

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16 - 31, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

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

* 3. Date Received: _____	4. Applicant Identifier: Governor's Office of Planning & Research _____
-------------------------------------	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: OCT 19 2016 STATE CLEARINGHOUSE
--	--

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Resource Conservation District of Santa Monica Mountains	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2158325	* c. Organizational DUNS: 364488221

d. Address:

* Street1: 540 S. Topanga Canyon Blvd.
Street2: _____
* City: Topanga
County/Parish: _____
* State: CA
Province: _____
* Country: _____
* Zip / Postal Code: 90290

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: John
Middle Name: _____	
* Last Name: Hendra	
Suffix: _____	
Title: _____	

Organizational Affiliation:

* Telephone Number: _____	Fax Number: _____
----------------------------------	--------------------------

* Email: jhendra@rcdsmm.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

US Govt entity

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA - Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:

10.912 EQIP

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

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:

Provide biology assistance for existing and increasing interest in wildlife and working lands programs such as Southwestern willow flycatcher

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 06/26/2015

* b. End Date: 06/30/2017

18. Estimated Funding (\$):

* a. Federal	\$30,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$30,000.00

* 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 10/19/2016
- 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

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: * First Name: Clark

Middle Name:

* Last Name: Stevens

Suffix:

* Title:

* Telephone Number: 310-614-6636 Fax Number:

* Email: cstevens@rcdsmm.org

* Signature of Authorized Representative: * Date Signed: 08/31/2016

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): _____
--	--	--

4. Applicant Identifier: 471472016 CDFW	Governor's Office of Planning & Research
---	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: OCT 21 2016 F16AP01055
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 00682001 G1698105
----------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 352352477	* c. Organizational DUNS: 0834426290000

d. Address:

* Street1: 1831 9th Street
Street2: _____
* City: Sacramento
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: Ca. Dept. of Fish and Wildlife	Division Name: Administration
--	----------------------------------

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

Prefix: _____	* First Name: Patricia
Middle Name: _____	
* Last Name: Jackson	
Suffix: _____	

Title: Section 6 Grants Analyst

Organizational Affiliation: Business Management Branch Payable Grants Section
--

* Telephone Number: 916-445-9613	Fax Number: 916-445-5151
----------------------------------	--------------------------

* Email: patricia.jackson@wildlife.ca.gov

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

11. Catalog of Federal Domestic Assistance Number:

15-615

CFDA Title:

Cooperative Endangered Species Conservation 2016 RLA

*** 12. Funding Opportunity Number:**

F16AS00074

* Title:

Cooperative Endangered Species Conservation Fund

13. Competition Identification Number:

Title:

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

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

2016 RLA
Horseshoe Pebble Plain
San Bernardino County, CA

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project: Per email fr P. Jackson 10/4/16

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>	28.57%
* b. Applicant	<input type="text"/>	
* c. State	<input type="text"/>	
* d. Local	<input type="text" value="2,500,000.00"/>	71.43%
* e. Other	<input type="text"/>	
* f. Program Income	<input type="text"/>	
* g. TOTAL	<input type="text" value="3,500,000.00"/>	

*** 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

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:

Middle Name:

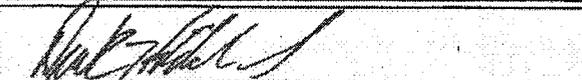
* Last Name:

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):**

_____ Governor's Office of Planning & Research

*** 3. Date Received:**

10/21/2016

4. Applicant Identifier:

OCT 21 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

The Trust for Public Land

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

23-7222333

*** c. Organizational DUNS:**

0746564060000

d. Address:

*** Street1:**

101 Montgomery Street

Street2:

Suite 900

*** City:**

San Francisco

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

94104-4148

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Bianca

Middle Name:

*** Last Name:**

Shulaker

Suffix:

Title:

Organizational Affiliation:

Federal Grants Program Manager

*** Telephone Number:**

(202) 543-7552

Fax Number:

*** Email:**

bianca.shulaker@tpl.org

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:**

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.904

CFDA Title:

Historic Preservation Fund Grants-In-Aid

*** 12. Funding Opportunity Number:**

P16AS00485

* Title:

National Park Service FY 2016 African American Civil Rights Grant Program

13. Competition Identification Number:

P16AS00485

Title:

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

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

Watts Towers Arts Center Campus Project

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-012

* b. Program/Project CA-044

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2017

* b. End Date: 12/31/2019

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	106,000.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	606,000.00

* 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 10/21/2016
- 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

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: Ms. * First Name: Bianca
Middle Name:
* Last Name: Shulaker
Suffix:

* Title: Federal Grants Program Manager

* Telephone Number: (202) 543-7552 Fax Number:

* Email: bianca.shulaker@tpl.org

* Signature of Authorized Representative: Bianca Shulaker * Date Signed: 10/21/2016

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Other (specify): <input type="text"/>		1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		2. Date Received: <input type="text" value="10/14/2016"/>		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Explanation: <input type="text"/>					

7. APPLICANT INFORMATION:

a. Legal Name: <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="0440555230000"/>	
d. Address:		
Street1: <input type="text" value="One Gateway Plaza"/>	Street2: <i>Governor's Office of Planning & Research</i> <input type="text" value="OCT 24 2016"/>	
City: <input type="text" value="Los Angeles"/>	County / Parish: <i>STATE CLEARINGHOUSE</i> <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="90012-2952"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Countywide Planning"/>	Division Name: <input type="text" value="Regional Grants Management"/>	
f. Name and contact information of person to be contacted on matters involving this submission:		
Prefix: <input type="text" value="Mr."/>	First Name: <input type="text" value="Ashad"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Hamideh"/>	Suffix: <input type="text" value="PhD"/>	
Title: <input type="text" value="Sr. Director, Countywide Planning&Development"/>		
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

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:

20.514

CFDA Title:

Public Transportation Research, Technical Assistance, and Training

11. Descriptive Title of Applicant's Project:

Demonstration of Collision Avoidance and Mitigation Technologies on Los Angeles Metro Bus Service

12. Areas Affected by Funding:

Cities and unincorporated areas in Los Angeles County located within the Los Angeles-Anaheim-Long Beach Urbanized Area.

13. CONGRESSIONAL DISTRICTS OF:

a. Applicant:

CA-034

b. Program/Project:

CA-043

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

Add Attachment

Delete Attachment

View Attachment

14. FUNDING PERIOD:

a. Start Date:

04/01/2017

b. End Date:

12/31/2019

15. ESTIMATED FUNDING:

a. Federal (\$):

1,450,000.00

b. Match (\$):

550,000.00

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

a. This submission was made available to the State under the Executive Order 12372 Process for review on: 10/14/2016

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

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

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

17. Is The Applicant Delinquent On Any Federal Debt?

Yes

No

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

** I Agree

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

Authorized Representative:

Prefix:

Mr.

First Name:

Ashad

Middle Name:

Last Name:

Hamideh

Suffix:

PhD

Title:

Sr. Director, Countywide Planning&Development

Organizational Affiliation:

Telephone Number:

213-922-4299

Fax Number:

Email:

hamideha@metro.net

Signature of Authorized Representative:

Ashad Hamideh

Date Signed:

10/14/2016

Attach supporting documents as specified in agency instructions.

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: 10/25/2016	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: 0471200840000
--	---

Governor's Office of Planning & Research

OCT 25 2016

STATE CLEARINGHOUSE

d. Address:

* Street1:	1850 RESEARCH PARK DRIVE
Street2:	SUITE 300
* City:	DAVIS
County/Parish:	_____
* State:	CA: California
Province:	_____
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95616-6153

e. Organizational Unit:

Department Name: SPONSORED PROGRAMS OFFICE	Division Name: OFFICE OF RESEARCH
--	---

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

Prefix: _____	* First Name: DEBORAH
Middle Name: _____	
* Last Name: GOLINO	
Suffix: _____	

Title: PI/DIRECTOR FOUNDATION PLANT SERVICES

Organizational Affiliation:
FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS

* Telephone Number: 530-754-8102	Fax Number: 530-752-2132
---	---------------------------------

*** Email:** DAGOLINO@UCDAVIS.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

USDA-GRANTS-081716-001

* Title:

National Clean Plant Network

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:**

THE FOUNDATION PLANT SERVICES CLEAN PLANT SPECIALITY CROP PROGRAM AT THE UNIVERSITY OF CALIFORNIA, DAVIS (2017/2018)

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,136,925.00"/>
* 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="1,136,925.00"/>

* 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

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:
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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		*If Revision, select appropriate letter(s): * Other (Specify) Governor's Office of Planning & Research	
*3. Date Received:		4. Application Identifier: Southern California Regional Rail Authority			
5a. Federal Entry Identifier: 5802		*5b. Federal Award Identifier: FTA Section 5337 & CMAQ			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Southern California Regional Rail Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 93-4351663			*c. Organizational DUNS: 8361404750000		
d. Address:					
*Street 1: One Gateway Plaza, 12th Floor Street 2: *City: Los Angeles County: *State: California Province: Country: USA					
*Zip/ Postal Code: 90012					
e. Organizational Unit:					
Department Name: Grants & Planning			Division Name: Planning & Development		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Karen			
*Last Name: Sakoda					
Suffix:					
Title: Planning Manager					
Organizational Affiliation:					
*Telephone Number: (213) 452-0264			Fax Number: (213) 452-0422		
*Email: sakodak@scrra.net					

OCT 27 2016

STATE CLEARINGHOUSE

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:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:
Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:
20.507

CFDA Title:
Federal Transit Formula Grants

*12. Funding Opportunity Number:

*Title: **State of Good Repair & Congestion Mitigation and Air Quality**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

*15. Descriptive Title of Applicant's Project:
Rehabilitation of track, structures, signals, communication systems, facilities, stations, rolling stock, equipment, fare collection systems, including preliminary engineering for state of good repair projects.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
 Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant **Southern California Regional Rail** *b. Program/Project: **Annual Metrolink Rehabilitation and**

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

17. Proposed Project:

*a. Start Date: 9/1/2016 *b. End Date: 12/30/2020

18. Estimated Funding (\$):

*a. Federal \$25,096,357.00
 *b. Applicant
 *c. State
 *d. Local
 *e. Other
 *f. Program Income
 *g. TOTAL \$25,096,357.00

*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.)

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: Arthur

Middle Name:

*Last Name: Leahy

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258

Fax Number:

*Email: leahya@scrra.net

*Signature of Authorized Representative: *Arthur Leahy*

Date Signed: 10/27/16