Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2010.** 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

Version 7/03

2. DATE SUBMITTED 9-01-2010	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
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: California Association of Resource Conservation & Development Councils

Organizational Unit:
Department:
Division:

Organizational DUNS: 146135384

Address:
Street: 235D New York Ranch Road
City: Jackson
County: Amador
State: CA
Zip Code: 95642
Country: USA

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Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms
First Name: Valerie
Middle Name
Last Name: Klinefelter
Suffix:
Email: 'vk95669@hotmail.com'
Phone Number (give area code): (209) 245-3168
Fax Number (give area code): (209) 257-0910

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 8 0 - 0 1 6 9 2 9 2

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)
O - Not for Profit (application submitted)
Other (specify)

9. NAME OF FEDERAL AGENCY:
Natural Resources Conservation Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 9 0 1
TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
California Association of RC&D Councils Cooperative Agreement

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

13. PROPOSED PROJECT
Start Date: 4/01/2010
Ending Date: 12/31/2011

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: California All
b. Project: California All

15. ESTIMATED FUNDING:

a. Federal	$ 33,500 .00
b. Applicant	$ .00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 33,500 .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: 9-01-10
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: Ms
First Name: Valerie
Middle Name
Last Name: Klinefelter
Suffix
b. Title: CARC&DC President
c. Telephone Number (give area code): (209) 257-1851 x100
d. Signature of Authorized Representative: Valerie Klinefelter
e. Date Signed: 8-31-10

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:

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

RECEIVED
SEP 01 2010
STATE CLEARING HOUSE

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):	* c. Organizational DUNS:
94-6036494-W	04-712-0084

d. Address:

* Street1:	1850 Research Park Drive
Street2:	Suite 300
* City:	Davis
County:	Yolo
* State:	CA
Province:	
* Country:	USA
* Zip / Postal Code:	95618

e. Organizational Unit:

Department Name:	Division Name:
Office of Research: Sponsored Programs	

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

Prefix:	Ms.	* First Name:	Jane Marie
Middle Name:	R.		
* Last Name:	Ford		
Suffix:			

Title: Contracts and Grants Analyst

Organizational Affiliation:

* Telephone Number:	530-754-8193	Fax Number:	530-754-8367

* Email: jmford@ucdavis.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:

State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Animal and Plant Health Inspection Services

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

USDA-GRANTS-042210-001

* Title:

National Clean Plant Network (NCPN) Cooperative Agreements Program

13. Competition Identification Number:

Title:

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

California

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

Episodic abiotic stress and ramorum blight in nursery ornamentals: Impact on symptom expression and chemical management of Phytophthora ramorum in Rhododendron

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 001 * b. Program/Project 001

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

Add Attachment

17. Proposed Project:

* a. Start Date: 09/01/10 * b. End Date: 05/30/11

18. Estimated Funding ($):

* a. Federal	14,986.00
* b. Applicant	
* c. State	CA
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

*** 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 9/1/2010.

☐ 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: Jane Marie

Middle Name: R.

* Last Name: Ford

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-8193 Fax Number: 530-754-8367

* Email: jmford@ucdavis.edu

* Signature of Authorized Representative: Jane Marie R Ford * Date Signed: 08/31/2010

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 9/1/2010	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: Friends of the Round Valley Public Library

Organizational Unit:

Department:

Division:

Organizational DUNS: 800768033

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Address:

Street: 23925 Howard St. PO Box 620

City: Covelo

County: Mendocino

State: CA

Zip Code: 95428-0620

Country: USA

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

Prefix:

First Name: Diann

Middle Name

Last Name: Simmons

Suffix:

Email: diann@sonic.net

Phone Number (give area code): 707.489.4663

Fax Number (give area code): 707.983.8383 CALL FIRST

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2481202

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)

O.

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

TITLE (Name of Program): USDA Rural Development - Community Facilities

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Round Valley Library Commons - Community Kitchen: Equipment for certified kitchen in new combined community center and public library facility

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

Covelo, Mendocino, California

13. PROPOSED PROJECT

Start Date: 1/1/2011

Ending Date: 12/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: CA-1

b. Project: CA-1

15. ESTIMATED FUNDING:

a. Federal USDA	$ 68,000.00
b. Applicant	$ 182,000.00
c. State	$ .00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 250,000.00

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: 8/31/10

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

First Name: Diann

Middle Name

Last Name: Simmons

Suffix

b. Title: Vice President, Executive Board

c. Telephone Number (give area code): 707-489-4663

d. Signature of Authorized Representative: Diann Simmons

e. Date Signed: 8/31/10

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 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):	* c. Organizational DUNS:
956006142W	627797426

d. Address:

* Street1:	200 University Office Building
Street2:	
* City:	Riverside
County:	Riverside
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92521-0217

e. Organizational Unit:

Department Name:	Division Name:
Office of Research	Sponsored Programs Admin

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

Prefix:	Ms.	* First Name:	Myrna
Middle Name:			
* Last Name:	Lindo		
Suffix:			

Title: Sr. Contract & Grant Officer

Organizational Affiliation:
University of California, Riverside

* Telephone Number:	951-827-5538	Fax Number:	951-827-4483
* Email:	myrna.lindo@ucr.edu		

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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:

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:**

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.224

CFDA Title:

Cultural Resource Management

*** 12. Funding Opportunity Number:**

L10AS00276

* Title:

BLM OR/WA: Northern Great Basin Textile Project Radiocarbon Dating, Lakeview District, Oregon

13. Competition Identification Number:

Title:

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

Lakeview District, Oregon

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

Northern Great Basin Textile Project Radio Carbon Dating

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-044
* b. Program/Project: OR-002

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2011
* b. End Date: 12/31/2016

18. Estimated Funding ($):

* a. Federal	29,982.00
* b. Applicant	83,066.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	113,048.00

*** 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 09/03/2010.
- [ ] 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: Myrna
Middle Name:
* Last Name: Lindo
Suffix:

* Title: Sr. Contract & Grant Officer

* Telephone Number: 951-827-5535
Fax Number: 951-827-4483

* Email: awards@ucr.edu

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

Authorized for Local Reproduction

Myrna A. Lindo 9/3/10

Myrna A. Lindo
Sr. Contract & Grant Officer

Standard Form 424 (Revised 10/2005)
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: 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: Sonoma County Water Agency

*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539

*c. Organizational DUNS: 074662503

d. Address:

*Street 1: 404 Aviation Blvd.
Street 2:
*City: Santa Rosa
County: Sonoma
*State: California
Province:
*Country: USA
*Zip / Postal Code 95403

e. Organizational Unit:

Department Name: Division Name:

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

Prefix: Mr. *First Name: Grant
Middle Name:
*Last Name: Davis
Suffix:

Title: General Manager

Organizational Affiliation:

*Telephone Number: 707-547-1911 Fax Number: 707-524-3782

*Email: grant.davis@scwa.ca.gov

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STATE CLEARING HOUSE

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:**

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:**

U.S. Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15-504

CFDA Title:

Water Reclamation and Reuse Program

***12 Funding Opportunity Number:**

15-504

*Title:

Reclamation Wastewater and Groundwater Study and Facilities Act of 1992 (Title XVI of Public Law [P.L.] 102-575, as amended)

13. Competition Identification Number:

Title:

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

Sonoma, Napa and Marin Counties

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

North Bay Water Reuse Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-06 *b. Program/Project: CA-06, CA-01

17. Proposed Project:

*a. Start Date: 4/1/2009 *b. End Date: 9/30/2018

18. Estimated Funding ($):

*a. Federal	17,672,000
*b. Applicant	750,000
*c. State	0
*d. Local	52,461,607
*e. Other	0
*f. Program Income	0
*g. TOTAL	70,883,607

***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 8/18/10

☐ 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: Grant

Middle Name:

*Last Name: Davis

Suffix:

*Title: General Manager

*Telephone Number: 707-547-1911 Fax Number: 707-524-3782

* Email: grant.davis@scwa.ca.gov

*Signature of Authorized Representative: *Date Signed: 8/18/10

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:

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: Sonoma County Water Agency

*b. Employer/Taxpayer Identification Number (EIN/TIN): 946000539

*c. Organizational DUNS: 074662503

d. Address:

*Street 1: 404 Aviation Blvd.
Street 2:
*City: Santa Rosa
County: Sonoma
*State: California
Province:
*Country: USA
*Zip / Postal Code 95403

e. Organizational Unit:

Department Name: Division Name:

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

Prefix: Mr. *First Name: Grant
Middle Name:
*Last Name: Davis
Suffix:

Title: General Manager

Organizational Affiliation:

*Telephone Number: 707-547-1911 Fax Number: 707-524-3782

*Email: grant.davis@scwa.ca.gov

RECEIVED
SEP 03 2010
STATE CLEARING HOUSE

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:**

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:**

U.S. Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.504

CFDA Title:

Water Reclamation and Reuse Program

***12 Funding Opportunity Number:**

15.504

*Title:

Reclamation Wastewater and Groundwater Study and Facilities Act of 1992 (Title XVI of Public Law (P.L.) 102-575, as amended)

13. Competition Identification Number:

Title:

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

Sonoma, Napa and Marin Counties

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

North Bay Water Reuse Program

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-06 *b. Program/Project: CA-06, CA-01

17. Proposed Project:

*a. Start Date: 05/1/2009 *b. End Date: 9/30/2012

18. Estimated Funding ($):

*a. Federal	7,328,000
*b. Applicant	150,000
*c. State	0
*d. Local	21,834,393
*e. Other	
*f. Program Income	0
*g. TOTAL	29,312,393

***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 8/18/10

☐ 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: Grant

Middle Name:

*Last Name: Davis

Suffix:

*Title: General Manager

*Telephone Number: 707-547-1911 Fax Number: 707-524-3782

* Email: grant.davis@scwa.ca.gov

*Signature of Authorized Representative: *Date Signed: 8/18/10

Authorized for Local Reproduction

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

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. * TYPE OF SUBMISSION
☐ Pre-application ☒ Application ☐ Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED: 09/02/2010
Applicant Identifier:

5. APPLICANT INFORMATION
*** Organizational DUNS:** 963901470
* Legal Name: Lygos, Inc.
Department:
Division:
* Street1: 1534 Innes Ave.
Street2:
* City: San Francisco
County / Parish: San Francisco
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 94124-2621

Person to be contacted on matters involving this application
Prefix: Dr.
* First Name: Jeffrey
Middle Name: Lloyd
* Last Name: Fortman
Suffix:
* Phone Number: 6125909639
Fax Number:
Email: clembumstead@gmail.com

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN)*: 27-3280691

7. * TYPE OF APPLICANT: R: 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: National Institute of Food and Agriculture
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.212
TITLE: Small Business Innovation Research

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Biological Production of Polymer Precursors by Engineered Microorganisms

12. PROPOSED PROJECT:
* Start Date: 05/01/2011
* Ending Date: 12/31/2011

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT:** 8

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr.
* First Name: Jeffrey
Middle Name: Lloyd
* Last Name: Fortman
Suffix:
Position/Title: President
* Organization Name: Lygos, Inc.
Department:
* Street1: 1534 Innes Ave.
Street2:
* City: San Francisco
County / Parish: San Francisco
* State: CA: California
Province:
* Country: USA: UNITED STATES
* ZIP / Postal Code: 94124-2621
* Phone Number: 6125909639
Fax Number:
* Email: clembumstead@gmail.com

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15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	[illegible]
b. Total Non-Federal Funds	[illegible]
c. Total Federal & Non-Federal Funds	[illegible]
d. Estimated Program Income	[illegible]

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

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

DATE: 09/02/2010

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

[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 18, 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.*

18. SFLLL or other Explanatory Documentation

Add Attachment | Delete Attachment | View Attachment

19. Authorized Representative

Prefix: Dr. * First Name: [illegible] Middle Name:

* Last Name: Fortman Suffix:

* Position/Title: President

* Organization: Lygos, Inc.

Department:

* Street1: 1534 Innes Ave.

Street2:

* City: San Francisco County/Parish: San Francisco

* State: Province:

* Country: [illegible] * ZIP / Postal Code: 94124-2621

* Phone Number: 6125909639 Fax Number:

* Email: clembumstead@gmail.com

*** Signature of Authorized Representative** *** Date Signed**

Jeffrey Fortman 09/02/2010

20. Pre-application

Add Attachment | Delete Attachment | View Attachment

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: 09/03/2010

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: University Corporation at Monterey Bay

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0387459

* c. Organizational DUNS: 082412920

d. Address:

* Street1: 100 Campus Center, Alumni & Visitor Center
Street2: Grants & Contracts office
* City: Seaside
County:
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 93955

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: Christine
Middle Name:
* Last Name: Limesand
Suffix:

Title: Assistant Director, Grants and Contracts

Organizational Affiliation:
University Corporation at Monterey Bay

* Telephone Number: 831-582-3551
Fax Number: 831-582-3055

* Email: climesand@csumb.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:

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

501(c)3 Auxiliary to CSUMB

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

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L10A900316

* Title:

BLM CA NATIVE PLANT MATERIALS FORT ORD RESTORATION

13. Competition Identification Number:

Title:

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

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

Return of the Natives Restoration Education Project for the BLM-Fort Ord Public Lands

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: 17
* b. Program/Project: 17

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2010
* b. End Date: 09/30/2015

18. Estimated Funding ($):

* a. Federal	349,999.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	349,999.00

*** 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 09/03/2010.
- [ ] 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:	
* First Name:	Cynthia
Middle Name:	E.
* Last Name:	Lopez
Suffix:	
* Title:	Director, Grants & Contracts
* Telephone Number:	831-582-3089
Fax Number:	831-582-3305
* Email:	clopez@csumb.edu
* Signature of Authorized Representative:	Cynthia Lopez
* Date Signed:	09/03/2010

Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED September 2, 2010	Applicant Identifier
1. TYPE OF SUBMISSION: Application Construction ☐ Non-Construction	Pre-application ✓ Construction Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Salton Community Services District	**Organizational Unit:** Department: Salton Community Services District
Organizational DUNS: 076057256	Division: Wastewater Collections and Treatment
Address: Street: 2098 Frontage Rd.	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: / First Name: Karl
City: Salton City	Middle Name
County: Imperial	Last Name Kraft
State: CA / Zip Code: 92275	Suffix:
Country: USA	Email: kkraft@rcac.org
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 95-6006613	Phone Number (give area code): 760-501-0723 Fax Number (give area code): 760-501-0716

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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) G-Special District Other (specify) **9. NAME OF FEDERAL AGENCY:** USDA-RD
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-770 TITLE (Name of Program): Water and Waste Disposal Loans and Grants	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Sewer force main replacement between Lift Station #2 and Sewer Ponds
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: Desert Shores area of Salton City, Imperial County, California	
13. PROPOSED PROJECT Start Date: 2010 / Ending Date: 2011	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant: 52nd District / b. Project: 52nd District

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 1,064,000.00	a. Yes. ✓ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 2, 2010
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	$ .00	
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL Budget est. attached	$ 1,064,000.00	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: Ms.	First Name: Rosa	Middle Name
Last Name Reagles		Suffix
b. Title General Manager		c. Telephone Number (give area code) 760-394-4446
d. Signature of Authorized Representative Rosa Reagles		e. Date Signed September 1, 2010

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

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED Sep 3, 2010	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
☐ Construction	☑ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Sacramento County Water Agency	**Organizational Unit:** Department:
Organizational DUNS: 832433267	Division: Water Supply
Address: Street: 827 7th Street, Room 301	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: Ms; First Name: Jean
City: Sacramento	Middle Name: Chin-Win
County: Sacramento	Last Name: Young
State: California; Zip Code: 95814	Suffix: P.E.
Country: U.S.A.	Email: youngje@saccounty.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 2 7 - 0 9 7 5 9 8 4	Phone Number (give area code): 916-874-7172; Fax Number (give area code): 916-874-2827

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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)

G - Special District

Other (specify)

