

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16 - 31, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

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

- *2. Type of Application *If Revision, select appropriate letter(s):
- New
 - Continuation * Other (Specify)
 - Revision

*3. Date Received:

4. Application Identifier:

RECEIVED

OCT 19 2015

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Apple Valley Heights County Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN):
95-3211851

*c. Organizational DUNS:
008101842

d. Address:

*Street1: 9429 Cerra Vista St

Street 2:

*City: Apple Valley

County: San Bernardino

*State: CA

Province:

Country: USA

*Zip/ Postal Code: 92308

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: James

Midle Name:

*Last Name: Owens

Suffix: P. E.

Title: Consulting Engineer

Organizational Affiliation:

NV5
15092 Avenue of Science Ste. 200
San Diego CA 92128

*Telephone Number: 858-385-0500 x 187

Fax Number: 858-385-0400

*Email: james.owens@nv5.com

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 8th

*b. Program/Project: 8th

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

17. Proposed Project:

*a. Start Date: 1/1/2016

*b. End Date: 12/31/2016

18. Estimated Funding (\$):

*a. Federal	\$561,300.00
*b. Applicant	
*c. State	
*d. Local	\$1,371,725.00
*e. Other	\$0.00
*f. Program Income	
*g. TOTAL	\$1,933,025.00

*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 Oct 2015
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

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

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: *First Name: Daniel

Middle Name:

*Last Name: Smith

Suffix:

*Title: General Manager

*Telephone Number: 760-247-7330

Fax Number:

*Email:

*Signature of Authorized Representative: *Daniel B Smith*

Date Signed:

Application for Federal Assistance SF-424

***1. Type of Submission:**

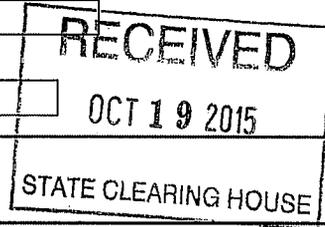
- Preapplication
 Application
 Changed/Corrected Application

***2. Type of Application:**

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):



* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
1387-1516

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: Pacific Integrated Energy, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN):
26-1506402

* c. Organizational DUNS:
014216249

d. Address:

* Street1: 12264 El Camino Real
Street2: Suite 302
* City: San Diego
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92130

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: David
Middle Name: _____
* Last Name: Keogh
Suffix: Ph.D

Title: _____

Organizational Affiliation:

* Telephone Number: 8583500435

Fax Number: _____

* Email: dk@pienergy.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001387

* Title:

PHOTOVOLTAICS RESEARCH AND DEVELOPMENT (PVRD)

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:**

High Efficiency, Earth Abundant CuSbS₂-based Photovoltaics

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="225000"/>
* b. Applicant	<input type="text" value="75000"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text"/>

*** 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

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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:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

10/29/2015

4. Applicant Identifier:

RECEIVED

OCT 29 2015

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

California State University Channel Islands

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

912153805

* c. Organizational DUNS:

7968799430000

d. Address:

* Street1:

One University Drive

Street2:

* City:

Camarillo

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93012-8599

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:

Cause

Middle Name:

* Last Name:

Hanna

Suffix:

Title:

Santa Rosa Island Research Station Manager

Organizational Affiliation:

* Telephone Number:

(805) 437-3785

Fax Number:

* Email:

cause.hanna@csuci.edu

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:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NOAA-NOS-ORR-2016-2004578

* Title:

FY2016 Community-based Marine Debris Removal

13. Competition Identification Number:

2553601

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Cultivating Santa Barbara Channel Stewards

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="111,405.00"/>
* b. Applicant	<input type="text" value="46,624.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="65,136.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="223,165.00"/>

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed: