

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		Version 02	
* 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: 09/29/2014	4. Applicant Identifier: _____		RECEIVED OCT 01 2014 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: 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:	_____		
* City:	Temecula		
County:	_____		
* State:	CA: California		
Province:	_____		
* Country:	USA: UNITED STATES		
* Zip / Postal Code:	92590-3751		
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:	Deborah
Middle Name:	_____		
* Last Name:	Rogers		
Suffix:	_____		
Title:	Director of Conservation Science & Stewardshp		
Organizational Affiliation: _____			
* Telephone Number:	510-799-7701	Fax Number:	_____
* Email:	drogers@cnlm.org		

Processing, please don't close the window until you receive a confirmation.



Grant Application Package

Opportunity Title:	Central Valley Project Conservation Program and Central
Offering Agency:	Bureau of Reclamation
CFDA Number:	15.512
CFDA Description:	Central Valley Project Improvement Act, Title XXXIV
Opportunity Number:	R14AS00050
Competition ID:	
Opportunity Open Date:	05/30/2014
Opportunity Close Date:	09/30/2014
Agency Contact:	Teresa Brown Grants Management Specialist E-mail: tebrown@usbr.gov

I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Center of Natural Lands Management

Select Forms to Complete

Mandatory

Application for Federal Assistance (SF-424)	Complete
Budget Information for Non-Construction Programs (SF-424A)	Complete
Assurances for Non-Construction Programs (SF-424B)	Complete

Optional

- Budget Narrative Attachment Form
- Project Narrative Attachment Form

Instructions

[Show Instructions >>](#)

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

Application for Federal Assistance SF-424

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

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R14AS00050

* 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.):

Kern County, California

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

Acquiring perpetual and enforceable protection of high-value conservation lands of the San Joaquin Valley

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-49	* b. Program/Project
		CA-1
Attach an additional list of Program/Project Congressional Districts if needed.		
	Add Attachment	Delete Attachment
		View Attachment
17. Proposed Project:		
* a. Start Date:	10/01/2015	* b. End Date:
		10/01/2016
18. Estimated Funding (\$):		
* a. Federal		75,707.44
* b. Applicant		2,080.00
* c. State		0.00
* d. Local		0.00
* e. Other		0.00
* f. Program Income		0.00
* g. TOTAL		77,787.44
* 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	09/30/2014
<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	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)		
<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:	Mr.	* First Name:
		David
Middle Name:		
* Last Name:	Brunner	
Suffix:		
* Title:	Executive Director	
* Telephone Number:	415-527-7718	Fax Number:
* Email:	dbrunner@cnlm.org	
* Signature of Authorized Representative:	Joy Hochstein	* Date Signed:
		09/29/2014

OMB Number: 4040-0004
Expiration Date: 0/31/2016

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 date(s):

* Other (Specify):

*** 3. Date Received:**

4. Applicant Identifier:

0951-1598

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:**

Bay Area Air Quality Management District

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

84-1622746

*** c. Organizational DUNS:**

0787814160000

d. Address:

*** Street1:**

939 Ellis Street

Street2:

*** City:**

San Francisco

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94109-7734

v. Organizational Unit:

Department Name:

Division Name:

Strategic Incentives Division

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

Prefix:

*** First Name:**

Karen

Middle Name:

*** Last Name:**

Schkolnick

Suffix:

Title:

Air Quality Program Manager

Organizational Affiliation:

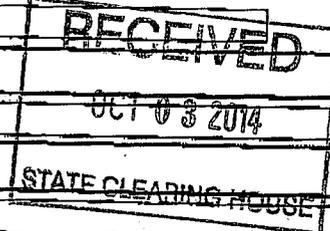
*** Telephone Number:**

415-749-5090

Fax Number:

*** Email:**

kschkolnick@baaqmd.gov



Application for Federal Assistance SF-424

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

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.086

CFDA Title:

Conservation Research and Development

* 12. Funding Opportunity Number:

DE-FOA-0000951

* Title:

Vehicle Technologies "Alternative Fuel Vehicle Deployment Initiatives"

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:

Plug-in Electric Vehicle Deployment at Car Rental Locations in California

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	212,500.00
* c. State	0.00
* d. Local	145,000.00
* e. Other	378,198.00
* f. Program Income	0.00
* g. TOTAL	1,234,198.00

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

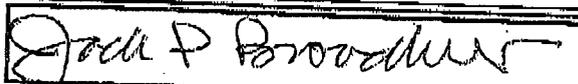
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

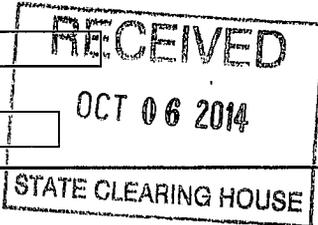
- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

10/06/2014

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: California Academy of Sciences

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

94-1156258

* c. Organizational DUNS:

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:

Ornithology and Mammalogy

Division Name:

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-2015-2004151

* Title:

John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2015

13. Competition Identification Number:

2489003

Title:

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

CAS_FY15_Areas_Affected_by_Project_FINAL.p

Add Attachment

Delete Attachment

View Attachment

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

Improving staff and volunteer qualifications in order to enhance response and data collection from dead stranded marine mammals in southern Mendocino and Sonoma counties, California.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="79,957.00"/>
* b. Applicant	<input type="text" value="37,366.00"/>
* 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="117,323.00"/>

*** 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: <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): []
--	--	--

RECEIVED
OCT 07 2014
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: Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 047120084
---	--

d. Address:

* Street1:	Office of Research - Sponsored Programs
Street2:	1950 Research Park Drive, Suite 300
* City:	Davis
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95618-6513

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: Joyce	
* 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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

* 12. Funding Opportunity Number:

BL4AS00050

* 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.):

Sacramento and Merced Counties

* 15. Descriptive Title of Applicant's Project:

Environmental DNA assays for listed vernal pool branchiopods and biodiversity assessment; Applications for range-wide surveys and conservation prioritization

Attach supporting documents as specified in agency instructions:

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-003

* b. Program/Project: CA-003

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2015

* b. End Date: 09/30/2018

18. Estimated Funding (\$):

* a. Federal	427,828.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	69,430.00
* f. Program Income	0.00
* g. TOTAL	497,258.00

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

a. This application was made available to the State under the Executive Order 12372 Process for review on:

09/29/2014

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

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

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

Yes

No

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: [Redacted] * 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: cddye@ucdavis.edu

* Signature of Authorized Representative:

Chris Dye-Hixenbaugh

Date Signed:

9/29/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

10/06/2014

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

OCT 09 2014

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):

94-1156258

* c. Organizational DUNS:

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:

Ornithology and Mammalogy

Division Name:

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

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="79,957.00"/>
* b. Applicant	<input type="text" value="37,366.00"/>
* 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="117,323.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <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: _____	4. Applicant Identifier: Bishop Paiute Tribe	
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: _____		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 9 5 1 9 0 5 0 6 4	* c. Organizational DUNS: 03771878500	RECEIVED OCT 09 2014 STATE CLEARING HOUSE
d. Address:		
* Street1: 50 Tu Su Lane		
Street2: _____		
* City: Bishop		
County: Inyo		
* State: California		
Province: _____		
* Country: United States		
* Zip / Postal Code: 93514		
e. Organizational Unit:		
Department Name: Environmental Management Office	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Linda	
Middle Name: _____		
* Last Name: Akyuz		
Suffix: _____		
Title: Grant Writer/Program Planner		
Organizational Affiliation: _____		
* Telephone Number: (310) 955-6029	Fax Number: _____	
* Email: linda.akyuz@bishoppaiute.org		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

K. Indian Tribe

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 7

CFDA Title:

Renewable Energy Research and Development (B)

*** 12. Funding Opportunity Number:**

DE-FOA-0001021

* Title:

DEPLOYMENT OF CLEAN ENERGY AND ENERGY EFFICIENCY PROJECTS ON INDIAN LANDS

13. Competition Identification Number:

Title:

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

Bishop Paiute Reservation

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

Bishop Paiute Tribe Residential Solar Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="218,557.00"/>
* b. Applicant	<input type="text" value="218,621.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="437,178.00"/>

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

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

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

- Yes
 - No
- If "Yes", provide explanation and attach.

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

**** I AGREE**

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

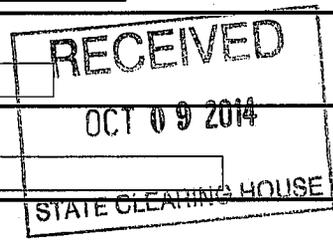
* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

Bishop Paiute Tribe



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:

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

* c. Organizational DUNS:

d. Address:

* Street1:

50 Tu Su Lane

Street2:

* City:

Bishop

County:

Inyo

* State:

California

Province:

* Country:

United States

* Zip / Postal Code:

93514

e. Organizational Unit:

Department Name:

Environmental Management Office

Division Name:

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

Prefix:

Ms.

* First Name:

Linda

Middle Name:

* Last Name:

Akyuz

Suffix:

Title:

Grant Writer/Program Planner

Organizational Affiliation:

* Telephone Number:

(310) 955-6029

Fax Number:

* Email:

linda.akyuz@bishoppaiute.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

K. Indian Tribe

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 7

CFDA Title:

Renewable Energy Research and Development (B)

*** 12. Funding Opportunity Number:**

DE-FOA-0001021

* Title:

DEPLOYMENT OF CLEAN ENERGY AND ENERGY EFFICIENCY PROJECTS ON INDIAN LANDS

13. Competition Identification Number:

Title:

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

Bishop Paiute Reservation

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

Bishop Paiute Tribe Residential Solar Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="218,557.00"/>
* b. Applicant	<input type="text" value="218,621.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="437,178.00"/>

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

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

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

- Yes
 - No
- If "Yes", provide explanation and attach.

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

**** I AGREE**

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Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify):

[Empty box]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

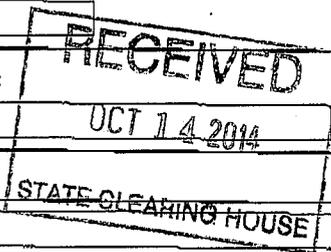
[Empty box]

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]



State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

8. APPLICANT INFORMATION:

* a. Legal Name:

Yurok Indian Housing Authority

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

680397266

* c. Organizational DUNS:

0381270690000

d. Address:

* Street1:

15540 U.S. Highway 101 North

Street2:

[Empty box]

* City:

Klamath

County/Parish:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95548-9351

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

Ms.

* First Name:

Judith

Middle Name:

[Empty box]

* Last Name:

Marasco

Suffix:

[Empty box]

Title:

Executive Director

Organizational Affiliation:

Yurok Indian Housing Authority

* Telephone Number:

707-482-1506 ext. 1002

Fax Number:

707-482-3117

* Email:

jmarasco@yurokhousing.com

Application for Federal Assistance SF-424

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

K: Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

L: Public/Indian Housing Authority

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.446

CFDA Title:

Rural Community Development Initiative

*** 12. Funding Opportunity Number:**

USDA-RD-HCFE-RCDI-2014

* Title:

Rural Community Development Initiative

13. Competition identification Number:

Title:

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

YIHA_Service_Area_Map.pdf



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

Yurok Indian Housing Rural Community Development Assistance

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-002

* b. Program/Project CA-002

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

[Redacted]

17. Proposed Project:

* a. Start Date: 09/01/2015

* b. End Date: 09/01/2018

18. Estimated Funding (\$):

* a. Federal	250,000.00
* b. Applicant	250,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* 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 10/14/2014

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

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

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

Yes No

If "Yes", provide explanation and attach

[Redacted]

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: Judith

Middle Name:

* Last Name: Marasco

Suffix:

* Title: Executive Director

* Telephone Number: 707-482-1506 ext. 1002 Fax Number: 707-482-3117

* Email: jmarasco@yurokhousing.com

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