

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16 - 31, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): _____ * Other (Specify): _____		
* 3. Date Received: 10/16/2014	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494	* c. Organizational DUNS: 6045919250000	
d. Address:		
* Street1:	1111 Franklin Street, 10th Floor	
Street2:	UC Office of the President	
* City:	Oakland	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	94607-5200	
e. Organizational Unit:		
Department Name: Water Resources	Division Name: Agriculture and Natural Resour	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Doug	_____
Middle Name:	_____	
* Last Name: Parker	_____	
Suffix: Ph.D	_____	
Title: Director, CA Institute of Water Resources	_____	
Organizational Affiliation: University of California, Agriculture and Natural Resources		
* Telephone Number: 510-984-0036	Fax Number: _____	
* Email: doug.parker@ucop.edu	_____	

RECEIVED
OCT 17 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

*** 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:**

U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.808

CFDA Title:
U.S. Geological Survey_ Research and Data Collection

*** 12. Funding Opportunity Number:**

G15AS00001

* Title:
USGS Non-Competitive Assistance FY 2015 - National Grants Branch

13. Competition Identification Number:

G15AS00001

Title:

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

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

Numerical Modeling of Local Intense Precipitation Processes

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="750,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="750,000.00"/>

*** 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

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424		
* 1 Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2 Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 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: _____	
B. APPLICANT INFORMATION:		
* a. Legal Name: Parallones Marine Sanctuary Association		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3227237	* c. Organizational DUNS: 0086075660000	
d. Address:		
* Street1: The Presidio, PO BOX 29396	Street2: _____	
* City: San Francisco	County/Parish: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94129-0386	
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: Kate	
Middle Name: _____	* Last Name: Kimrose	
Suffix: _____	Title: Bolinas Lagoon Restoration Project Coord.	
Organizational Affiliation: _____		
* Telephone Number: 415 970-5245	Fax Number: _____	
* Email: kbimrose@parallones.org		

RECEIVED
OCT 17 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.431

CFDA Title:

Climate and Atmospheric Research

*** 12. Funding Opportunity Number:**

NOAA-OAR-CFO-2015-2004099

* Title:

Climate Program Office 2015

13. Competition Identification Number:

2400575

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Paving Pathways to Resilience: Linking Community and Ecosystem Health in Green Infrastructure Approaches

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="121,490.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="61,468.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="182,958.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*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:
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8. APPLICANT INFORMATION:

*a. Legal Name: The City Of Oakland	<table border="1"><tr><td style="font-size: 24px; font-weight: bold;">RECEIVED</td></tr><tr><td style="font-size: 18px; font-weight: bold;">OCT 24 2014</td></tr></table>	RECEIVED	OCT 24 2014
RECEIVED			
OCT 24 2014			
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000384	*c. Organizational DUNS: 829739718		

d. Address:	<table border="1"><tr><td style="font-size: 12px; font-weight: bold;">STATE CLEARING HOUSE</td></tr></table>	STATE CLEARING HOUSE
STATE CLEARING HOUSE		
*Street 1: <u>250 Frank H. Ogawa Plaza</u>		
Street 2: <u>Suite 5301</u>		
*City: <u>Oakland</u>		
County: <u>Alameda</u>		
*State: <u>CA</u>		
Province: _____		
*Country: <u>USA</u>		
*Zip / Postal Code <u>94612-2034</u>		

e. Organizational Unit:	
Department Name: Office of Public Works	Division Name:

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

Prefix: <u>Ms.</u>	*First Name: <u>Susan</u>
Middle Name: _____	
*Last Name: <u>Kattchee</u>	
Suffix: _____	

Title: <u>Assistant Director of Public Works</u>

Organizational Affiliation: <u>The City of Oakland</u>
--

*Telephone Number: <u>510-238-6382</u>	Fax Number: <u>510-238-7286</u>
---	--

*Email: <u>skattchee@oaklandnet.com</u>
--

Application for Federal Assistance SF-424

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.117

CFDA Title:

Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assistance

***12 Funding Opportunity Number:**

DE-FOA-0001189

*Title:

Climate Action Champions: Request for Applications

13. Competition Identification Number:

Title:

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

The City of Oakland

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

City of Oakland Climate Action Champion Designation

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: 13

*b. Program/Project: CA-013

17. Proposed Project:

*a. Start Date: December 17, 2014

*b. End Date: December 13, 2017

18. Estimated Funding (\$):

*a. Federal	_____	0
*b. Applicant	_____	0
*c. State	_____	0
*d. Local	_____	0
*e. Other	_____	0
*f. Program Income	_____	0
*g. TOTAL	_____	0

***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.)**

- 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: Mr. _____ *First Name: Henry _____
Middle Name: L. _____
*Last Name: Gardner. _____
Suffix: _____

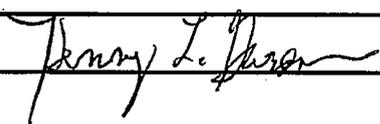
*Title: Interim City Administrator

*Telephone Number: 510-238-2202

Fax Number: 510-238-2223

* Email: hgardner@oaklandnet.com

*Signature of Authorized Representative:



*Date Signed: 10/22/14

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

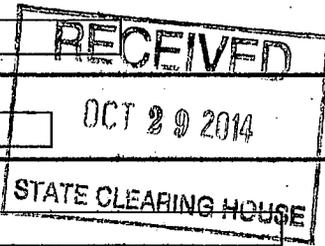
* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

10/29/2014

4. Applicant Identifier:



5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Marin County Parks Department

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

94-6000519

* c. Organizational DUNS:

0035262530000

d. Address:

* Street1: 3501 Civic Center Drive, Room 260

Street2: _____

* City: San Rafael

County/Parish: Marin

* State: CA: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 94903

e. Organizational Unit:

Department Name:

Parks

Division Name:

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

Prefix: _____ * First Name: Craig

Middle Name: _____

* Last Name: Richardson

Suffix: _____

Title: Planner

Organizational Affiliation:

Marin County Parks Department

* Telephone Number: (415) 473-7057

Fax Number: _____

* Email: crrichardson@marincounty.org

Application for Federal Assistance SF-424

*** 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:**

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

*** 11. Catalog of Federal Domestic Assistance Number:**

15.623

CFDA Title:

North American Wetlands Conservation Fund

*** 12. Funding Opportunity Number:**

F14AS00434

*** Title:**

RAWCA Small Grants

*** 13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Creekside Marsh Habitat Enhancement

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

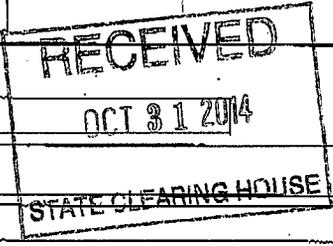
View Attachments

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="text"/>
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Continuation	* Other (Specify):
		<input type="checkbox"/> Revision	<input type="text"/>

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>



State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:	City of San Jose	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	94-60-00-419	* c. Organizational DUNS:
		0635418740000

d. Address:

* Street1:	200 East Santa Clara Street, 17th Floor		
Street2:	<input type="text"/>		
* City:	San Jose		
County/Parish:	Santa Clara County		
* State:	CA: California		
Province:	<input type="text"/>		
* County:	USA: UNITED STATES		
* Zip / Postal Code:	95113-1903		

e. Organizational Unit:

Department Name:	Division Name:
City Manager's Office	Office of Economic Development

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

Prefix:	Mr.	* First Name:	John
Middle Name:	<input type="text"/>		
* Last Name:	Lang		
Suffix:	<input type="text"/>		
Title:	Chief Economist		
Organizational Affiliation:	City of San Jose		
* Telephone Number:	408-535-8178	Fax Number:	408-292-6719
* Email:	john.lang@sanjoseca.gov		

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="19ch"/>	* b. Program/Project: <input type="text" value="19ch"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text" value="CongressionalMapAttachment.pdf"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="07/01/2015"/>	* b. End Date: <input type="text" value="06/30/2018"/>
18. Estimated Funding (\$):	
* a. Federal	500,000.00
* b. Applicant	500,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,000,000.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	<input type="text" value="10/31/2014"/>
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Norberto"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Duenas"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Deputy City Manager"/>	
* Telephone Number: <input type="text" value="408-535-8180"/>	Fax Number: <input type="text" value="408-292-6007"/>
* Email: <input type="text" value="norberto.duenas@sanjoseca.gov"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>