

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16 - 31, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/17/13	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
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 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision OCT 23 2013		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box (S) STATE CLEARING HOUSE A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) _____		State Chartered Transit District	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program – CMAQ/RSTP CA-95-X256	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 1/1/13	Ending Date 4/30/21	a. Applicant Districts 33, 35 and 36	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 58,213,840.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>10/17/13</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 7,542,220.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 65,756,060.00		

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 Cosette Stark <i>for</i>	b Title DEO, CNTYWIDE PLNG & DEVLPMNT	c Telephone number (213) 922-2822
d. Signature of Authorized Representative <i>Rubal Chatterjee</i>	e. Date Signed 10/17/13 10/17/2013	

CMB Number: 0000-0004
Expiration Date: 06/30/16

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[Empty box]

* Other (Specify):

[Empty box]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Empty box]

5a. Federal Entity Identifier:

[Empty box]

5b. Federal Award Identifier:

[Empty box]

State Use Only:

6. Date Received by State:

[Empty box]

7. State Application Identifier:

[Empty box]

RECEIVED

OCT 23 2013

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

California State Coastal Conservancy

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

94-3164960

* c. Organizational DUNS:

8083224080000

* d. Address:

* Street1:

1330 Broadway, 13th floor

Street2:

[Empty box]

* City:

Oakland

County/Parish:

[Empty box]

* State:

CA: California

Province:

[Empty box]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612-2530

e. Organizational Unit:

Department Name:

[Empty box]

Division Name:

[Empty box]

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

Prefix:

[Empty box]

* First Name:

Joel

Middle Name:

[Empty box]

* Last Name:

Gerwein

Suffix:

[Empty box]

Title:

Project Manager

Organizational Affiliation:

California State Coastal Conservancy

* Telephone Number:

510-286-4170

Fax Number:

510-286-0470

* Email:

jgerwein@ccc.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:**

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.629

CFDA Title:

North American Wetlands Conservation Fund

*** 12. Funding Opportunity Number:**

F13AS00343

*** Title:**

NAWCA Small Grants

13. Competition Identification Number:

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachments](#)

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

Humboldt Bay Spartina Eradication

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-013

* b. Program/Project CA-002

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

Buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2012

* b. End Date: 12/01/2015

18. Estimated Funding (\$):

* a. Federal	111,000.00
* b. Applicant	70,000.00
* c. State	0.00
* d. Local	5,000.00
* e. Other	1,000.00
* f. Program Income	0.00
* g. TOTAL	187,000.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 10/26/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Buttons: 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: Middle Name: * Last Name: Small Suffix:

* Title: Deputy Director

* Telephone Number: 510-286-1015 Fax Number: 510-286-0470

* Email: msmall@scc.ca.gov

* Signature of Authorized Representative: Completed by [Signature] Date Signed: Completed by [Signature]

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 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: <input type="text" value="10/21/2013"/>		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"/> <input type="text" value="Explanation"/>					

7. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Los Angeles County Metropolitan Transportation Authority"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-4401975"/>	* c. Organizational DUNS: <input type="text" value="044055523"/>
d. Address:	
* Street1: <input type="text" value="One Gateway Plaza"/>	Street2: <input type="text"/>
* City: <input type="text" value="Los Angeles"/>	County: <input type="text"/>
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="90012"/>

RECEIVED
 OCT 21 2013
 STATE CLEARING HOUSE

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: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Hamideh"/>		Suffix: <input type="text"/>
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="213-922-4299"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="hamideha@metro.net"/>		

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 8a. TYPE OF APPLICANT:**

E: Regional Organization

*** Other (specify):**

b. Additional Description:

Transportation Planning Agency/Transit Operator

*** 9. Name of Federal Agency:**

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit_Formula Grants

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

*** a. Applicant:**

CA-033

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

02/01/2014

b. End Date:

06/01/2015

14. ESTIMATED FUNDING:

*** a. Federal (\$):**

336,600.00

b. Match (\$):

59,400.00

*** 15. 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: 10/21/2013

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

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**

Yes

No

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 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:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

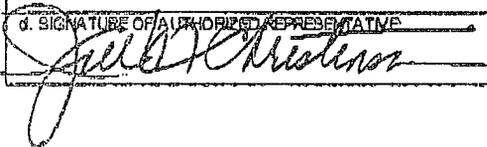
* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE <small>Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/29/13	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 14BC166197	4. DATE RECEIVED BY FEDERAL AGENCY: 10/29/13	FEDERAL IDENTIFIER:
5. APPLICATION INFORMATION		
LEGAL NAME: Catholic Charities Diocese of Fresno DUNS NUMBER: 082440119	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Alan P. Lopez TELEPHONE NUMBER: (559) 488-8377 FAX NUMBER: (559) 485-1507 INTERNET E-MAIL ADDRESS: alopez@ccadof.org	
ADDRESS (give street address, city, state, zip code and county): 149 N Fulton St Fresno CA 93701 - 1607 County:	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization Faith-based organization Local Affiliate of National Organization	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 841878038	8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):	
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		RECEIVED OCT 29 2013 STATE CLEARING HOUSE
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.018 10b. TITLE: Senior Companion Program	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SCP Catholic Charities Diocese of Fresno 11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County: Fresno, Clovis, Fowler, Kerman, Selma, Del Rey, Miramonte, Coalinga, Sanger, Firebaugh	13. PROPOSED PROJECT: START DATE: 01/01/14 END DATE: 12/31/16	
15. ESTIMATED FUNDING: Year #. <input type="checkbox"/> 1	14. CONGRESSIONAL DISTRICT OF: a. Applicant <input checked="" type="checkbox"/> CA 020 b. Program <input checked="" type="checkbox"/> CA 020	
b. FEDERAL \$ 358,396.00 c. STATE \$ 0.00 d. LOCAL \$ 0.00 e. OTHER \$ 89,466.00 f. PROGRAM INCOME \$ 0.00 g. TOTAL \$ 447,862.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 23-OCT-13 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> 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: Jill Christensen	b. TITLE: Accounting Manager	c. TELEPHONE NUMBER: (559) 237-0851 1103
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: 10/29/13

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[]

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

[]

RECEIVED

OCT 31 2013

State Use Only:

6. Date Received by State:

[]

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

California State Coastal Conservancy

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

94-3164962

* c. Organizational DUNS:

8083224080000

d. Address:

* Street1:

1330 Broadway, 13th floor

Street2:

[]

* City:

Oakland

County/Parish:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612-2530

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:

Joel

Middle Name:

[]

* Last Name:

Gerwein

Suffix:

[]

Title:

Project Manager

Organizational Affiliation:

California State Coastal Conservancy

* Telephone Number:

510-286-4170

Fax Number:

510-286-6470

* Email:

jgerwein@ccc.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:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.623

CFDA Title:

North American Wetlands Conservation Fund

* 12. Funding Opportunity Number:

F13AS00343

* Title:

NAWCA Small Grants

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:

Little River Estuary Protection

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-013

* b. Program/Project CA-002

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

Attachment management buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2011

* b. End Date: 12/01/2015

18. Estimated Funding (\$):

* a. Federal	40,000.00
* b. Applicant	30,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	13,520.00
* f. Program Income	0.00
* g. TOTAL	83,520.00

* 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 10/18/2013
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Attachment management buttons: 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: Mary

Middle Name: []

* Last Name: Small

Suffix: []

* Title: Deputy Director

* Telephone Number: 510-286-1015

Fax Number: 510-286-0470

* Email: memall@ccc.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov user submission.

* Date Signed: Completed by Grants.gov user submission.