Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2007.** 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.

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application X Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
08SR081509

4. DATE RECEIVED BY FEDERAL AGENCY:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Volunteer Center Santa Cruz

DUNS NUMBER: 165444084

ADDRESS (give street address, city, state, zip code and county):
1010 Emeline Ave #C
Santa Cruz CA 95060 - 1910
County: Santa Cruz

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes).
NAME: Debbi Brooks
TELEPHONE NUMBER: (831) 427-5070
FAX NUMBER: (831) 423-6267
INTERNET E-MAIL ADDRESS: rsvpvol@scvolunteercenter.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941702678

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

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8. TYPE OF APPLICATION (Check appropriate box).
NEW | X NEW/PREVIOUS GRANTEE
CONTINUATION | AMENDMENT
If Amendment, enter appropriate letter(s) in box(es):
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*.

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Monterey Bay RSVP
11.b. CNCS PROGRAM INITIATIVE (IF ANY).

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Monterey, Santa Cruz, and San Benito Counties

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

14. CONGRESSIONAL DISTRICT OF: a. Applicant CA 17 b. Program CA 17

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 81,776.00
b. APPLICANT	$ 71,384.00
c. STATE	$ 5,656.00
d. LOCAL	$ 65,728.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 153,160.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 15-OCT-07
NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
YES if "Yes," attach an explanation. X NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Lois Connell

b. TITLE:
Project Director

c. TELEPHONE NUMBER:
(831) 427-5070

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:
Lois Connell

e. DATE SIGNED:
10-15-07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

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

1. TYPE OF SUBMISSION:

Application	Pre-application
[X] Construction	[ ] Construction
[ ] Non-Construction	[ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: CITY OF WOODLAKE

Organizational DUNS: 965822448

Address:
Street: 350 N. VALENCIA BLVD.
City: WOODLAKE
County: TULARE
State: CA
Zip Code: 93286
Country:

Organizational Unit:
Department:
Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:
First Name: BILL
Middle Name
Last Name: LEWIS
Suffix:
Email: blewis@ci.woodlake.ca.us
Phone Number (give area code): 559-564-8055
Fax Number (give area code): 559-564-8776

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000458

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

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.766
TITLE (Name of Program): COMMUNITY FACILITIES

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
WATER TANK REPLACEMENT PROJECT / DISINFECTION SYSTEM INSTALLATION

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
CITY OF WOODLAKE

13. PROPOSED PROJECT
Start Date: 1-1-08
Ending Date: 6-30-09

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 21 - NUNES
b. Project: 21 - NUNES

15. ESTIMATED FUNDING:

a. Federal	$ 1,800,000.00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 2,000,000.00

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] Yes If "Yes" attach an explanation. [X] No

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

a. Authorized Representative
Prefix
First Name: WILLIAM
Middle Name
Last Name: LEWIS
Suffix
b. Title: CITY ADMINISTRATOR
c. Telephone Number (give area code): 559-564-8055
d. Signature of Authorized Representative
e. Date Signed: 8/1/07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application ☑ Construction ☐ Non-Construction / Pre-application ☑ Construction ☐ Non-Construction		**2. DATE SUBMITTED** October 7, 2007	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Sierra City Fire Protection District		**Organizational Unit:** Department: Fire Department	
Organizational DUNS:		Division: Sierra City	
Address: Street: 229 Main Street		**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Mr.	First Name: Gale
City: Sierra City		Middle Name Ross	
County: Sierra		Last Name Gordon	
State: California	Zip Code 96125	Suffix: MAILING ADDRESS: P.O. Box 332, Sierra City, CA 96125	
Country: USA		Email: rpgordon@cwo.com	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 68-0444445		Phone Number (give area code) (530) 862-0311	Fax Number (give area code)
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)		**7. TYPE OF APPLICANT:** (See back of form for Application Types) N - Fire District Other (specify)	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE (Name of Program): Community Facilities Grant		**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Install bathrooms, septic tank, leach lines and electric to Sand Shed Fire House.	
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):* Sierra City, Sierra County, California			
13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date: 8/07	Ending Date: 8/08	a. Applicant Doolittle	b. Project Doolittle

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 30,000.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 25,000.00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 55,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative		
Prefix Mr.	First Name Malcolm	Middle Name R.
Last Name Cooper		Suffix
b. Title Chair - Sierra City Fire Protection District		c. Telephone Number (give area code) (530) 862-1533
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED October 19, 2007		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:

Application: ☑ Construction ☐ Non-Construction

Pre-application: ☑ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Maxwell Public Utilities District

Organizational DUNS: N/A

Address:

Street: 54 N. San Francisco Street

City: Maxwell

County: Colusa County

State: California

Zip Code: 95955

Country: United States of America

Organizational Unit:

Department: N/A

Division: N/A

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Mrs. First Name: Carmen

Middle Name: N/A

Last Name: Mason

Suffix: N/A

Email: maxpud@frontiernet.net

Phone Number (give area code): (530) 438-2505

Fax Number (give area code): (530) 438-2902

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6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-6000890

7. TYPE OF APPLICANT: (See back of form for Application Types)

C. Municipal

Other (specify)

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Utilities services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760

TITLE (Name of Program):
Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Maxwell Public Utilities District Treated Effluent Reuse Project

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

Maxwell, CA

13. PROPOSED PROJECT

Start Date: Present

Ending Date: May 18, 2010

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA District 02

b. Project: CA District 02

15. ESTIMATED FUNDING:

a. Federal	$ 6,777,581 00
b. Applicant	$ 576,000 00
c. State	$ 1,800,000 00
d. Local	$ 0 00
e. Other	$ 0 00
f. Program Income	$ 0 00
g. TOTAL	$ 9,153,581 00

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

a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☑ No

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

a. Authorized Representative

Prefix: Mrs. First Name: Carmen Middle Name: N/A

Last Name: Mason Suffix: N/A

b. Title: Maxwell Public Utilities District General Manager

c. Telephone Number (give area code): (530) 438-2505

d. Signature of Authorized Representative: Carmen Mason

e. Date Signed: October 19, 2007

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

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STATE CLEARING HOUSE

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
10/16/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
08SF081869

4. DATE RECEIVED BY FEDERAL AGENCY:
10/16/07

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: North Coast Opportunities Inc

DUNS NUMBER: 089187264

ADDRESS (give street address, city, state, zip code and county):
413 North State St
Ukiah CA 95482 - 4421
County: Mendocino

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Eileen A. Bostwick
TELEPHONE NUMBER: 707 462-2596 x 106
FAX NUMBER: 707 462-0191
INTERNET E-MAIL ADDRESS: ebostwick@ncoinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941671958

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program

8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [X] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below):*

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011
10b. TITLE: Foster Grandparent Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Ukiah FGP
11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Del Norte, Humboldt, Mendocino, Lake and Sonoma Counties in Northern California

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 01/01/10

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 01 b.Program CA 01

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 394,140.00
b. APPLICANT	$ 98,241.00
c. STATE	$ 0.00
d. LOCAL	$ 6,578.00
e. OTHER	$ 91,663.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 492,381.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 19-OCT-07
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
Morgaine Colston	Executive Director	(707) 467-3200 236

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:
	10/16/07

PART I - FACE SHEET

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):
10/16/07

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:
08SR082273

4. DATE RECEIVED BY FEDERAL AGENCY:
10/16/07

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: North Coast Opportunities Inc

DUNS NUMBER: 089187264

ADDRESS (give street address, city, state, zip code and county):
413 North State St
Ukiah CA 95482 - 4421
County: Mendocino

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):
NAME: Tami M. Bartolomei
TELEPHONE NUMBER: (707) 462-2596 110
FAX NUMBER: (707) 462-0191
INTERNET E-MAIL ADDRESS: tbartolomei@ncoinc.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941671958

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community Action Agency/Community Action Program

8. TYPE OF APPLICATION (Check appropriate box).
[ ] NEW [X] NEW/PREVIOUS GRANTEE
[ ] CONTINUATION [ ] AMENDMENT
If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]
A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below)*:

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002
10b. TITLE: Retired and Senior Volunteer Program

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Lake & Mendocino Counties RSVP

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Includes all cities and towns located in Lake and Mendocino Counties, California

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 01 b.Program CA 01

15. ESTIMATED FUNDING: Year #: 1

a. FEDERAL	$ 81,870.00
b. APPLICANT	$ 88,551.00
c. STATE	$ 43,700.00
d. LOCAL	$ 10,000.00
e. OTHER	$ 34,851.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 170,421.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[X] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: 19-OCT-07
[ ] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[ ] YES if "Yes," attach an explanation. [X] NO

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

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:
Morgaine Colston

b. TITLE:
Executive Director

c. TELEPHONE NUMBER:
(707) 467-3200 236

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:
10/16/07

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

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

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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: Indian Valley Community Services District

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2690091

*c. Organizational DUNS:

d. Address:

*Street 1: 430 Main Stl
Street 2: P.O. Box 899
*City: Greenville
County: Plumas
*State: CA
Province:
*Country: USA
*Zip / Postal Code 95947

e. Organizational Unit:

Department Name: Special District

Division Name:

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

Prefix: Ms
*First Name: Leanna
Middle Name:
*Last Name: Moore
Suffix:

Title: District Manager

Organizational Affiliation: Indian Valley Community Services District

*Telephone Number: 530-284-7224
Fax Number: 530-284-0894

*Email: leanna moore @ frontier net . net

Application for Federal Assistance SF-424 Version 02

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

D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-760

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Community of Greenville

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

Greenville Water System Upgrades. (Greenville water system is in violation of theCalifornis Surface Water Treatment Rule and has experienced failures under the Total Coliform Rule. The water treatment plant requires upgrades in order to comply with the SWTR.)

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: John Doolittle *b. Program/Project: John Doolittle

17. Proposed Project:

*a. Start Date: April, 2008 *b. End Date: October, 2008

18. Estimated Funding ($):

*a. Federal	~~301,400~~	494,200
*b. Applicant		
*c. State	1,000,000	
*d. Local		
*e. Other		
*f. Program Income		
*g. TOTAL	~~1,301,400~~	1,494,200

***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 August 14, 2007

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

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

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

☐ Yes ☒ No

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms *First Name: Leanna

Middle Name:

*Last Name: Moore

Suffix:

*Title: District Manager

*Telephone Number: 530-284-7224 Fax Number: 530-284-0894

* Email: leannamoore@frontiernet.net

*Signature of Authorized Representative: Leanna Moore *Date Signed: 9/25/07

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

Application for Federal Assistance SF-424

Version 02

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

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

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

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STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: The University Corporation, CSU, Northridge

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-1892732	055752331

d. Address:

* Street1:	18111 Nordhoff Street
Street2:	
* City:	Northridge
County:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91330-8232

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:	Peter
Middle Name:			
* Last Name:	Edmunds		
Suffix:			

Title: Professor

Organizational Affiliation:
California State University, Northridge

* Telephone Number:	818-677-2502	Fax Number:	818-677-2034

* Email: peter.edmunds@csun.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001019

* Title:

General Coral Reef Conservation

13. Competition Identification Number:

2075859

Title:

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

Los Angeles

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

Long-term coral community dynamics in St. John, US Virgin Islands

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: 27 * b. Program/Project: 27

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008 * b. End Date: 12/31/2009

18. Estimated Funding ($):

* a. Federal	45,205.00
* b. Applicant	45,205.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	90,410.00

*** 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 10/23/2007.

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

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

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

☐ Yes ☑ No Explanation

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

☑ **** I AGREE**

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

Authorized Representative:

Prefix: Mr. * First Name: Scott

Middle Name:

* Last Name: Perez

Suffix:

* Title: Director, Research and Sponsored Projects

* Telephone Number: 818-677-2901 Fax Number: 818-677-4691

* Email: scott.perez@csun.edu

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

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

Application for Federal Assistance SF-424

Version 02

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

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

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

*** Other (Specify)**

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

4. Applicant Identifier:

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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:** The 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: 1850 Research Park Drive, Suite 300
*** City:** Davis
County: Yolo
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95616

e. Organizational Unit:

Department Name: School of Veterinary Medicine

Division Name: Wildlife Health Center

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

Prefix: Dr.
*** First Name:** Kirsten
Middle Name:
*** Last Name:** Gilardi
Suffix:

Title: Derelict Recreational Fishing Gear Recovery

Organizational Affiliation:
Wildlife Health Center on behalf of the SeaDoc Society

*** Telephone Number:** 530-752-4896
Fax Number: 530-752-3318

*** Email:** kvgilardi@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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001026

* Title:

FY2008 Community-based Marine Debris Prevention and Removal Project Grants

13. Competition Identification Number:

2076027

Title:

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

California marine waters ranging from Pacifica to Imperial Beach.

