

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1 - 15, 2014**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Sierra Economic Development Corporation

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

941705043

* c. Organizational DUNS:

088856885000

RECEIVED

SEP - 2 2014

STATE CLEARING HOUSE

d. Address:

* Street1:

560 Wall Street, Suite F

Street2:

* City:

Auburn

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95603-3931

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:

Randy

Middle Name:

* Last Name:

Wagner

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

530-823-4703

Fax Number:

* Email:

randy@sedcorp.biz

Application for Federal Assistance SF-424

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

N: Nonprofit without 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:**

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.446

CFDA Title:

Rural Community Development Initiative

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-RCDI-2014

* Title:

Rural Community Development Initiative

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:**

TBD

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="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

- Approximate request

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



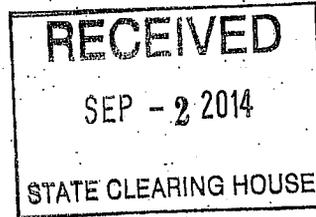
Sierra Economic Development Corporation

Serving El Dorado, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Sierra and Yolo Counties

September 2, 2014

FAX: 916-323-3018

State Clearinghouse
1400 Tenth Street
Sacramento CA 95814



Dear Grants Coordinator:

The Sierra Economic Development Corporation is submitting an application to the Rural Housing Service, USDA, for the Rural Community Development Initiative (RCDI). Please make the following SF424 application available to the State Executive Order 12372 process for review. Please let me know if the program is not covered by E.O. 12372.

After receiving the 424, please stamp *Received* and fax back to our office (530-823-4142) to confirm you have received it.

If you have any questions please feel free to call me at (530) 823-4703.

Thank you,

Sandy Sindt
Operations Manager

attachment

MODE = MEMORY TRANSMISSION

START=SEP-08 15:30

END=SEP-08 15:31

FILE NO.=211

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	915308234142	003/003	00:00:35

-STATE CLEARINGHOUSE -

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

560 Wall Street, Suite F, Auburn, CA 95603
Phone 530-823-4703, Fax 530-823-4142
www.sedcorp.biz

attachment

Operations Manager

Sandy Sindt

Thank you,

The Sierra Economic Development Corporation is submitting an application to the Rural Housing Service, USDA, for the Rural Community Development Initiative (RCDI). Please make the following SF-424 application available to the State Executive Order 12372 process for review. Please let me know if the program is not covered by E.O. 12372.

After receiving the 424, please stamp *Received* and fax back to our office (530-823-4142) to confirm you have received it.

If you have any questions please feel free to call me at (530) 823-4703.

Dear Grants Coordinator:

Sacramento CA 95814

State Clearinghouse

1400 Tenth Street

FAX: 916-323-3018

September 2, 2014

RECEIVED
SEP - 2-2014
STATE CLEARING HOUSE

Sierra Economic Development Corporation
Serving El Dorado, Lassen, Madoc, Nevada, Placer, Plumas, Sacramento, Sierra and Yuba Counties



From: SEDCorp 530 823 4142 10/03/2014 09:49 #040 P.001/004

From: SEDCorp 530 823 4142 10/03/2014 09:49 #040 P.002/004

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

Applicant Identifier

c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION

Organizational DUNS: 604591925

Legal Name: The Regents of the University of California

Department: Agriculture & Natural Resource Division:

Street1: 2801 Second Street

Street2:

City: Davis County / Parish:

State: CA: California Province:

Country: USA: UNITED STATES ZIP / Postal Code: 95618-7774

RECEIVED

SEP 04 2014

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: First Name: Lucia Middle Name:

Last Name: Varela Suffix:

Position/Title: Advisor

Street1: 133 Aviation Blvd, Suite 109

Street2:

City: Santa Rosa County / Parish: CA

State: CA: California Province:

Country: USA: UNITED STATES ZIP / Postal Code: 95403-2894

Phone Number: 707-565-2621 Fax Number:

Email: lgvarela@ucanr.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6036494

7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

New Resubmission A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration

Renewal Continuation Revision E. Other (specify):

Is this application being submitted to other agencies? Yes No What other Agencies? :

9. NAME OF FEDERAL AGENCY:

USDA / APHIS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Monitoring and Control of European Grapevine Moth, Lobesia botrana

12. PROPOSED PROJECT:

Start Date Ending Date

07/01/2014 06/30/2015

13. CONGRESSIONAL DISTRICT OF APPLICANT

CA-03

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization Name:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

15. ESTIMATED PROJECT FUNDING

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

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. 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)

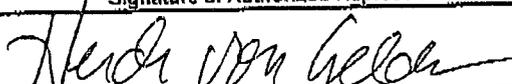
I agree

*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 (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Position/Title:
 Organization:
 Department: Division:
 Street1:
 Street2:
 City: County / Parish:
 State: Province:
 Country: ZIP / Postal Code:
 Phone Number: Fax Number:
 Email:

Signature of Authorized Representative


Date Signed

20. Pre-application

21. Cover Letter Attachment



CHIP

**Community Housing
Improvement Program**

1001 Willow Street
Chico, CA 95928
530-891-6931
530-891-8547 Fax

September 4, 2014

Grants Coordination
State Clearinghouse-Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, CA 95812-3044
(916) 445-3018



To Grants Coordination Department:

In accordance with Executive Order 12372, attached is the cover sheet (form 424) for our Federal Assistance Application. Community Housing Improvement Program, Inc. (CHIP) proposes to continue its existing Rural Self-Help Technical Assistance Program, funded under Section 523 of the Housing Act of 1949, for an additional two years.

Please note that a previous request was submitted to you from us on June 23, 2014. This current request is identical to the previous request, with the exception of the estimated funding requested (it has increased from \$2,227,000 to \$2,530,000). Please note that this request is not in addition to the previous request, but rather a modification. The previous request should be disregarded.

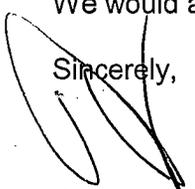
Thank you for your expedient processing of this application. If you need additional information please contact Jill Quezada, Director of Homeownership at (530) 891-6931, extension 227, or by e-mail at jquezada@chiphousing.org.

Please address your comments to:

Rural Development
Ronald Tackett
Rural Housing Program Director
430 G Street, Agcy. 4169
Davis, CA 95616-4169

We would also appreciate receiving a copy of your comments.

Sincerely,


David Ferrier
Executive Director

Enclosure

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 type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	
		- If Revision, select appropriate letter(s): A: Increase Award * Other (Specify):	
* 3. Date Received:		4. Applicant Identifier:	
5a. Federal Entity Identifier: TCY - 3-06-0059		5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: City of Tracy		* c. Organizational DUNS: 9316714030000	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000442			
d. Address:			
* Street1: 520 Tracy Boulevard			
Street2:			
* City: Tracy			
County/Parish: San Joaquin			
* State: CA: California			
Province:			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 953764917			
e. Organizational Unit:			
Department Name: Public Works		Division Name: Airports	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mr.		* First Name: Ed	
Middle Name:			
* Last Name: Lovell			
Suffix:			
Title: Management Analyst II, Public Works			
Organizational Affiliation: City of Tracy, Public Works Department, Airports			
* Telephone Number: 209-831-6204		Fax Number: 209-831-6218	
* Email: ed.lovell@ci.tracy.ca.us			

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SEP - 4 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*** 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:**

Tracy Municipal Airport, Tracy, San Joaquin County, CA: Partial Reimbursement for Engineering Design - Reconstruct R/Ws, T/Ws, and Aprons; Reconstruct R/W 12-30 and T/Ws B, D, & E, R/W 8-26 & T/W A

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-011

* b. Program/Project CA-011

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

[Redacted area for additional Congressional Districts]

17. Proposed Project:

* a. Start Date: 03/16/2015

* b. End Date: 10/30/2015

18. Estimated Funding (\$):

* a. Federal	6,413,635.00
* b. Applicant	662,626.00
* c. State	50,000.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	7,126,261.00

* 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 09/04/2014
- 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

[Redacted area for explanation of delinquency]

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: Ed
 Middle Name:
 * Last Name: Lovell
 Suffix:

* Title: Management Analyst II, Public Works

* Telephone Number: 209-831-6204 Fax Number: 209-831-6218

* Email: ed.lovell@cleracy.ca.us

* Signature of Authorized Representative: Ed Lovell

* Date Signed: 9-4-14

University of California
Agriculture and Natural Resources

Office of Contracts and Grants

2801 Second Street
Davis, CA 95618-7774
530.750-1304
530.756-1148
hvongeldern@ucanr.edu

Via Fax to 916.323.3018

3 Pages Total

State Clearinghouse
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

RECEIVED
SEP 04 2014
STATE CLEARINGHOUSE

RE: UC ANR application under CFDA #10.025

Following is the completed SF-424 for Cooperative Agreement (#14-8130-0380-CA) between USDA-APHIS and The Regents of the University of California (ANR).

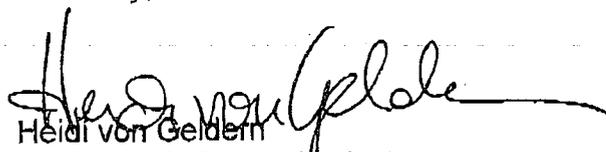
The CFDA #10.025 appears on the list of programs requiring state review.

The USDA contracts person has asked for "a copy of a written waiver or approval from your Single Point of Contact to satisfy the Executive Order 12372 Intergovernmental Review Process which is applicable in the state of California."

Please return this written waiver or approval to my attention via email or fax. My contact information is shown below.

If you need anything else from UCANR on this matter, please contact me directly.

Sincerely,



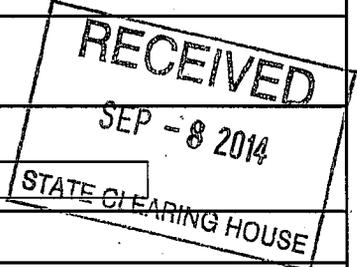
Heidi von Geldern
Contracts & Grants Analyst
Office of Contracts & Grants
Agriculture & Natural Resources
2801 Second Street
Davis, CA 95618-7774
(530) 750-1304
(530) 756-1148 (fax)
hvongeldern@ucanr.edu

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: _____	4. Applicant Identifier: Dept. of Food and Agriculture
-------------------------------------	--

5a. Federal Entity Identifier: 15-8506-1211-CA	* 5b. Federal Award Identifier: _____
--	---

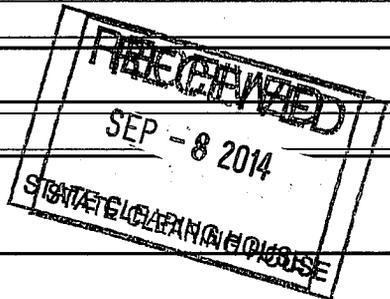


State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: State of California	* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
---	--	---



d. Address:

* Street1: 1220 N Street, Room 315
Street2: _____
* City: Sacramento
County: _____
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
--	--

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

Prefix: _____	* First Name: Jason
Middle Name: K	
* Last Name: Chan	
Suffix: _____	

Title: _____

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
---	-----------------------------------

*** Email:** jason.chan@cdfa.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:**

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2014

* b. End Date: 9/30/2015

18. Estimated Funding (\$):

* a. Federal 9,624,859

* b. Applicant

* c. State 0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 9,624,859

*** 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 September 8, 2014.

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.) Applicant Federal Debt Delinquency 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: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: * Date Signed:

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)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

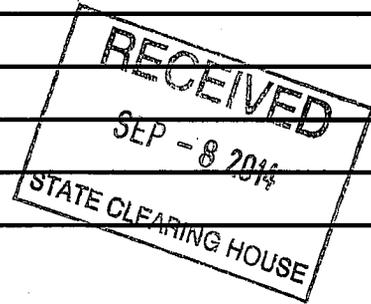
7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Community Housing Improvement Program, Incorporated

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-2223398

*c. Organizational DUNS:
010998797



d. Address:

*Street 1: 1001 Willow Street
Street 2: _____
*City: Chico
County: Butte
*State: CA
Province: _____
*Country: U.S.A.
*Zip / Postal Code: 95928

e. Organizational Unit:

Department Name:
N/A

Division Name:

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

Prefix: _____ *First Name: Jill
Middle Name: _____
*Last Name: Quezada
Suffix: _____

Title: Director of Homeownership

Organizational Affiliation:

*Telephone Number: (530) 891-6931, ext. 227

Fax Number: (530) 891-8547

*Email: jquezada@chiphousing.org

Application for Federal Assistance SF-424

Version 02

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

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-420 _____

CFDA Title:

Rural Self-Help Housing Technical Assistance _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Butte, Colusa, Glenn, Shasta, Sutter, Tehama, and Yuba Counties.

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

This application is for \$2,530,000, USDA Section 523 TA Grant, to complete 91.5 equivalent construction units.

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: CA-002 *b. Program/Project: CA-002

17. Proposed Project:
*a. Start Date: 8/22/2015 *b. End Date: 8/21/2017

18. Estimated Funding (\$):

*a. Federal	2,530,000
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	2,530,000

***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 9/4/2014
 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

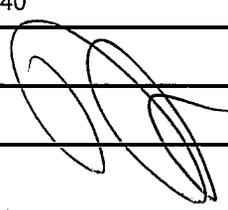
Authorized Representative:

Prefix: _____ *First Name: David _____
Middle Name: _____
*Last Name: Ferrier _____
Suffix: _____

*Title: Executive Director

*Telephone Number: (530) 891-6931, ext. 240 Fax Number: (530) 891-8547

* Email: dferrier@chiphousing.org

*Signature of Authorized Representative:  *Date Signed: 9/4/2014

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

Application for Federal Assistance SF-424

* 1. Type of Submission: <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): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED SEP - 8 2014
--	--	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	STATE CLEARING HOUSE
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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): 95-6006142W	* c. Organizational DUNS: 6277974260000
---	---

d. Address:

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

e. Organizational Unit:

Department Name: Nat. and Agricultural Sciences	Division Name: Plant Pathology & Microbiology
---	---

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

Prefix: Ms. *** First Name:** Frosina
Middle Name: _____
*** Last Name:** Al Zgoul
Suffix: _____

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

*** Telephone Number:** 951-827-4968 **Fax Number:** 951-827-4483

*** Email:** frosina.alzgoul@ucr.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:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*** 12. Funding Opportunity Number:**

USDA-GRANTS-032414-001

* Title:

National Clean Plant Network Request for Applications

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:**

This project will ensure that high quality citrus propagative material will continue to be produced, maintained, and supplied to scientists and the industry in the USA under the NCPN network.

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="1,745,886.00"/>
* 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="1,745,886.00"/>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

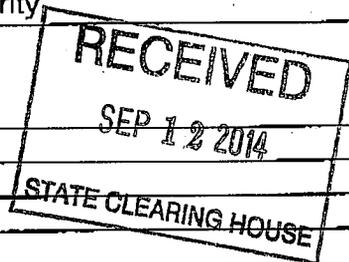
* Date Signed:

Application for Federal Assistance SF-424 Version 02

<p>*1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input checked="" type="checkbox"/> Revision</p>	<p>*If Revision, select appropriate letter(s):</p> <p>* Other (Specify)</p>
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*3. Date Received:	4. Application Identifier: Southern California Regional Rail Authority
---------------------------	--

5a. Federal Entity Identifier: 5802	*5b. Federal Award Identifier: FTA Section 5337
---	---



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:	
*Street1: One Gateway Plaza, 12th Floor	
Street 2:	
*City: Los Angeles	
County:	
*State: California	
Province:	
Country: USA	
*Zip/ Postal Code: 90012	

c. 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
Middle Name:	
*Last Name: Sakoda	
Suffix:	
Title: Planning Manager	

Organizational Affiliation:

*Telephone Number: (213) 452-0264	Fax Number: (213) 452-0422
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*Email: sakodak@scrra.net

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:

Urbanized Area Formula

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 and rolling stock.

Attach supporting documents as specified in agency instructions.

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 Authority
*b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 1/2/2015
*b. End Date: 7/31/2016

18. Estimated Funding (\$):

*a. Federal	\$14,687,151.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$14,687,151.00

*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: Michael

Middle Name: P.

*Last Name: DePallo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258 Fax Number:

*Email: depallo@scrra.net

*Signature of Authorized Representative: *Michael DePallo* Date Signed: 9-11-14

Application for Federal Assistance SF-424

Version 02

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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: _____	4. Applicant Identifier: Dept. of Food and Agriculture	RECEIVED
------------------------------	---	-----------------

5a. Federal Entity Identifier: 15-8506-1211-CA	* 5b. Federal Award Identifier: _____	SEP 15 2014
---	--	--------------------

State Use Only:	STATE CLEARING HOUSE
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6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	--

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 807487665
---	--

d. Address:

* Street1: 1220 N Street, Room 315
Street2: _____
* City: Sacramento
County: _____
* State: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture	Division Name: Plant Health & Pest Prevention Services
--	--

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

Prefix: _____	* First Name: Jason
Middle Name: K	_____
* Last Name: Chan	_____
Suffix: _____	_____
Title: _____	_____

Organizational Affiliation:

California Department of Food and Agriculture

* Telephone Number: (916) 654-1211	Fax Number: (916) 654-0555
------------------------------------	----------------------------

* Email: jason.chan@cdfa.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:

USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

State of California

* 15. Descriptive Title of Applicant's Project:

Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant District 6

* b. Program/Project CA-all

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

17. Proposed Project:

* a. Start Date: 10/1/2014

* b. End Date: 9/30/2015

18. Estimated Funding (\$):

* a. Federal 9,624,859

* b. Applicant

* c. State 1,516,377

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 11,141,236

*** 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 September 8, 2014.

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.) Applicant Federal Debt Delinquency 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: Middle Name: * First Name: Crystal

Middle Name:

* Last Name: Myers

Suffix:

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: *Crystal Myers* * Date Signed: 9/9/14

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):**

E: Other (specify)

*** Other (Specify):**

6f3Boundary Amendment

*** 3. Date Received:**

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

06-00747.1

SEP 15 2014

State Use Only:

STATE CLEARINGHOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** California - Department of Parks and Recreation

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

68-0303606

*** c. Organizational DUNS:**

1720708070000

d. Address:

*** Street1:** P.O. Box 942896

Street2:

*** City:** Sacramento

County/Parish:

*** State:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 94296-0001

e. Organizational Unit:

Department Name:

California Department of Parks

Division Name:

Office of Grants & Local Svcs

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

Prefix: *** First Name:** Jean

Middle Name:

*** Last Name:** Lacher

Suffix:

Title: Chief, Office of Grants and Local Services

Organizational Affiliation:

*** Telephone Number:** 916-653-7423

Fax Number: 916-653-6511

*** Email:** Jean.Lacher@parks.ca.gov

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:

15-916

CFDA Title:

Land and Water Conservation Fund

*** 12. Funding Opportunity Number:**

06-00747.1

* Title:

San Antonio Villa Park/Coliseum Gardens Park Acquisition

13. Competition Identification Number:

Title:

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

GNIS Detail - Coliseum Gardens.mht

Add Attachment

Delete Attachment

View Attachment

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

San Antonio Villa Park/Coliseum Gardens Park
Lion Way & Leona Creek Drive, Oakland CA

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"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* 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

** 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: