Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1 - 15, 2013.** 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.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

* 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: Cal State LA University Auxiliary Services, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 954016653

* c. Organizational DUNS: 066697590

d. Address:

* Street1: 5151 State University Drive, GE 314

Street2:

* City: Los Angeles

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 90032-4226

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Dr.

* First Name: Andres

Middle Name:

* Last Name: Aguilar

Suffix: Ph.D

Title: Assistant Professor

Organizational Affiliation: California State University, Los Angeles

* Telephone Number: 323-343-2078

Fax Number:

* Email: aaguil67@calstatela.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2006

Application for Federal Assistance SF-424

Version: 02

9. Type of Applicant 1: Select Applicant Type:

S: Hispanic-serving Institution

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:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

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

Environmental DNA assay for listed vernal pool crustaceans

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-034
* b. Program/Project: CA-034

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	315,550.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	315,550.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/02/2013.
- [ ] 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
- [x] No

Attach an explanation

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)**

- [x] ** 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:	Mrs.
* First Name:	Alma
Middle Name:	P
* Last Name:	Sahagun
Suffix:	
* Title:	Executive Director
* Telephone Number:	323-343-3366
Fax Number:	323-343-6430
* Email:	asahag@cslanet.calstatela.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission
* Date Signed:	Completed by Grants.gov upon submission. 10/2/13

Authorized for Local Reproduction

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

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

Version 02

Application for Federal Assistance SF-424

RECEIVED
OCT 03 2013
STATE CLEARING HOUSE

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

* c. Organizational DUNS: 047120084

d. Address:

* Street1: 1 Shields Avenue
Street2:
* City: Davis
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95616

e. Organizational Unit:

Department Name: Animal Science

Division Name:

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

Prefix: Dr.
* First Name: Amanda
Middle Name:
* Last Name: Finger
Suffix:

Title: Assistant Project Scientist

Organizational Affiliation: Department of Animal Science, UC Davis

* Telephone Number: 530-752-6351
Fax Number: 530-752-0175

* Email: ajfinger@ucdavis.edu

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

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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:**

US Bureau of Reclamation and US Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

Development of eDNA based species detection and community diversity survey protocols for vernal pools

13. Competition Identification Number:

Title:

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

Sacramento and Merced Counties

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

Using environmental DNA to survey vernal pools for branchiopod species and measures of community diversity

Attach supporting documents as specified in agency instructions.

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

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-003

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 10/1/2014

* b. End Date: 09/30/2017

18. Estimated Funding ($):

* a. Federal 293,425
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 293,425

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/3/2013
- [x] 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
- [x] 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)**

- [x] ** 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: Chris

Middle Name: D.

* Last Name: Dye-Hixenbaugh

Suffix:

* Title: Contract and Grants Officer

* Telephone Number: (530) 754-8034 Fax Number: (530) 752-0333

* Email: cddyo@ucdavis.edu

* Signature of Authorized Representative: Chris D. Dye-Hixenbaugh * Date Signed: 10/2/13

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424 Version 02

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OCT 03 2013
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* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

* c. Organizational DUNS: 047120084

d. Address:

* Street1: 1 Shields Avenue
Street2:
* City: Davis
County:
* State: CA
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95616

e. Organizational Unit:

Department Name: Animal Science

Division Name:

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

Prefix: Dr.
* First Name: Amanda
Middle Name:
* Last Name: Finger
Suffix:

Title: Assistant Project Scientist

Organizational Affiliation: Department of Animal Science, UC Davis

* Telephone Number: 530-752-6351
Fax Number: 530-752-0175

* Email: ajfinger@ucdavis.edu

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:

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:**

US Bureau of Reclamation and US Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.512 & 15.648

CFDA Title:

15.512 (Bureau of Reclamation) and 15.648 (Fish and Wildlife Service)

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

Development of eDNA based species detection and community diversity survey protocols for vernal pools

13. Competition Identification Number:

Title:

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

Sacramento and Merced Counties

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

Using environmental DNA to survey vernal pools for branchiopod species and measures of community diversity

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 CA-003 * b. Program/Project

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

17. Proposed Project:

* a. Start Date 10/1/2014 * b. End Date: 09/30/2017

18. Estimated Funding ($):

* a. Federal 293,425
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 293,425

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/03/2013

[ ] 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: Chris

Middle Name: D.

* Last Name: Dye-Hixenbaugh

Suffix:

* Title: Contract and Grants Officer

* Telephone Number: (530) 754-8034 Fax Number: (530) 752-0333

* Email: cddya@ucdavis.edu

* Signature of Authorized Representative: Chris D. Dye-Hixenbaugh * Date Signed: 10/2/13

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	RECEIVED

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	OCT 03 2013

State Use Only: STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

* a. Legal Name: California Academy of Sciences

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-1156258	0746324560000

d. Address:

* Street1:	55 Music Concourse Drive
Street2:	
* City:	San Francisco
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94118-4503

e. Organizational Unit:

Department Name:	Division Name:
Ornithology and Mammalogy	Research

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

Prefix:		* First Name:	Maureen
Middle Name:	E.		
* Last Name:	Flannery		
Suffix:			

Title: Collections Manager

Organizational Affiliation: California Academy of Sciences

* Telephone Number:	415-379-5371	Fax Number:	415-379-5738

* Email: mflannery@calacademy.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:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.439

CFDA Title:

Marine Mammal Data Program

*** 12. Funding Opportunity Number:**

NOAA-NMFS-PRPO-2014-2003782

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2014

13. Competition Identification Number:

2437300

Title:

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

2013_Area_ Affected_by_Project_FINAL.pdf

Add Attachment | Delete Attachment | View Attachment

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

Enhancing response and data collection from dead stranded marine mammals in northern California through combined necropsy and CT-scans of Odontocetes.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-012
* b. Program/Project: CA-012

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

2013_Additional_Congressional_Districts_FI | Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2014
* b. End Date: 09/30/2016

18. Estimated Funding ($):

* a. Federal	99,994.00
* b. Applicant	43,029.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	143,023.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/01/2013.
- [ ] 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
- [x] 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)**

- [x] ** 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: Alison
Middle Name: R
* Last Name: Brown
Suffix:

* Title: Chief of Staff / Chief Financial Officer

* Telephone Number: 415-379-5148
Fax Number: 415-379-5727

* Email: abrown@calacademy.org

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

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

Application for Federal Assistance SF-424

Version 02

RECEIVED
OCT 03 2013
STATE CLEARING HOUSE

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: Eric C. Hansen

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: Eric Christian Hansen

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0760956

* c. Organizational DUNS: 069354103

d. Address:

* Street1: 4200 North Freeway Boulevard, Suite 4
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95834-1235

e. Organizational Unit:

Department Name: Individual

Division Name: Individual

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

Prefix: Mr.
* First Name: Eric
Middle Name: Christian
* Last Name: Hansen
Suffix:

Title: Owner/Proprietor

Organizational Affiliation:

* Telephone Number: (916) 214-7848
Fax Number: (916) 921-8278

* Email: echansen@sbcglobal.net

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:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

* Other (specify):

Consultant

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

Merced County, California

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

Evaluating the Response of Giant Garter Snake (Thamnophis gigas) to Habitat Restoration in the San Joaquin Valley

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2005

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: 5th
* b. Program/Project: 16th

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/01/2014
* b. End Date: 05/01/2015

18. Estimated Funding ($):

* a. Federal	46,563.00
* b. Applicant	68,463.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	115,026.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/03/2013.
- [ ] 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
- [x] No

Explanation

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)**

- [x] ** 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: Eric
Middle Name: Christian
* Last Name: Hansen
Suffix:

* Title: Owner/Proprietor

* Telephone Number: (916) 214-7848
Fax Number: (916) 921-8278

* Email: echansen@sbcglobal.net

* Signature of Authorized Representative: E C Hansen
* Date Signed: 10/03/13

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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OCT 03 2013
STATE CLEARING HOUSE

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: Eric C. Hansen

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: Eric Christian Hansen

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0760956

* c. Organizational DUNS: 069354103

d. Address:

* Street1: 4200 North Freeway Boulevard, Suite 4
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95834-1235

e. Organizational Unit:

Department Name: Individual

Division Name: Individual

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

Prefix: Mr.
* First Name: Eric
Middle Name: Christian
* Last Name: Hansen
Suffix:

Title: Owner/Proprietor

Organizational Affiliation:

* Telephone Number: (916) 214-7848
Fax Number: (916) 921-8278

* Email: echansen@sbcglobal.net

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:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

* Other (specify):

Consultant

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

Merced County, California

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

Evaluating the Response of Giant Garter Snake (Thamnophis gigas) to Habitat Restoration in the San Joaquin Valley

Attach supporting documents as specified in agency instructions.

Add Attachments

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

Application for Federal Assistance SF-424

Version: 02

16. Congressional Districts Of:

* a. Applicant: 5th
* b. Program/Project: 16th

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

Add Attachment

17. Proposed Project:

* a. Start Date: 05/01/2014
* b. End Date: 05/01/2015

18. Estimated Funding ($):

* a. Federal	46,563.00
* b. Applicant	68,463.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	115,026.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/03/2013.
- [ ] 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
- [x] 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)**

- [x] ** 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: Eric
Middle Name: Christian
* Last Name: Hansen
Suffix:

* Title: Owner/Proprietor
* Telephone Number: (916) 214-7848
Fax Number: (916) 921-8278
* Email: echansen@sbcglobal.net
* Signature of Authorized Representative: Eric C Hansen
* Date Signed: 10/3/13

OMB Number: 4040-0006
Expiration Date: 06/30/2012

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission	*2. Type of Application	*If Revision, select appropriate letter(s):
☐ Preapplication	☑ New	
☑ Application	☐ Continuation	* Other (Specif
☐ Changed/Corrected Application	☐ Revision	

RECEIVED
OCT 03 2013
STATE CLEARING HOUSE

*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: Ecohydrology Research, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-1400596

*c. Organizational DUNS: 0136071600000

d. Address:

*Street1: 2106 Saratoga Place
Street 2:
*City: Davis
County: Yolo
*State: CA
Province:
Country: USA
*Zip/ Postal Code: 95616

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:
*Last Name: McCarten
Suffix:

Title: President

Organizational Affiliation:
Institute for Ecohydrology Research
2106 Saratoga Place
Davis, CA 95616

*Telephone Number: 530-756-4257 Fax Number:

*Email: nmccarten@ecohydrology-research.org

OMB Number: 4040-0004
Expiration Date: 06/31/2012

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:
Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number: R13AF20026

*Title: Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
An ecohydrology study of the critically endangered vernal pool plant species, Tuctoria mucronata (Solano grass), for the purpose of reintroducing the species to Olcott Lake, Jepson Prairie Preserve, CA

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant CA-003 *b. Program/Project: CA-003

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

17. Proposed Project:

*a. Start Date: 09/2014 *b. End Date: 08/2015

18. Estimated Funding ($):

*a. Federal	$225,129.63
*b. Applicant	$3,250.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	$228,379.63

***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 10/3/2013
☐ 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: Mairgareth

Middle Name:

*Last Name: Christman

Suffix:

*Title: Vice President

*Telephone Number: 530-756-4257 Fax Number:

*Email: mchristman@ecohydrology-research.org

*Signature of Authorized Representative: Margarete Christman Date Signed: 3 October 2013

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

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OCT 04 2013
STATE CLEARING HOUSE

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: Westside Resource Conservation District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0409494

* c. Organizational DUNS: 078526065

d. Address:

* Street1: P.O. Box 6079
Street2:
* City: Fresno
County: Fresno
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93703

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: Sargeant
Middle Name: John
* Last Name: Green
Suffix:

Title: Secretary-Manager

Organizational Affiliation:

* Telephone Number: (559) 230-9050
Fax Number: (559) 324-9001

* Email: sgreen@csufresno.edu

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:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

Coalinga, Huron, Mendota and unincorporated portions of Fresno County, California

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

Riparian Restoration on Western Fresno County Stream Groups - Arroyo Pasajero, Salt-Martinez, Cantua and Panoche-Silver Creeks

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

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: 01/01/2015 * b. End Date: 12/31/2016

18. Estimated Funding ($):

* a. Federal	197,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	197,500.00

*** 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 10/1/2015

☐ 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 Explanation

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: Sargeant

Middle Name: John

* Last Name: Green

Suffix:

* Title: Secretary-Manager

* Telephone Number: (559) 230-9050 Fax Number: (559) 324-9001

* Email: sgreen@csufresno.edu

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

Authorized for Local Reproduction

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

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

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* 3. Date Received: 10/04/2013

4. Applicant Identifier:

5a. Federal Entity Identifier: 68-030-3606

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CA Dept. of Parks & Recreation-Central Valley District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606

* c. Organizational DUNS: 172070807

d. Address:

* Street1: 22708 Broadway Street
Street2:
* City: Columbia
County: Tuolumne
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95310

e. Organizational Unit:

Department Name: California State Parks

Division Name: Northern

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

Prefix: Mrs.
* First Name: Heather
Middle Name: Michelle
* Last Name: Reith
Suffix:

Title: Senior Environmental Scientist

Organizational Affiliation:

* Telephone Number: 209-536-2887
Fax Number: 209-536-2978

* Email: heather.reith@parks.ca.gov

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:

A: State Government

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:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

Caswell Memorial State Park, San Joaquin County, California

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

Riparian Woodland Restoration Project at Caswell Memorial State Park to Restore Habitat for Central Valley Project-Impacted Species

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-010
* b. Program/Project: All

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2014
* b. End Date: 01/01/2018

18. Estimated Funding ($):

* a. Federal	368,712.75
* b. Applicant	0.00
* c. State	69,180.04
* d. Local	0.00
* e. Other	1,195,604.03
* f. Program Income	0.00
* g. TOTAL	1,633,496.82

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/04/2013.
- [ ] 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
- [x] No

Explanation

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)**

- [x] ** 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: Mrs. * First Name: Heather

Middle Name: Michelle

* Last Name: Reith

Suffix:

* Title: Senior Environmental Scientist

* Telephone Number: 209-536-2087 Fax Number: 209-536-2978

* Email: heather.reith@parks.ca.gov

* Signature of Authorized Representative: Heather Reith * Date Signed: 10/04/2013

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier: Eric C. Hansen

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: Eric Christian Hansen

* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-0760956

* c. Organizational DUNS: 069354103

d. Address:

* Street1: 4200 North Freeway Boulevard, Suite 4
Street2:
* City: Sacramento
County: Sacramento
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95834-1235

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e. Organizational Unit:

Department Name: Individual

Division Name: Individual

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

Prefix: Mr.
* First Name: Eric
Middle Name: Christian
* Last Name: Hansen
Suffix:

Title: Owner/Proprietor

Organizational Affiliation:

* Telephone Number: (916) 214-7848
Fax Number: (916) 921-8273

* Email: echansen@sbcglobal.net

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:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

X: Other (specify)

* Other (specify):

Consultant

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

Bureau of Reclamation - Mid-Pacific Region

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

Fresno County, California

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

Assessing the Status and Distribution of Giant Garter Snakes (Thamnophis giças) in the Vicinity of Mendota Pool, Fresno County, CA

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 5th
* b. Program/Project: 21st

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

Add Attachment

17. Proposed Project:

* a. Start Date: 05/01/2014
* b. End Date: 05/01/2015

18. Estimated Funding ($):

* a. Federal	132,204.00
* b. Applicant	56,951.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	189,155.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/04/2013.

[ ] 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 [X] 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)**

[X] ** 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: Eric

Middle Name: Christian

* Last Name: Hansen

Suffix:

* Title: Owner/Proprietor

* Telephone Number: (916) 214-7848 Fax Number: (916) 921-8278

* Email: echansen@sbcglobal.net

* Signature of Authorized Representative: * Date Signed: 10/4/13

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] 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: 68-030-3606

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CA Dept. of Parks & Recreation-Central Valley District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606

* c. Organizational DUNS: 172070807

d. Address:

* Street1: 22708 Broadway Street
Street2:
* City: Columbia
County: Tuolumne
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95310

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e. Organizational Unit:

Department Name: CA Dept. of Parks & Recreation

Division Name: Northern

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

Prefix: Mrs.
* First Name: Heather
Middle Name: Michelle
* Last Name: Reith
Suffix:

Title: Senior Environmental Scientist

Organizational Affiliation:

* Telephone Number: 209-536-2887
Fax Number: 209-536-2978

* Email: heather.reith@parks.ca.gov

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:

A: State Government

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:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

There are no areas that will be affected by this project.

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

Floodplain Reconnection Project at Great Valley Grasslands State Park to Restore Habitat for Central Valley Project-Impacted Species

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-018
* b. Program/Project: All

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2014
* b. End Date: 05/31/2017

18. Estimated Funding ($):

* a. Federal	361,769.87
* b. Applicant	1,542,146.87
* c. State	3,103,841.80
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,007,758.54

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/04/2013.

[ ] 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 [X] No Explanation

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)**

[X] ** 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: Mrs. * First Name: Elizabeth

Middle Name: L.

* Last Name: Steller

Suffix:

* Title: Central Valley District Services Manager

* Telephone Number: 209-536-5932 Fax Number: 209-536-2978

* Email: Liz.Steller@parks.ca.gov

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

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

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:** Completed by Grants.gov upon submission.

4. Applicant Identifier: Sierra Foothill Conservancy

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STATE CLEARING HOUSE

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:** Sierra Foothill Conservancy

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 93-6301478

*** c. Organizational DUNS:** 084391551

d. Address:

* Street1: P.O Box 529
Street2:
* City: Prather
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93651

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: Bridget
Middle Name:
* Last Name: Fithian
Suffix:

Title: Conservation Director

Organizational Affiliation: Sierra Foothill Conservancy

* Telephone Number: (209) 742-5556
Fax Number:

* Email: bridget@sierrafoothill.org

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:

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:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R13AF20026

* Title:

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

13. Competition Identification Number:

R13AF20026

Title:

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

Madera County, California

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

The Beechinor Ranch Conservation Easement

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-004
* b. Program/Project: CA-004

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 04/30/2013
* b. End Date: 10/30/2015

18. Estimated Funding ($):

* a. Federal	847,000.00
* b. Applicant	11,690.00
* c. State	1,410,810.00
* d. Local	
* e. Other	122,800.00
* f. Program Income	0.00
* g. TOTAL	2,392,300.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/04/2013.
- [ ] 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
- [x] No

Explanation

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)**

- [x] ** 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: Jeannette
Middle Name:
* Last Name: Tuitele-Lewis
Suffix:

* Title: Executive Director

* Telephone Number: (559)855-3473
Fax Number:

* Email: jeannette@sierrafoothill.org

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

Rec'd 10/7/13 SB

RCH #304 9-6-13

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

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
[X] Preapplication	[X] New	
[ ] Application	[ ] Continuation	* Other (Specify):
[ ] Changed/Corrected Application	[ ] Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: County of Fresno

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
94-6000512	8289278760000

d. Address:

* Street1: 2220 Tulare Street, 8th Floor
Street2:
* City: Fresno
County/Parish: Fresno
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93721-2132

e. Organizational Unit:

Department Name:	Division Name:
Public Works and Planning	Community Development

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

Prefix: Mrs. * First Name: Gigi
Middle Name:
* Last Name: Gibbs
Suffix:

Title: Division Manager

Organizational Affiliation:

* Telephone Number: (559) 600-4292 Fax Number: (559) 600-4573

* Email: ggibbs@co.fresno.ca.us

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2013

* Title:

Rural Housing Preservation Grants

13. Competition Identification Number:

Title:

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

SF 424-Areas Affected by Project.docx

Add Attachment | Delete Attachment | View Attachment

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

Owner-Occupant Housing Rehabilitation Project in rural unincorporated Fresno County.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-21
b. Program/Project: CA-21

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

SF 424-Congressional Districts.docx [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:

* a. Start Date: 10/01/2013
* b. End Date: 09/30/2014

18. Estimated Funding ($):

* a. Federal	50,000.00
* b. Applicant	50,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	100,000.00

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

[X] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/29/2013.

[ ] 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 [X] 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)**

[X] ** 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: Alan

Middle Name:

* Last Name: Weaver

Suffix:

* Title: Director, Public Works and Planning

* Telephone Number: (559) 600-4078 Fax Number: (559) 600-4548

* Email: aweaver@co.fresno.ca.us

* Signature of Authorized Representative: [signature] * Date Signed: 8/2/13

APPLICATION FOR FEDERAL ASSISTANCE (SF 424)	2. DATE SUBMITTED 10-08-2013	Applicant Identifier
1. TYPE OF SUBMISSION Non-Construction	3. DATE RECEIVED BY STATE 10-08-2013	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name Sonoma Valley County Sanitation District	Organizational Unit Sonoma Valley County Sanitation District
Address 404 Aviation Boulevard, Santa Rosa, CA 95403-3782	Name and telephone number of the person to be contacted on matters involving this application Grant Davis, 707-547-1900
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000539	6.a. DUNS NUMBER 079152412-0000
7. TYPE OF APPLICANT Special Governmental District	
8. TYPE OF APPLICATION Planning Application	9. NAME OF FEDERAL AGENCY Federal Emergency Management Agency
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Sonoma Valley County Sanitation District Local Hazard Mitigation Plan

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OCT 08 2013
STATE CLEARING HOUSE

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
SONOMA COUNTY

13. PROPOSED PROJECT Start Date: End Date :	14. CONGRESSIONAL DISTRICTS OF a. Applicant CA b. Project CA

15. ESTIMATED FUNDING

a. Federal	$ 75,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 25,000.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 100,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
YES. 30-SEP-2013

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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. Name of Authorized Representative Lynne Rosselli	b. Title	c. Telephone Number 7075243771
d. Signature of Authorized Representative Lynne Rosselli		e. Date Signed 10-08-2013

OMB Number: 4040-0004
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE: | State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED: | Applicant Identifier: SBC_000413728

5. APPLICANT INFORMATION — * Organizational DUNS:

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* Legal Name: AQCI Inc
Department: | Division:
* Street1: 2446 26th Street
Street2: #3
* City: Santa Monica | County / Parish:
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 90405-2618

Person to be contacted on matters involving this application
Prefix: | * First Name: Artem | Middle Name:
* Last Name: Lebedev | Suffix:
* Phone Number: 215-438-1977 | Fax Number:
Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 46-2341235

7. * TYPE OF APPLICANT: H: Small Business
Other (Specify):
Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:
☒ New ☐ Resubmission
☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration
☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: Office of Science

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049
TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Automated analytical techniques in quality control of radioactive drugs

12. PROPOSED PROJECT:
* Start Date: 03/01/2014 | * Ending Date: 10/31/2014

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: 33

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: | * First Name: Arkadij | Middle Name:
* Last Name: Elizarov | Suffix:
Position/Title:
* Organization Name: AQCI Inc
Department: | Division:
* Street1: 5933 Haynes St.
Street2:
* City: Woodland Hills | County / Parish:
* State: CA: California | Province:
* Country: USA: UNITED STATES | * ZIP / Postal Code: 91367-2218
* Phone Number: 310-888-0483 | Fax Number:
* Email: arkadij.elizarov@aqcinstruments.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	150 000,00
b. Total Non-Federal Funds	0,00
c. Total Federal & Non-Federal Funds	150 000,00
d. Estimated Program Income	0,00

16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. [X] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 10/08/2013

b. NO. [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

[X] * 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.*

18. SFLLL or other Explanatory Documentation

Add Attachment

19. Authorized Representative

Prefix: * First Name: Arkadiy Middle Name:

* Last Name: Eliseev Suffix:

* Position/Title: CFO

* Organization: AQUI Inc

Department: Division:

* Street1: 2046 20th Street

Street2: #3

* City: Santa Monica County / Parish:

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 90405-2716

* Phone Number: 310-988-0483 Fax Number:

* Email: arkadiy.eliseev@aquinstruments.com

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

1. TYPE OF SUBMISSION:
Application: ☑ Construction ☐ Non-Construction
Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Muller Mutual Water Co.
Organizational Unit:
Department:
Organizational DUNS: 054604816
Division:
Address:
Street: P.O. Box 716
Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Mr. First Name: Tony
City: Tuolumne
Middle Name: Duane
County: Tuolumne
Last Name: Krieg
State: CA Zip Code: 95379
Suffix:
Country: USA
Email: tony@tonykrieg.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2843336
Phone Number (give area code): 209-928-1925
Fax Number (give area code): 209-762-3715

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

7. TYPE OF APPLICANT: (See back of form for Application Types)
O (Not For Profit)
Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760
TITLE (Name of Program): Water/Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Modernization of Water System

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Muller Mutual Water Co. Subdivision

13. PROPOSED PROJECT
Start Date: 9/1/13 Ending Date: 12/14

14. CONGRESSIONAL DISTRICTS OF: 4th District (Tuolumne)
a. Applicant b. Project

15. ESTIMATED FUNDING: $225,000.00

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

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:
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: Mr. First Name: Tony Middle Name: Duane
Last Name: Krieg Suffix:
b. Title: President c. Telephone Number (give area code): 209-928-1925
d. Signature of Authorized Representative: [signature] e. Date Signed: 7/31/13

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