

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1 - 15, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Call US DA 8/26/15  
mja

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

**Application for Federal Assistance SF-424**

Version 02

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

*3. Date Received:	4. Application Identifier:
--------------------	----------------------------

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: 15-9200-0441-CA mja
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6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: Tejon Ranch Conservancy	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-2839563	*c. Organizational DUNS: 057023712

*d. Address:	
*Street1: PO Box 216	
Street 2:	
*City: Frazier Park	
County: Kern	
*State: California	
Province:	
Country: USA	*Zip/ Postal Code: 93225

*e. Organizational Unit:	
Department Name:	Division Name:

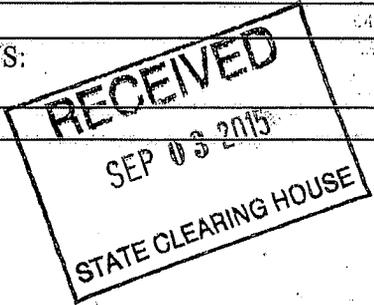
*f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Dr.	First Name: Michael
Middle Name: D.	
*Last Name: White	
Suffix:	

Title: Conservation Science Director
--------------------------------------

Organizational Affiliation: Tejon Ranch Conservancy
--

*Telephone Number: 661-248-2400 x2	Fax Number: 661-248-2407
------------------------------------	--------------------------

*Email: mwhite@tejonconservancy
---------------------------------



**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

E. Regional Organization

Type of Applicant 3: Select Applicant Type:

X. Other (specify)

\*Other (specify):

Land Trust

\*10. Name of Federal Agency:

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-025 NP USDA

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

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

Tejon Ranch, Lebec, California

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

Field Technician Support for Feral Swine Population and Damage Estimation, Tejon Ranch Conservancy, California

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant CA-023

\*b. Program/Project: CA-023, CA-025

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

17. Proposed Project:

\*a. Start Date: September 27, 2015

\*b. End Date: September 30, 2016

18. Estimated Funding (\$):

\*a. Federal \$62,716.00

\*b. Applicant \$94,813.00

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$157,529.00

\*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: Dr.

\*First Name: Michael

Middle Name: D.

\*Last Name: White

Suffix:

\*Title: Conservation Science Director

\*Telephone Number: 661-248-2400 x2

Fax Number: 661-248-2407

\*Email: mwhite@tejonconservancy.org

\*Signature of Authorized Representative:

Date Signed:

### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

**\* If Revision, select appropriate letter(s):**

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-1916-CA

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:** 09/01/2015

**7. State Application Identifier:** 14-0594-FR

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** State of California

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

68-0325104

**\* c. Organizational DUNS:**

8074876650000

**d. Address:**

**\* Street1:** 1220 N Street, Room 315

**Street2:**

**\* City:** Sacramento

**County/Parish:**

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 95814

**e. Organizational Unit:**

**Department Name:**

Food and Agriculture

**Division Name:**

Plant Health/Pest Prev Svcs

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

**Prefix:**

**\* First Name:** Jason

**Middle Name:**

**\* Last Name:** Chan

**Suffix:**

**Title:**

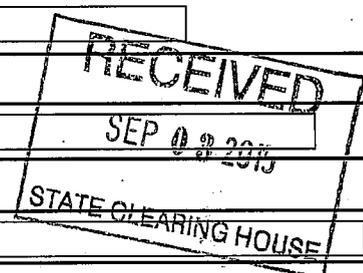
**Organizational Affiliation:**

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:**

NA

\* Title:

NA

**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:**

Guava Fruit Fly - Long Beach, Los Angeles County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="417,282.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="417,282.00"/>
* 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="834,564.00"/>

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

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

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

\_\_\_\_\_

**\* Other (Specify):**

\_\_\_\_\_

**\* 3. Date Received:**

\_\_\_\_\_

**4. Applicant Identifier:**

Dept. of Food and Agriculture

**5a. Federal Entity Identifier:**

15-8506-1917-CA

**5b. Federal Award Identifier:**

\_\_\_\_\_

**State Use Only:**

6. Date Received by State: 09/01/2015

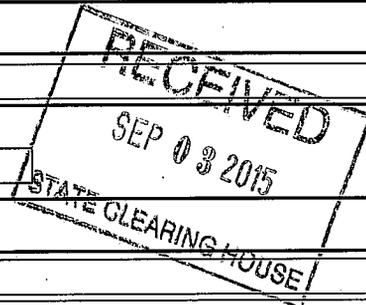
7. State Application Identifier: 14-0595-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

\* b. Employer/Taxpayer Identification Number (EIN/TIN):  
68-0325104

\* c. Organizational DUNS:  
8074876650000



**d. Address:**

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

**e. Organizational Unit:**

Department Name:  
Food and Agriculture

Division Name:  
Plant Health/Pest Prev Svcs

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

Prefix: \_\_\_\_\_ \* First Name: Jason  
Middle Name: \_\_\_\_\_  
\* 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:**