9. NAME OF FEDERAL AGENCY:
United States Department of Agriculture - Rural Development California

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Manganese Removal Treatment Plant for the Town of Hood

12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:
Town of Hood, County of Sacramento, Ca

13. PROPOSED PROJECT

Start Date:	Ending Date:
March 2011	October 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
Doris Matsui	Dan Lundgren

15. ESTIMATED FUNDING:

a. Federal	$ 1,014,000.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ 1,014,000.00

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: Mr.	First Name: Keith	Middle Name: Clay
Last Name: DeVore		Suffix: P.E.
b. Title: Director of the Department of Water Resources		c. Telephone Number (give area code): 916-874-8232
d. Signature of Authorized Representative: Keith DeVore		e. Date Signed: 9-3-10

********** -COM JOURNAL- ********** DAT EP-08-2010 ***** TIME 15:13 ********

MODE = MEMORY TRANSMISSION START=SEP-08 15:12 END=SEP-08 15:13

FILE NO.=897

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		98748693	002/002	00:00:28

-STATE CLEARINGHOUSE -

***** UF-8000 ********** -916 323 3018 - ***** - - *********

Arnold Schwarzenegger
Governor

STATE OF CALIFORNIA

Cathleen Cox
Acting Director

Governor's Office of Planning and Research
State Clearinghouse

Facsimile Transmittal

Date: 9-8-10

Fax Number: 916 874-8693

To: Keith DeVore

From: Sheila Brown

Instructions: Receipt Acknowledgement
SF 424 Form

State Clearinghouse Fax: 916-323-3018

Number of Pages
Including cover sheet

2

1400 TENTH STREET P.O. BOX 3044 SACRAMENTO, CALIFORNIA 95812-3044
TEL (916) 445-0613 FAX (916) 323-3018 www.opr.ca.gov

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:
10-8100-1537-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the Uni versity of California

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-603-6494

*c. Organizational DUNS:
60-459-1925

d. Address:

*Street 1: 1111 Franklin Street, 10th Floor
Street 2:
*City: Oakland
County: Alameda
*State: CA
Province:
*Country:
*Zip / Postal Code 94607-5200

e. Organizational Unit:

Department Name:
Agriculture and Natural Resources

Division Name:
Office of Contracts & Grants

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

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

Title: Farm Advisor

Organizational Affiliation:

*Telephone Number: (831) 763-8013
Fax Number: (831) 763-8006

*Email: satjosvold@ucdavis.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:**
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA - APHIS - PPQ

11. Catalog of Federal Domestic Assistance Number:
10.025

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

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

Effect of fungicides on inoculum production and persistence of Phytophthora ramorum on nursery hosts

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-009 *b. Program/Project: CA-014

17. Proposed Project:

*a. Start Date: *b. End Date: 06/30/2012

18. Estimated Funding ($):

*a. Federal	39000
*b. Applicant	4432
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	43432

***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: _____ *First Name: Soheil

Middle Name: _____

*Last Name: Jadali

Suffix: _____

*Title: Contracts & Grants Analyst

*Telephone Number: 530-754-2976 | Fax Number: 530-754-3943

* Email: sjadali@ucdavis.edu

*Signature of Authorized Representative: *Date Signed: 08/18/2010

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED 09/09/2010	Applicant Identifier	
3. DATE RECEIVED BY STATE	State Application Identifier G1098002, Am#1	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier W-58-HS-39, Am#1	

1. TYPE OF SUBMISSION:

Application: ☐ Construction ☒ Non-Construction

Pre-application: ☐ Construction ☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: STATE OF CALIFORNIA

Organizational Unit:
Department: Fish and Game
Division: GRANTS MANAGEMENT BRANCH

Organizational DUNS: 808322358

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Address:
Street: 1831 9TH STREET
City: SACRAMENTO
County: SACRAMENTO
State: CA
Zip Code 95811
Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix: Ms
First Name: LISA
Middle Name
Last Name BAYS
Suffix:
Email: lbays@dfg.ca.gov
Phone Number (give area code) (916) 445-3701
Fax Number (give area code) (916) 327-6320

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 94-1697567

7. TYPE OF APPLICANT: (See back of form for Application Types)
A. State
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:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-611
TITLE (Name of Program): WILDLIFE RESTORATION ACT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CALIFORNIA HUNTER EDUCATION PROGRAM

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

13. PROPOSED PROJECT
Start Date: 07/01/2010
Ending Date: 06/30/2013

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 3
b. Project STATEWIDE

15. ESTIMATED FUNDING:

a. Federal	$	3,017,842.00
b. Applicant	$	
c. State	$	1,005,948.00
d. Local	$	
e. Other	$	
f. Program Income	$	0.00
g. TOTAL	$	4,023,790.00

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: 09/09/2010
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 Mr.
First Name BLAINE
Middle Name
Last Name NICKENS
Suffix
b. Title CHIEF, GRANTS MANAGEMENT BRANCH
c. Telephone Number (give area code) (916) 445-9300
d. Signature of Authorized Representative
e. Date Signed 9/9/2010

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
☑ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: Buckingham Park Water District

Organizational Unit:

Department:

Organizational DUNS: 627676235

Division:

Address:

Street: 2880 EASTLAKE DRIVE

City: KELSEYVILLE, CA 95451-9031

County: Lake

State: Ca

Zip Code: 95451

Country: USA

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

Prefix: Mrs. First Name: Ellen

Middle Name: L.

Last Name: Pearson

Suffix:

Email: epearsonbpwd@mchsl.com

Phone Number (give area code): (707) 279-8568

Fax Number (give area code): (707) 279-2947

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 5 1 9 8 8 3

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)

G. Special District

Other (specify)

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

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

TITLE (Name of Program):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Enlargement of existing 30k gal. chlorine contact tank to 200k gal. chlorine contact/storage tank. Provide back-up power generators and associated switch gear for both treatment plant & pump station.

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

Buckingham Subdivision of Kelseyville Township in County of Lake, State of Calif.

13. PROPOSED PROJECT

Start Date: July 2011

Ending Date: March 2012

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: 1st Congressional District & Map

b. Project: 1st Congressional District & Map

15. ESTIMATED FUNDING:

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

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: 09/10/2010

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: Mr. First Name: James Middle Name: H.

Last Name: Horne Suffix:

b. Title: Board President

c. Telephone Number (give area code): (707) 279-8568

d. Signature of Authorized Representative

e. Date Signed

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SEP 13 2010
STATE CLEARING HOUSE

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	

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SEP 13 2010
STATE CLEARING HOUSE

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: Chapman University

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1643992

*c. Organizational DUNS: 072528433

d. Address:

*Street 1: One University Drive
Street 2:
*City: Orange
County: Orange
*State: CA
Province:
*Country: U.S.
*Zip / Postal Code 92866-1005

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: Ron
Middle Name:
*Last Name: DiMelfi
Suffix:

Title: Director

Organizational Affiliation:
Office of Sponsored Research

*Telephone Number: 714-744-7664 Fax Number: 714-997-6801

*Email: dimelfi@chapman.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:**

O. Private Institute of Higher Education

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:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

***12 Funding Opportunity Number:**

10-8100-1486-CA

*Title:

Cooperative Agreement in support of a project entitled: Qualtiy Evaluation of Irradiated Blueberries and Peaches

13. Competition Identification Number:

Title:

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

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

Qualtiy Evaluation of Irradiated Blueberries and Peaches

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

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: CA-040 *b. Program/Project: CA-040

17. Proposed Project:

*a. Start Date: Sept. 15, 2010 *b. End Date: Sept. 14, 2011

18. Estimated Funding ($):

*a. Federal	66,814
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	66,814

***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 9/13/10

☐ 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: Harold

Middle Name:

*Last Name: Hewitt

Suffix:

*Title: Executive Vice President and COO

*Telephone Number: 714-997-6717 Fax Number: 714-997-6791

* Email: hhewitt@chapman.edu

*Signature of Authorized Representative: *Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

2. DATE SUBMITTED September 14, 2010	Applicant Identifier Dept. of Food and Agriculture	
3. DATE RECEIVED BY STATE September 9, 2010	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 10-8520-1414-CA	

1. TYPE OF SUBMISSION:

Application	Pre-application
☐ Construction	☐ Construction
☑ Non-Construction	☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name: State of California

Organizational DUNS: 807487665

Address:

Street: 1220 N Street, Room 315

City: Sacramento

County: Sacramento

State: California

Zip Code: 95814

Country: United States

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SEP 13 2010
STATE CLEARING HOUSE

Organizational Unit:

Department: Food and Agriculture

Division: Plant Health and Pest Prevention Services

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

Prefix:

First Name: Joanne

Middle Name

Last Name: Shimada

Suffix:

Email: jshimada@cdfa.ca.gov

Phone Number (give area code): (916) 654-1211

Fax Number (give area code): (916) 654-0555

6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: 68-0325104

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)

A - State

Other (specify)

9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025

TITLE (Name of Program): Oriental Fruit Fly (Pasadena/Sacramento) and Melon Fruit Fly (Kern)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Oriental fruit fly activities in Pasadena and Sacramento and Melon fruit fly activities in Kern.

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

State of California

13. PROPOSED PROJECT

Start Date: June 21, 2010

Ending Date: June 20, 2011

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant: California

b. Project: Oriental/Melon Fruit Fly Activities

15. ESTIMATED FUNDING:

a. Federal	$ 338,781.00
b. Applicant	$ .00
c. State	$ 694,071.00
d. Local	$ .00
e. Other	$ .00
f. Program Income	$ .00
g. TOTAL	$ 1,032,852.00

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	First Name: Kathy	Middle Name
Last Name: Alameda		Suffix
b. Title: Manager, Federal Funds Management Unit		c. Telephone Number (give area code): (916) 651-9888
d. Signature of Authorized Representative		e. Date Signed

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:

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SEP 14 2010
STATE CLEARING HOUSE

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: Desert Alliance for Community Empowerment

* b. Employer/Taxpayer Identification Number (EIN/TIN): 330857187

* c. Organizational DUNS: 108363370

d. Address:

* Street 1: 53-990 Enterprise Way, Suite 1
Street 2:
* City: Coachella
County: Riverside
* State: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92236

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mr
* First Name: Jeffrey
Middle Name: A.
* Last Name: Hays
Suffix:

Title: Executive Director

Organizational Affiliation:

* Telephone Number: (760) 391-5050
Fax Number: (760) 391-5100

* Email: jeff@dace-rancho.org

Grants Coordinator

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

Application for Federal Assistance SF-424 Version 02

8. Type of Applicant I - Select Applicant Type:

N.Non-profit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

NGMS Agency USDA Rural Development - Rural Housing Services

11. Catalog of Federal Domestic Assistance Number:

10.443

CFDA Title:

Rural Housing Perservation Grants

*** 12. Funding Opportunity Number:**

MBL-SF424 FAMILY-ALL FORMS USDA -RD-HCFP-HPG 2010

* Title:

MBL-SF424 FAMILY - ALL FORMS

Housing Preservation Grant

13. Competition Identification Number:

Title:

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

The unincorporated communities of Mecca, Oasis, North Shore, and Thermal in the Eastern Coachella Valley Riverside County, California

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

Rehabilitation of small un-permitted mobile home parks (in lieu of apartments)to provide rental spaces for very low income farm worker families in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone.

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 - 45 * b. Program/Project CA - 45

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09-30-2010 * b. End Date: 09-30-2011

18. Estimated Funding ($):

* a. Federal	$160,000.00
* b. Applicant	$240,000.00
* c. State	
* d. Local	
* e. Other	$1,600,000.00
* f. Program Income	
* g. TOTAL	$2,000,000.00

*** 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 06-15-2010.

☐ 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: Jeffrey

Middle Name:

* Last Name: Hays

Suffix:

* Title: Executive Director

*Telephone Number: (760) 391-5050 Fax Number: (760) 391-5100

* Email: jeff@dace-rancho.org

* Signature of Authorized Representative: * Date Signed: 06-01-2010

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02