Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1 - 15, 2015.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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

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.	CA-20150921-102

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

State Use Only:

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

8. APPLICANT INFORMATION:

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* a. Legal Name: Center for Natural Lands Management

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
68-0233573	0270265460000

d. Address:

* Street1:	27258 Via Industria Ste B
Street2:	
* City:	Temecula
County/Parish:	
* 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:	L		
* Last Name:	Rogers		
Suffix:			

Title: Director of Conservation Science & Stewardshp

Organizational Affiliation:

* Telephone Number:	510-799-7701	Fax Number:	

* Email: drogers@cnlm.org

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.564

CFDA Title:

Central Valley Project Conservation Program

*** 12. Funding Opportunity Number:**

R15AS00048

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act

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:**

Perpetual and enforceable protection of high-value conservation lands of the San Joaquin Valley floor

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-42
* 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: 10/01/2016
* b. End Date: 04/30/2018

18. Estimated Funding ($):

* a. Federal	1,000,000.00
* b. Applicant	2,365.00
* c. State	518,642.00
* d. Local	153,500.00
* e. Other	518,642.00
* f. Program Income	0.00
* g. TOTAL	2,193,149.00

*** 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 09/29/2015.
- [ ] 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 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: Ms.
* First Name: Isabella
Middle Name:
* Last Name: Gelmi
Suffix:

* Title: Director of Administration / Corp. Secretary

* Telephone Number: 760-731-7793
Fax Number: 760-731-7793

* Email: igelmi@cnlm.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: 9/29/2015 Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

*** 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: not applicable

5a. Federal Entity Identifier: not applicable

5b. Federal Award Identifier: not applicable

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Self-Help Home Improvement Project

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95 2990678

* c. Organizational DUNS: 088852603

d. Address:

* Street1: 3777 Meadowview Drive #100

Street2:

* City: Redding

County/Parish: Shasta

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 96002

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e. Organizational Unit:

Department Name: SHHIP

Division Name: Rehab

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

Prefix:

* First Name: Keith

Middle Name:

* Last Name: Griffith

Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: 530-378-6904

Fax Number: 530-378-6910

* Email: kgrif@shhip.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:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420

CFDA Title:

Rural Self-Help Housing Technical Assistance (rehab) Section 523

*** 12. Funding Opportunity Number:**

10-420

* Title:

Rural Self-Help Housing Technical Assistance (rehab) Section 523

13. Competition Identification Number:

not applicable

Title:

not applicable

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

Add Attachment | Delete Attachment | View Attachment

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

Rehabilitation of 32 low-income owner occupied homes in Shasta and Tehama counties, California. USDA Rural Development Self-Help Technical Assistance grant (sect.523) Self-Help Housing Rehabilitation.

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: 2nd-CA
* b. Program/Project: 2nd-CA

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 4/1/2016
* b. End Date: 4/1/18

18. Estimated Funding ($):

* a. Federal	$330,000
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$330,000

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

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/6/15.
- [ ] 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: Keith
Middle Name:
* Last Name: Griffith
Suffix:

* Title: Executive Director

* Telephone Number: 530-378-6904
Fax Number: 530-378-6910

* Email: kgrif@shhip.org

* Signature of Authorized Representative: Keith Griffith
* Date Signed: 10/5/2015

SELF-HELP HOME IMPROVEMENT PROJECT

SHHIP

Established in 1973

A Private Non-Profit Corporation

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October 5, 2015

State of Clearinghouse
Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, CA 95812-3044

In accordance with Executive Order 12372, we are submitting the cover sheet for our Federal Assistance Application. This application is for continuation of an ongoing program. SHHIP proposes the rehabilitation of 32 units through the Rural Self-Help Technical Assistance Program funded under Section 523 of the Housing Act of 1949.

Thank you for your expedient process of the application. If you need additional information p-lease contact me at (530) 378-6904 or kgrif@shhip.org.

Sincerely,

Keith Griffith
Executive Director

Enclosure

3777 MEADOWVIEW, #100 REDDING, CA 96002 (530) 378-6900 FAX (530) 378-6910

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

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:

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: Vollmar Natural Lands Consulting, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
46-4183732	091287370

d. Address:

* Street1:	1720 Solano Avenue
Street2:	
* City:	Berkeley
County/Parish:	Alameda
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	94707

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e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Mr.	* First Name:	John
Middle Name:			
* Last Name:	Vollmar		
Suffix:			

Title: President/ Senior Ecologist

Organizational Affiliation:

* Telephone Number:	510-559-9603	Fax Number:	510-559-9605

* Email: jvollmar@vollmarconsulting.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Bureau of Reclamation, Mid-Pacific Regional Office

11. Catalog of Federal Domestic Assistance Number:

15.512, 15.648, 15.564

CFDA Title:

U.S Bureau of Reclamation, U.S. Fish and Wildlife Service

*** 12. Funding Opportunity Number:**

R15AS00048

* 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.):

Add Attachment | Delete Attachment | View Attachment

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

Semitropic Water Storage District Pond Road Property Alkali Sink Scrub Habitat Restoration Project

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: 13
* b. Program/Project: 21

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 05/02/2016
* b. End Date: 12/02/2020

18. Estimated Funding ($):

* a. Federal	346,450.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	346,450.00

*** 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 06/01/2015.

☐ 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 in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr.
* First Name: John
Middle Name:
* Last Name: Vollmar
Suffix:

* Title: President/ Senior Ecologist

* Telephone Number: 510-559-9603
Fax Number: 510-559-9605

* Email: jvollmar@vollmarconsulting.com

* Signature of Authorized Representative: [signature]
* Date Signed: 09/29/2015

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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

c. Previous Grants.gov Tracking ID

2. DATE SUBMITTED: 10/06/2015

Applicant Identifier: Ceres Imaging, Inc.

5. APPLICANT INFORMATION

Organizational DUNS: 079404572

Legal Name: Ceres Imaging, Inc.

Department:

Division:

Street1: 1155 Indiana Street

Street2:

City: San Francisco

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 94107-3405

Person to be contacted on matters involving this application

Prefix:

First Name: Ashwin

Middle Name:

Last Name: Madgavkar

Suffix:

Position/Title:

Street1: 1155 Indiana Street

Street2:

City: San Francisco

County / Parish:

State: CA: California

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 94107-3405

Phone Number: 5126570640

Fax Number:

Email: ashwin@ceresimaging.net

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6. EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 46-3727171

7. TYPE OF APPLICANT: R: 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: National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212

TITLE: Small Business Innovation Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Remote Sensing of Optimal Water and Nutrient Management for Crop Production

12. PROPOSED PROJECT:

Start Date: 06/01/2016

Ending Date: 01/31/2017

13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-012

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: | First Name: Ashwin | Middle Name:

Last Name: Madgavkar | Suffix:

Position/Title: CEO

Organization Name: Ceres Imaging, Inc.

Department: | Division:

Street1: 1155 Indiana Street

Street2:

City: San Francisco | County / Parish:

State: CA: California | Province:

Country: USA: UNITED STATES | ZIP / Postal Code: 94107-3405

Phone Number: 5126570640 | Fax Number:

Email: ashwin@ceresimaging.net

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	100,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	100,000.00
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: 10/06/2015

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 (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: | First Name: James | Middle Name:

Last Name: McBride | Suffix:

Position/Title: Scientist

Organization: Ceres Imaging, Inc.

Department: | Division:

Street1: 1155 Indiana Street

Street2:

City: San Francisco | County / Parish:

State: CA: California | Province:

Country: USA: UNITED STATES | ZIP / Postal Code: 94107-3405

Phone Number: 7075404789 | Fax Number:

Email: james.d.g.mcbride@gmail.com

Signature of Authorized Representative	Date Signed
James McBride	10/06/2015

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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:
c. Previous Grants.gov Tracking ID:

2. DATE SUBMITTED: 10/08/2015
Applicant Identifier:

5. APPLICANT INFORMATION

Organizational DUNS: 832779594

Legal Name: OndaVia, Inc.
Department:
Division:
Street1: 26102 Eden Landing Rd. #1
Street2:
City: Hayward
County / Parish:
State: CA: California
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 94545-3715

Person to be contacted on matters involving this application

Prefix: Dr.
First Name: Samuel
Middle Name: Louis
Last Name: Kleinman
Suffix:
Position/Title: Research Scientist
Street1: 26102 Eden Landing Rd. #1
Street2:
City: Hayward
County / Parish:
State: CA: California
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 94545-3715
Phone Number: 510-576-0476
Fax Number:
Email: sam@ondavia.com

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 27-0656989

7. TYPE OF APPLICANT: R: 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: National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212
TITLE: Small Business Innovation Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Rapid trace-level detection of aflatoxins

12. PROPOSED PROJECT:
Start Date: 06/01/2016
Ending Date: 02/28/2017

13. CONGRESSIONAL DISTRICT OF APPLICANT: CA-015

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. First Name: Samuel Middle Name: Louis
Last Name: Kleinman Suffix:
Position/Title: Scientist
Organization Name: OndaVia, Inc.
Department: Division:
Street1: 26102 Eden Landing Rd. #1
Street2:
City: Hayward County / Parish:
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 94545-3715
Phone Number: 510-576-0476 Fax Number:
Email: sam@ondavia.com

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	100,000.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	100,000.00
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: 10/07/2015

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 (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Dr. First Name: Mark Middle Name: C
Last Name: Peterman Suffix:
Position/Title: CEO
Organization: OndaVia, Inc.
Department: Division:
Street1: 26102 Eden Landing Rd, #1
Street2:
City: Hayward County / Parish:
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 94545-3715
Phone Number: 5105760476 Fax Number:
Email: peterman@ondavia.com

Signature of Authorized Representative: Completed on submission to Grants.gov

Date Signed: Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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

c. Previous Grants.gov Tracking ID

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STATE CLEARING HOUSE

2. DATE SUBMITTED: 10/07/2015

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS: 079985522

Legal Name: Blue Forest Conservation

Department:

Division:

Street1: 202 Ripley St

Street2:

City: San Francisco

County / Parish: San Francisco

State: CA: California

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 94110-5229

Person to be contacted on matters involving this application

Prefix: Mr.

First Name: Nicholas

Middle Name: James

Last Name: Wobbrock

Suffix:

Position/Title: Co-owner

Street1: 202 Ripley St

Street2:

City: San Francisco

County / Parish: San Francisco

State: CA: California

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 94110-5229

Phone Number: 503-705-7720

Fax Number:

Email: nick@blueforestconservation.com

6. EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 475104164

7. TYPE OF APPLICANT: R: 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: National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212

TITLE: Small Business Innovation Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

A hydrologic model comparison with varying field based and remote sensing parameters to determine the best combination to measure water yield increase from forest restoration and thinning projects.

12. PROPOSED PROJECT:

Start Date: 06/01/2016

Ending Date: 01/31/2017

13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-012

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. First Name: Nicholas Middle Name: James
Last Name: Wobbrock Suffix:
Position/Title:
Organization Name: Blue Forest Conservation
Department: Division:
Street1: 202 Ripley St
Street2:
City: San Francisco County / Parish: San Francisco
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 94110-5229
Phone Number: 503-705-7720 Fax Number:
Email: nick@blueforestconservation.com

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	99,774.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	99,774.00
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: 10/08/2015

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 (Disclosure of Lobbying Activities) or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Mr. First Name: Nicholas Middle Name: James
Last Name: Wobbrock Suffix:
Position/Title: Co-owner
Organization: Blue Forest Conservation
Department: Division:
Street1: 202 Ripley St
Street2:
City: San Francisco County / Parish: San Francisco
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 94110-5229
Phone Number: 503-705-7720 Fax Number:
Email: nick@blueforestconservation.com

Signature of Authorized Representative	Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Cover Letter Attachment SBIRCoverLetter.pdf Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 6/30/2016

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

c. Previous Grants.gov Tracking ID

RECEIVED
OCT 08 2015
STATE CLEARING HOUSE

2. DATE SUBMITTED: 10/07/2015

Applicant Identifier

5. APPLICANT INFORMATION

Organizational DUNS: 009640915

Legal Name: Advanced Viticulture, Inc.