NA

\* Title:

NA

**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:**

Oriental Fruit Fly - Cupertino, Santa Clara County

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="170,905.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="170,905.00"/>
* 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="341,810.00"/>

**\* 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**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> 04/28/2015	<b>4. Applicant Identifier:</b> _____
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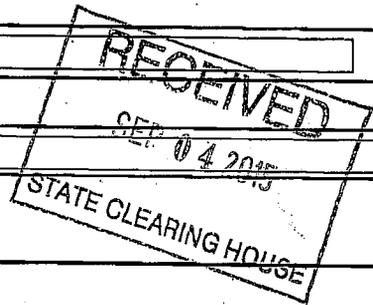
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> _____
--	---

**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> G1598097
---	--

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> STATE OF CALIFORNIA	<b>* c. Organizational DUNS:</b> 8083223580000
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1697567	



**d. Address:**

<b>* Street1:</b> 1416 9TH STREST	
<b>Street2:</b>	
<b>* City:</b> SACRAMENTO	
<b>County/Parish:</b>	
<b>* State:</b> CA: California	
<b>Province:</b>	
<b>* Country:</b> USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 95814-0000	

**e. Organizational Unit:**

<b>Department Name:</b> CDFW	<b>Division Name:</b> GRANTS MANAGEMENT BRANCH
------------------------------	--

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

<b>Prefix:</b> _____	<b>* First Name:</b> BRIAN
<b>Middle Name:</b> _____	
<b>* Last Name:</b> SALAZAR	
<b>Suffix:</b> _____	
<b>Title:</b> GRANT ADMINISTRATOR	

**Organizational Affiliation:**

\_\_\_\_\_

<b>* Telephone Number:</b> 916-323-6201	<b>Fax Number:</b> _____
---	--------------------------

<b>* Email:</b> BRIAN.SALAZAR@WILDLIFE.CA.GOV
---

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Fish and Wildlife Service

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

15.634

CFDA Title:

State Wildlife Grants

**\* 12. Funding Opportunity Number:**

F15AS00160

\* Title:

R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

**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:**

BOB POWERS GATEWAY PRESERVE WETLAND ENHANCEMENT

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="61,500.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="33,115.00"/>
* 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="94,615.00"/>

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

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

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

Yes  No

If "Yes", provide explanation and attach

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

\*\* I AGREE

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424

1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application:

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

Other (Specify):

RECEIVED  
SEP 14 2015  
STATE CLEARING HOUSE

3. Date Received:

09/08/2015  
Completed by *Chris Koepfer* 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:

Shasta C.S.D.

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

94-1568980

c. Organizational DUNS:

009445586

d. Address:

Street 1: P.O. Box 2520  
Street 2:  
City: Shasta  
County/Parish:  
State: Ca  
Province:  
Country: USA: UNITED STATES  
Zip / Postal Code: 96087

e. Organizational Unit:

Department Name:  
Division Name:

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

Prefix:  
Middle Name:  
Last Name: Koepfer  
Suffix:  
First Name: Chris

Title: General Manager

Organizational Affiliation:

\* Telephone Number:

(530) 241-6264

Fax Number:

\* Email:

ckoeper

C.Koepfer@Shastacsd.org

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

Water Source Infrastructure upgrade,

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:

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

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

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 28, Section 1001)

**I AGREE**

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

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

\* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

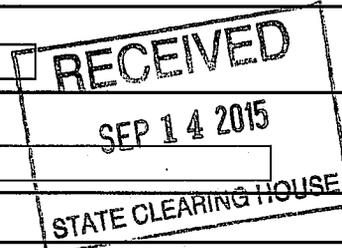
\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

4. Applicant Identifier:

Dept. of Food and Agriculture



5a. Federal Entity Identifier:

15-8506-1918-CA

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State: 09/14/2015

7. State Application Identifier: 15-0435-FR

**8. APPLICANT INFORMATION:**

\* a. Legal Name: State of California

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

68-0325104

\* c. Organizational DUNS:

8074876650000

**d. Address:**

\* Street1: 1220 N Street, Room 315

Street2:

\* City: Sacramento

County/Parish:

\* State: CA: California

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 95814

**e. Organizational Unit:**

Department Name:

Food and Agriculture

Division Name:

Plant Health/Pest Prev Svcs

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

Prefix:

\* First Name:

Jason

Middle Name:

\* 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:  
[Empty field]

Type of Applicant 3: Select Applicant Type:  
[Empty field]

\* Other (specify):  
[Empty field]

**\* 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:**

NA

\* Title:  
NA

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

Add Attachment

Delete Attachment

View Attachment

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

Oriental Fruit Fly Covina, Los Angeles County

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="130,209.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="130,209.00"/>
* 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="260,418.00"/>

**\* 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: