

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1 - 15, 2016**. 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

* 1 Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2 Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3 Date Received: <input type="text"/>	4. Applicant Identifier CDFW
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State <input type="text"/>	7. State Application Identifier: 61698096
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B. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 44-1297567	* c. Organizational DUNS: 8083223560000
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Governor's Office of Planning & Research

OCT 03 2016

d. Address:

* Street1: 1416 9th Street	STATE CLEARINGHOUSE
Street2: 1st Floor, Room 117	
* City: Sacramento	
County/Parish: <input type="text"/>	
* State: CA: California	
Province: <input type="text"/>	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 95814-5500	

e. Organizational Unit:

Department Name: CDFW	Division Name: Federal Assistance Section
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: Patricia
Middle Name: <input type="text"/>	
* Last Name: Jackson	
Suffix: <input type="text"/>	
Title: Section 6 Grant Analyst	
Organizational Affiliation: CDFW Federal Assistance Section	
* Telephone Number: 916-445-9613	Fax Number: <input type="text"/>
* Email: patricia.jackson@wildlife.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:**

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

FICAS00074

* Title

Traditional Endangered Species Section 6

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:**

Three Critically Important Conservation Actions to Recover Sierra Nevada Yellow-legged Frogs (*Rana sierrae*) in the Northern Sierra Nevada

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="263,064.00"/>
* b. Applicant	<input type="text" value="65,795.00"/>
* c. State	<input type="text" value="21,893.00"/>
* 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="350,752.00"/>

*** 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 (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
10/06/2016

c. Previous Grants.gov Tracking ID
GRANT12012836

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: Partner
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

Governor's Office of Planning & Research
OCT 04 2016
STATE CLEARINGHOUSE

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 comparison of remote sensing approaches to previous hydrologic model results to determine the potential to estimate changes in water yield from forest restoration and thinning projects.

12. PROPOSED PROJECT:
Start Date: 06/01/2017
Ending Date: 01/31/2018

13. CONGRESSIONAL DISTRICT OF APPLICANT
CA-012

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

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. 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)

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

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

CDFW

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1698097

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California ~~Governor's Office of Planning & Research~~

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

94-1697567

* c. Organizational DUNS:

8083223580000

OCT 07 2016

d. Address:

STATE CLEARINGHOUSE

* Street1:

1416 9th Street

Street2:

1st Floor, Room 117

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95814-5500

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Federal Assistance Section

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

Prefix:

* First Name:

Patricia

Middle Name:

* Last Name:

Jackson

Suffix:

Title:

Section 6 Grant Analyst

Organizational Affiliation:

CDFW, Federal Assistance Section

* Telephone Number:

916-445-9613

Fax Number:

* Email:

patricia.jackson@wildlife.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:**

U.S. Department of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Species Conservation - Section 6

*** 12. Funding Opportunity Number:**

F16AS00074

* Title:

Traditional Endangered Species Section 6

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:**

Traditional Section 6 (FY 2016)
Conservation and management of gray wolf (*Canis lupus*) 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	<input type="text" value="419,922.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="139,974.00"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="559,896.00"/>

*** 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 - MANDATORY

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

7. APPLICANT INFORMATION:

a. Legal Name: Sacramento Regional Transit District		
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1338218	c. Organizational DUNS: 0489471390000	
d. Address:		
Street1: 1400 29th Street PO Box 2100	Street2: Governor's Office of Planning & Research OCT 14 2016	
City: Sacramento	County / Parish: STATE CLEARINGHOUSE Sacramento	
State: CA: California	Province: <input type="text"/>	
Country: USA: UNITED STATES	Zip / Postal Code: 95812-2110	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text"/>	First Name: Maureen	Middle Name: <input type="text"/>
Last Name: Ring	Suffix: <input type="text"/>	
Title: Grants Manager		
Organizational Affiliation: <input type="text"/>		
Telephone Number: 916-321-2959	Fax Number: 916-444-3135	
Email: mring@sacrt.com		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

8a. TYPE OF APPLICANT:

D: Special District Government

Other (specify):

b. Additional Description:

9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Enhanced Employee Protection Warning System including Roadway Worker Protection

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-006

b. Program/Project:

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

SF-424 Attachment - Project [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

14. FUNDING PERIOD:

a. Start Date:

04/01/2017

b. End Date:

04/01/2020

15. ESTIMATED FUNDING:

a. Federal (\$):

870,000.00

b. Match (\$):

233,400.00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- a. This submission was made available to the State under the Executive Order 12372 Process for review on: 10/14/2016
- b. Program is subject to E.O. 12372 but has not been selected by State for review.
- c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes No

[Explanation](#)

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

** I Agree

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

Authorized Representative:

Prefix:

First Name:

Maureen

Middle Name:

Last Name:

Ring

Suffix:

Title:

Grants Manager

Organizational Affiliation:

Telephone Number:

916-321-2959

Fax Number:

916-444-3135

Email:

mring@sacrt.com

Signature of Authorized Representative:

Completed by Grants.gov upon submission.

Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)