Department:

Division:

Street1: 930 Shiloh Rd

Street2: Building 40, Suite D

City: Windsor

County / Parish: Sonoma

State: CA: California

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 95492-9741

Person to be contacted on matters involving this application

Prefix: Mr.

First Name: Mark

Middle Name: David

Last Name: Greenspan

Suffix: Ph.D

Position/Title: President

Street1: 930 Shiloh Rd

Street2: Building 40, Suite D

City: Windsor

County / Parish: Sonoma

State: CA: California

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 95492-9741

Phone Number: (707) 838-3805

Fax Number: (707) 780-6356

Email: mark@advancedvit.com

6. EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 27-4787900

7. TYPE OF APPLICANT: R: 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: National Institute of Food and Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212

TITLE: Small Business Innovation Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Analysis of the 'Microbial Terroir' and the health of the soil environment of vineyards.

12. PROPOSED PROJECT:

Start Date: 06/16/2016

Ending Date: 12/23/2016

13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-005

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Mr. First Name: Mark Middle Name: David
Last Name: Greenspan Suffix: Ph.D
Position/Title: President
Organization Name: Advanced Viticulture, Inc.
Department: Division:
Street1: 930 Shiloh Rd
Street2: Building 40, Suite D
City: Windsor County / Parish: Sonoma
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 95492-9741
Phone Number: (707)838-3805 Fax Number: (707)780-6356
Email: mark@advancedvit.com

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	84,513.00
b. Total Non-Federal Funds	0.00
c. Total Federal & Non-Federal Funds	84,513.00
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: 10/07/2015

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[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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[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 (Disclosure of Lobbying Activities) or other Explanatory Documentation

SFLLL-V1.1_092815.pdf [Add Attachment] [Delete Attachment] [View Attachment]

19. Authorized Representative

Prefix: Mr. First Name: Mark Middle Name: David
Last Name: Greenspan Suffix: Ph.D
Position/Title: President
Organization: Advanced Viticulture, Inc.
Department: Division:
Street1: 930 Shiloh Rd
Street2: Building 40, Suite D
City: Windsor County / Parish: Sonoma
State: CA: California Province:
Country: USA: UNITED STATES ZIP / Postal Code: 95492-9741
Phone Number: (707)838-3805 Fax Number: (707)780-6356
Email: mark@advancedvit.com

Signature of Authorized Representative	Date Signed
John Jaeger	10/07/2015

20. Pre-application [Add Attachment] [Delete Attachment] [View Attachment]

21. Cover Letter Attachment [Add Attachment] [Delete Attachment] [View Attachment]

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

Application for Federal Assistance SF-424

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

RECEIVED
OCT 12 2015
STATE CLEARING HOUSE

* 3. Date Received:	4. Applicant Identifier:
10/08/2015	CA Dept. of Food & Agriculture

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	15-8506-1164-CA

State Use Only:

6. Date Received by State:	7. State Application Identifier:
10/08/2015	14-0435-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

d. Address:

* Street1: 3294 Meadowview Road
Street2:
* City: Sacramento
County/Parish:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95832-1437

e. Organizational Unit:

Department Name:	Division Name:
Food and Agriculture	Plant Health & Pest Prevention

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

Prefix: Dr. * First Name: Patrick
Middle Name:
* Last Name: Akers
Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-262-1102 Fax Number: 916-262-2020

* Email: patrick.akers@cdfa.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA-APHIS-PPQ

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant & Animal Disease, Pest Control and Animal Care

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

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:**

Light Brown Apple Moth

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA;3rd
* b. Program/Project: CA;all

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: 03/31/2016

18. Estimated Funding ($):

* a. Federal	989,323.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	989,323.00

*** 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 10/13/2015.

☐ 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 in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix:

* First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Office of Grants Administration

* Telephone Number: 916-403-6533

Fax Number:

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

* Signature of Authorized Representative:

* Date Signed: 10/9/15