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

Derelict Recreational Fishing Gear Recovery and Prevention in California; Turnover to community organizations and charter fishing vessel operators for operation long-term

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 10/11/07	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
- ☐ Construction
- ☒ Non-Construction

Preapplication
- ☐ Construction
- ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Programming & Policy Analysis

Address (*give city, state, and zip code*):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (*give area code*)
Kathy Banh
(213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 4 4 0 1 9 7 5

7. TYPE OF APPLICANT: (*enter appropriate letter in box*) N

A State
B County
C Municipal
D Township
E Interstate
F Intermunicipal
G Special District
H Independent School Dist.
I State Controlled Institution of Higher Learning
J Private University
K Indian Tribe
L Individual
M Profit Organization
N Other (Specify) _____

State Chartered Transit District

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision – A (Increase of Award)

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (*specify*)

9. NAME OF FEDERAL AGENCY: Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
TITLE 49 U.S.C. § 5317

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
New Freedom CA-57-X009 Capital and Op Assist.

12. AREAS AFFECTED BY PROJECT (*cities, counties, states, etc.*)
County of Los Angeles, CA

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/07	6/30/09	Districts 24 through 39, and 41	Same as Applicant

15. ESTIMATED FUNDING

a Federal	$	289,917.00
b Applicant	$	.00
c State	$	.00
d Local	$	195,117 .00
e Other	$	.00
f Program Income	$	.00
g TOTAL	$	485,034.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?

a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE 10/11/07

b NO ☐ PROGRAM IS NOT COVERED BY E O 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation ☒ No

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

a Typed Name of Authorized Representative	b Title	c Telephone number
GLADYS LOWE	Director Regional Program Management	(213) 922-2459

d. Signature of Authorized Representative	e. Date Signed
	10/10/07

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Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102

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

Application for Federal Assistance SF-424

Version 02

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

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State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

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

* c. Organizational DUNS: 172070807

d. Address:

* Street1: 3801 St. Helena Hwy
Street2:
* City: Calistoga
County: Napa
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 94515

e. Organizational Unit:

Department Name: Bothe-Napa Valley State Park

Division Name: Diablo Vista District

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

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

Title: Park Maintenance Supervisor

Organizational Affiliation:

* Telephone Number: 707-942-5370
Fax Number:

* Email: lviet@parks.ca.gov

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001034

* Title:

FY2008 Open Rivers Initiative

13. Competition Identification Number:

2076139

Title:

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

NAPA COUNTY, CALIFORNIA
BOTHE-NAPA VALLEY S.P.

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

Fish Barrier Removal on Ritchie Creek

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: ONE
* b. Program/Project: ONE

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: MAY 2008
* b. End Date: SEPT 2008

18. Estimated Funding ($):

* a. Federal	136,628.00
* b. Applicant	20,212.25
* c. State	220,363.00
* d. Local	Ø
* e. Other	Ø
* f. Program Income	Ø
* g. TOTAL	377,203.25

*** 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 10/25/07.

☐ 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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

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

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
11-9-07

Application Identifier

1. TYPE OF SUBMISSION:
Application ☐ Construction ☒ Non-Construction
Preapplication ☐ Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICATION INFORMATION

Legal Name
SUPERIOR CALIFORNIA ECONOMIC DEVELOPMENT DISTRICT

Organizational Unit

Address (give city, county, state, and zip code)
2400 Washington Avenue, Suite 301
Redding, Shasta County, California 96001

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Administrative Contact / Technical Contact
Robert Nash, Chief Executive Officer
(530) 225-2760

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
6 8 — 0 3 4 3 0 5 1

7. TYPE OF APPLICANT: (enter appropriate letter in box) G
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify):

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in boxes(es)
A. Increase Award B. Decrease Award C. Increase
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
U.S. Department of Commerce
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 . 3 0 3
TITLE: Economic Development Support for Planning Organizations

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Planning and implementation of a long range economic development program which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
Modoc, Shasta, Siskiyou and Trinity Counties in California

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13. PROPOSED PROJECT:

Start Date	Ending Date
01-01-08	12-31-08

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Second
b. Project: First and Second

15. ESTIMATED FUNDING:

a. Federal	$ 60,000
b. Applicant	$ 40,000
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 100,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 10-24-07
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

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

a.	b. Title	c. Telephone number
Robert Nash	Chief Executive Officer	(530) 225-2760

d. Signature of Authorized Representative: Robert Nash
e. Date Signed: 10-24-07

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

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

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

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STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
680303606	172070807

d. Address:

* Street1: 9000 Highway 1
Street2:
* City: Mendocino
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95460

e. Organizational Unit:

Department Name:	Division Name:
California State Parks	Mendocino District

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

Prefix: Ms. * First Name: Renee
Middle Name:
* Last Name: Pasquinelli
Suffix:

Title: Senior Environmental Scientist

Organizational Affiliation:

* Telephone Number: (707) 937-5721	Fax Number: (707) 937-2953

* Email: rpasquinelli@parks.ca.gov

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001034

* Title:

FY2008 Open Rivers Initiative

13. Competition Identification Number:

2076139

Title:

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

Mendocino, Fort Bragg, Albion, Little River, Mendocino County, California

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

Glenbrook Gulch Anadromous Fish Habitat Restoration - Dam Removal, Excessive Sediment Reduction, and Instream Habitat Restoration.

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: 1st
* b. Program/Project: 1st

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2008
* b. End Date: 12/20/2010

18. Estimated Funding ($):

* a. Federal	252,119.45
* b. Applicant	0.00
* c. State	218,642.67
* d. Local	0.00
* e. Other	3,600.00
* f. Program Income	0.00
* g. TOTAL	474,362.12

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/30/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

Explanation

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix: Ms.
* First Name: Renee
Middle Name:
* Last Name: Pasquinelli
Suffix:

* Title: Senior Environmental Scientist

* Telephone Number: (707) 937-5721
Fax Number: (707) 937-2953

* Email: rpasquinelli@parks.ca.gov

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

10/30/2007 15:32 7079372953 DPR MENDOCINO PAGE 05/05

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

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

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8. APPLICANT INFORMATION:

* a. Legal Name: Santa Barbara County Flood Control & Water Conservation Dist

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
956002833	010718658

d. Address:

* Street1:	123 E. Anapamu St.
Street2:	
* City:	Santa Barbara
County:	Santa Barbara
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93101

e. Organizational Unit:

Department Name:	Division Name:
Public Works	Water Resources

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

Prefix:	Mr.	* First Name:	Matthew
Middle Name:			
* Last Name:	Griffin		
Suffix:			

Title: Civil Engineer

Organizational Affiliation:
Santa Barbara County Flood Control

* Telephone Number:	805-884-8074	Fax Number:	805-568-3434

* Email: mgriff@cosbpw.net

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001034

* Title:

FY2008 Open Rivers Initiative

13. Competition Identification Number:

2076139

Title:

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

Santa Barbara County, City of Carpinteria

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

Gobernador Debris Basin Modification

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

* a. Applicant: CA-023
* b. Program/Project: CA-023

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

Add Attachment

17. Proposed Project:

* a. Start Date: 05/01/2008
* b. End Date: 09/30/2008

18. Estimated Funding ($):

* a. Federal	450,000.00
* b. Applicant	250,000.00
* c. State	1,076,990.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,776,990.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/30/2007
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix: Mr.
* First Name: Jon
Middle Name:
* Last Name: Frye
Suffix:

* Title: Engineering Manager

* Telephone Number: 805-568-3444
Fax Number: 805-568-3434

* Email: jfrye@cosbpw.net

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

Authorized for Local Reproduction

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

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED 10/10/2007

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

○ Pre-application ● Application
○ Changed/Corrected Application

4. Federal Identifier DE-FG03-02ER54681

RECEIVED
OCT 30 2007
STATE CLEARING HOUSE

5. APPLICANT INFORMATION ***Organizational DUNS:** 046705649

* Legal Name: Regents of the University of California
Department: Sponsored Projects
Division: Office of Research Admin.
* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92697-7600

Person to be contacted on matters involving this application
Prefix:
* First Name: Darlene
Middle Name: K.
* Last Name: Sullivan
Suffix:
* Phone Number: 949-824-0341
Fax Number: 949-824-2094
Email: dksulliv@uci.edu

6. * EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)*: 95-2226406

7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education

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?

Other (Specify):
Small Business Organization Type
○ Women Owned ○ Socially and Economically Disadvantaged

9. * NAME OF FEDERAL AGENCY: Chicago Service Center

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

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Beam Ion Studies in NSTX

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*
International

13. PROPOSED PROJECT:
* Start Date: 08/15/2008
* Ending Date: 04/14/2011

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-048
b. * Project: US-all

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: William
Middle Name: W.
* Last Name: Heidbrink
Suffix: PhD
Position/Title: Professor and PI
* Organization Name: Regents of the University of California
Department: Physics & Astronomy
Division: Physical Sciences
* Street1: 4174 Frederick Reines Hall
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92697-4575
* Phone Number: 949-824-5398
Fax Number: 949-824-2174
* Email: wwheldbr@uci.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	$290,699.00
b. * Total Federal & Non-Federal Funds	$290,699.00
c. * Estimated Program Income	$0.00

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

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

DATE: 10/10/2007

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

○ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Darlene	K.	Sullivan	

* Position/Title: Contract & Grant Officer
* Organization Name: Regents of the University of California
Department: Sponsored Projects
Division: Office of Research Admin.
* Street1: 300 University Tower
Street2:
* City: Irvine
County: Orange
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 92697-7600
* Phone Number: 949-824-0341
Fax Number: 949-824-2094
* Email: dksulliv@uci.edu

*** Signature of Authorized Representative**

Darlene Sullivan

*** Date Signed**

10/10/2007

20. Pre-application File Name: Mime Type:

21. Attach an additional list of Project Congressional Districts if needed.

File Name: Mime Type:

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

Application for Federal Assistance SF-424

Version 02

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

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

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

*** Other (Specify)**

RECEIVED
OCT 30 2007
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:** Save Our Shores

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2745941

*** c. Organizational DUNS:** 611973988

d. Address:

*** Street1:** 345 Lake Avenue
Street2: Suite A
*** City:** Santa Cruz
County:
*** State:** CA: California
Province:
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 95062

e. Organizational Unit:

Department Name:

Division Name:

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

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

Title: Executive Director

Organizational Affiliation:
Executive Director

*** Telephone Number:** (831) 462-5660
Fax Number: (831) 462-6070

*** Email:** lkasa@saveourshores.org

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

Application for Federal Assistance SF-424 Version 02

9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2008-2001026

* Title:

FY2008 Community-based Marine Debris Prevention and Removal Project Grants

13. Competition Identification Number:

2076027

Title:

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

Santa Cruz and Monterey Counties, CA
(Please see attached "Project Areas" map)

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

From Streams to Sea: Preventing Marine Debris from Reaching the Monterey Bay National Marine Sanctuary

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED: 10/31/2007

.pplicant Identifier:

3. DATE RECEIVED BY STATE:

State Application Identifier:

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application ☐ Changed/Corrected Application

4. Federal Identifier: DE-FG02-05ER54834

5. APPLICANT INFORMATION — *** Organizational DUNS:** 067638957

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* Legal Name: General Atomics
Department: Energy — Division: Inertial Fusion Technology
* Street1: 3550 General Atomics Court — Street2:
* City: San Diego — County: — * State: CA: Califor
Province: — * Country: UNITED ST — * ZIP / Postal Code: 92121-1122

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Ramona		Gompper	

* Phone Number: 858-455-3057 — Fax Number: 858-455-3545 — Email: ramona.gompper@gat.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 95-3735102

7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than 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: Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fast Ignition Advanced Concept Exploration

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*: San Diego, CA; Columbus, OH; Reno, NV

13. PROPOSED PROJECT:
* Start Date: 04/01/2008 — * Ending Date: 03/31/2010

14. CONGRESSIONAL DISTRICTS OF:
a. * Applicant: CA-53 — b. * Project: CA-53

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Dr.	Richard		Stephens	

Position/Title: Principal Investigator — * Organization Name: General Atomics
Department: Energy — Division: Inertial Fusion Technology
* Street1: 3550 General Atomics Court — Street2:
* City: San Diego — County: — * State: CA: Califor
Province: — * Country: UNITED ST — * ZIP / Postal Code: 92121-1122
* Phone Number: 858-455-3863 — Fax Number: — * Email: rich.stephens@gat.com

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	3,728,669.00
b. * Total Federal & Non-Federal Funds	3,728,669.00
c. * Estimated Program Income	0.00

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

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

DATE: 10/31/2007

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

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 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.*

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Ramona		Gompper	

* Position/Title:	Sr. Contract Administrator	* Organization:	General Atomics
Department:	Contracts and Purchasing	Division:	
* Street1:	3550 General Atomics Court	Street2:	
* City:	San Diego	County:	
* State:	CA: Califor	Province:	
* Country:	UNITED ST	* ZIP / Postal Code:	92121-1122
* Phone Number:	858-455-3057	Fax Number:	858-455-3545
* Email:	ramona.gompper@gat.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. Attach an additional list of Project Congressional Districts if needed.

districts.pdf Add Attachment Delete Attachment View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

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

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

* If Revision, select appropriate letter(s):

* Other (Specify)

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STATE CLEARING HOUSE

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6042721

* c. Organizational DUNS: 073371346

d. Address:

* Street1: 5250 Campanile Drive
Street2:
* City: San Diego
County: San Diego
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92182-1931

e. Organizational Unit:

Department Name: Sponsored Research Development

Division Name: Sponsored Research

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

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

Title: Director

Organizational Affiliation: Sponsored Research Development

* Telephone Number: 619.594.5731
Fax Number: 619.594.4950

* Email: awards@foundation.sdsu.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2008-2001046

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY08

13. Competition Identification Number:

2077365

Title:

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

Imperial Beach, CA
San Diego, CA

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

Using soil salinity and soil moisture to inhibit invasive species at the upland-high marsh ecotone

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA-053
* b. Program/Project: CA-053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2008
* b. End Date: 05/31/2010

18. Estimated Funding ($):

* a. Federal	40,000.00
* b. Applicant	17,144.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	57,144.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/31/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] **** I AGREE**

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

Authorized Representative:

Prefix:	
* First Name:	Camille
Middle Name:	
* Last Name:	Nebeker
Suffix:	
* Title:	Director of the Division of Research Affairs
* Telephone Number:	619.594.5938
Fax Number:	619.594.4109
* Email:	awards@foundation.sdsu.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

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

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:	* 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.	

5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
195-6042721A1	

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:
95-6042721	073371346

d. Address:

* Street1: 5250 Campanile Drive
Street2:
* City: San Diego
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92182-1931

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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:
* First Name: Eugene
Middle Name:
* Last Name: Stein
Suffix:

Title: Director, Sponsored Research Development

Organizational Affiliation:

* Telephone Number: 619-594-5731
Fax Number: 619-594-4950

* Email: awards@foundation.sdsu.edu

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

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

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:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

*** 12. Funding Opportunity Number:**

NOS-OCRM-2008-2001046

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY08

13. Competition Identification Number:

2077365

Title:

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

San Diego County

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

Particle classification and accumulation rates of sediment within fluvial and feedor canyon depositional environments of the Tijuana Estuary Reserve

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

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

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant: CA053
* b. Program/Project: CA053

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2008
* b. End Date: 05/31/2009

18. Estimated Funding ($):

* a. Federal	20,000.00
* b. Applicant	8,155.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	28,155.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 11/01/2007.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

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

- [x] ** I AGREE

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Authorized Representative:

Prefix:	
* First Name:	Camille
Middle Name:	
* Last Name:	Nebeker
Suffix:	
* Title:	Director of the Division of Research Affairs
* Telephone Number:	619-594-5938
Fax Number:	619-594-4109
* Email:	awards@foundation.sdsu.edu
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.