-755-0475

Fax Number:

[Redacted]

* Email:

drogers@cnlm.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:**

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R13FA20001

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

R13FA20001

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Stabilizing and Improving a State- and Federal-Endangered Species, Palmate-bracted Bird's-beak (Chloropyron palmatum)

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="248,685.00"/>
* b. Applicant	<input type="text" value="19,916.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="60,181.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="328,782.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application *If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier: not applicable
5a. Federal Entity Identifier: not applicable		*5b. Federal Award Identifier: not applicable
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: Self-Help Home Improvement Project		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2990678		*c. Organizational DUNS: 088852603
d. Address:		
*Street1: 3777 Meadowview Drive #100 Street 2: *City: Redding County: Shasta *State: California Province: Country: USA *Zip/ Postal Code: 96002		
e. Organizational Unit:		
Department Name: SHHIP		Division Name: New Construction
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Middle Name: *Last Name: Griffith Suffix:		First Name: Keith
Title: Executive Director		
Organizational Affiliation:		
*Telephone Number: 530-378-6904		Fax Number: 530-378-6910
*Email: kgrif@shhip.org		

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Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

*12. Funding Opportunity Number: 10-420

*Title:

Self-Help New Construction

13. Competition Identification Number: Not applicable

Title:

Not applicable

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

Shasta and Tehama counties, California

*15. Descriptive Title of Applicant's Project:

Application for funding for a rural Self-Help Technical Assistance program for 20 housing units over a two year period.

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 2nd - CA

*b. Program/Project: 2nd - CA

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

17. Proposed Project:

*a. Start Date: 01-01-2013

*b. End Date: 01-01-2015

18. Estimated Funding (\$):

*a. Federal \$500,000.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$500,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 10/10/2012
- 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: Keith

Middle Name:

*Last Name: Griffith

Suffix:

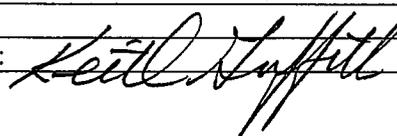
*Title: Executive Director

*Telephone Number: 530-378-6904

Fax Number: 530-378-6904

*Email: kgrif@shhip.org

*Signature of Authorized Representative:



Date Signed: 10-10-2012

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

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

8. APPLICANT INFORMATION

Legal Name: Hemphill Ranch Inc./ Joe Hemphill

Organizational DUNS: 883972234

Address: 230 County Road 193

City: Tulelake

County: Modoc

State: CA Zip Code: 96134

Country: USA

Organizational Unit: _____
Department: _____
Division: _____

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mrs First Name: Rhonda
Middle Name: Lee
Last Name: Hemphill
Suffix: _____

Email: jhemphill2000@yahoo.com

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6. EMPLOYER IDENTIFICATION NUMBER (EIN) 26-2146471

7. TYPE OF APPLICANT: (See back of form for Application Types)
N.
Other (specify) Ranch

8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter (a) in box(es)
(See back of form for description of letters.)

9. NAME OF FEDERAL AGENCY: NRCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
110-2018

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Improving water sources on forest service permit & private ground

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

13. PROPOSED PROJECT
Start Date: 4-1-13 Ending Date: 5-1-13

14. CONGRESSIONAL DISTRICTS OF: CA-4

a. Applicant: Joe Hemphill
b. Project: Solar Well Improvements

15. ESTIMATED FUNDING:

a. Federal	\$	<u>25,000</u>	00
b. Applicant	\$	<u>25,000</u>	00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	<u>50,000</u>	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10-12-12
b. No, PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes if "Yes" attach an explanation. No

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

a. Authorized Representative
Prefix: Mrs. First Name: Rhonda Middle Name: Lee
Last Name: Hemphill Suffix: _____
b. Title: Sec.
c. Telephone Number (give area code): 530-664-9651
d. Signature of Authorized Representative: Rhonda Hemphill
e. Date Signed: 10-12-12

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Application for Federal Assistance SF-424

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

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
---	--

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
--	---

RECEIVED

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

OCT 15 2012

8. APPLICANT INFORMATION:

* a. Legal Name: Community Alliance with Family Farmers
--

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN): 942914745	* c. Organizational DUNS: 000000000INDV
--	--

d. Address:

* Street1: PO Box 363
Street2: <input type="text"/>
* City: Davis
County/Parish: <input type="text"/>
* State: CA: California
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 95617-0363

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text"/>	* First Name: Megan
Middle Name: <input type="text"/>	
* Last Name: Sabato	
Suffix: <input type="text"/>	
Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>	

* Telephone Number: 5307569510 x30	Fax Number: <input type="text"/>
* Email: megan@caff.org	

Application for Federal Assistance SF-424

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

M: Nonprofit with 501(c)3 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:**

Business and Cooperative Programs

11. Catalog of Federal Domestic Assistance Number:

10.352

CFDA Title:

Value-Added Producer Grants

*** 12. Funding Opportunity Number:**

RDRCP-2012-VAPG

* Title:

Value Added Producer Grant 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:**

Local Marketing in Cafeterias and Classrooms: Added Value for CA Farmers

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 CA-01

b. Program/Project CA-01

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2013

* b. End Date: 02/28/2014

18. Estimated Funding (\$):

* a. Federal	38,539.00
* b. Applicant	8,169.00
* c. State	0.00
* d. Local	0.00
* e. Other	30,375.00
* f. Program Income	26,700.00
* g. TOTAL	103,783.00

* 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

10/15/2012

 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: Diane

Middle Name:

* Last Name: Del Signore

Suffix:

* Title: Executive Director

* Telephone Number: 5108324625 x15

* Fax Number:

* Email: diane@call.org

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

* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

RECEIVED

3. Date Received:

4. Applicant Identifier:

OCT 15 2012

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Palomino Lakes Mutual Water Company

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

94-1612327

*c. Organizational DUNS:

964010438

d. Address:

*Street 1: P.O. Box 687

Street 2: _____

*City: Cloverdale

County: Sonoma

*State: California

Province: _____

*Country: United States

*Zip / Postal Code 95425

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr. *First Name: John

Middle Name: _____

*Last Name: Locey

Suffix: _____

Title: Engineering Consultant

Organizational Affiliation:

Brelje & Race Consulting Engineers

*Telephone Number: 707 576-1322

Fax Number: 707 576-0469

*Email: locey@brce.com

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
10-760
CFDA Title:
Water and Waste Disposal Loan and Grant Program

***12 Funding Opportunity Number:**
10-760

*Title:
Water and Waste Disposal Loan and Grant Program

13. Competition Identification Number:

Title:

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

***15. Descriptive Title of Applicant's Project:**
Water Supply and Treatment Improvements



Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-001 *b. Program/Project: CA-001

17. Proposed Project:
*a. Start Date: May 2013 *b. End Date: October 2013

18. Estimated Funding (\$):

*a. Federal	\$1,315,000
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	\$1,315,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on _____
 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: Mr. *First Name: Richard
Middle Name: _____
*Last Name: Corriea
Suffix: _____

*Title: President

*Telephone Number: 707 894-0432 Fax Number: _____

* Email: rmcorriea@comcast.net

*Signature of Authorized Representative:  *Date Signed: 10-11-12

