

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16 - 30, 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:**

Providence International Enterprises

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

68-0438998

*** c. Organizational DUNS:**

093207210

d. Address:

*** Street 1:**

1805 Hilltop Drive Suite 212

Street 2:

*** City:**

Redding

County/Parish:

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

96002

e. Organizational Unit:

Department Name:

Domestic Division

Division Name:

Agriculture

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

Prefix:

Mr

*** First Name:**

Robert "Bud"

Middle Name:

Lincoln

*** Last Name:**

Hancock

Suffix:

Title:

Founder/Director

Organizational Affiliation:

N.A.

*** Telephone Number:**

(530) 243-3373

Fax Number:

*** Email:**

Providence@charter.net

RECEIVED

SEP 16 2014

STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Non-profit 501c3

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA Rural Development FACILITIES LOAN

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

10.766 COMMUNITY FACILITIES LOANS AND GRANTS

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

900,000.00

Add Attachments

Delete Attachments

View Attachments

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

Facility Purchase for Housing and Work Experience for Homeless 18-24 year old foster care and Juvenile Hall young people.

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

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

TOTAL \$900,000.00

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

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

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

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

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

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 16 2014
STATE CLEARING HOUSE

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

10-CA-11272172-060

5b. Federal Award Identifier:

10-CA-11272172-060

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of California, Davis - UC Regents

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

94 6036494

* c. Organizational DUNS:

0471200840000

d. Address:

* Street1: Office of Research - Sponsored Programs

Street2: 1850 Research Park Drive

* City: Davis

County/Parish: Yolo

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95618-6153

e. Organizational Unit:

Department Name:

ENTOMOLOGY

Division Name:

College of Ag & Enviro Science

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

Prefix:

Dr.

* First Name:

Micheal

Middle Name:

* Last Name:

Parrella

Suffix:

Title: Monitoring Health of Oaks under Infestation

Organizational Affiliation:

University of California, Davis

* Telephone Number: 530-752-0479

Fax Number: 530-754-9077

* Email: mpparrella@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

USDA / FOREST SERVICE PACIFIC SOUTH WEST RESEARCH STATION

11. Catalog of Federal Domestic Assistance Number:

10 652

CFDA Title:

Forestry Research

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Monitoring the Health of Oaks under Infestation by the Goldspotted Oak Borer in California

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="42,157.00"/>
* b. Applicant	<input type="text" value="22,765.00"/>
* 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="64,922.00"/>

*** 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:

OMB Number: 4040-0004
Expiration Date: 8/31/2016

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:**

08/12/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

SEP 17 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Bishop Paiute Tribe

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

95-190-5064

*** c. Organizational DUNS:**

0377167850000

d. Address:

*** Street1:**

50 tu su lane

Street2:

*** City:**

bishop

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93514-6038

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:**

linda

Middle Name:

*** Last Name:**

akyuz

Suffix:

Title:

Organizational Affiliation:

*** Telephone Number:**

310-955-6029

Fax Number:

*** Email:**

linda.akyuz@bishoppaiute.org

Application for Federal Assistance SF-424

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

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

*** 12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-06

*** Title:**

National Clean Diesel Funding Assistance Program, FY 2014 Tribal Request for Proposals

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:**

Replacement of Head Start Diesel Bus with Clean Diesel Bus

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: <input type="text" value="8th"/>	* b. Program/Project: <input type="text" value="8th"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="01/01/2015"/>	* b. End Date: <input type="text" value="06/30/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="57,050.00"/>
* b. Applicant	<input type="text" value="57,050.00"/>
* 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="114,100.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="08/12/2014"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<input checked="" type="checkbox"/> ** 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: <input type="text"/>	* First Name: <input type="text" value="David"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="ThunderEagle"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Tribal Adm"/>	
* Telephone Number: <input type="text" value="760-873-3584"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="david.thundereagle@bishoppaiute.org"/>	
* Signature of Authorized Representative: <input type="text" value="David ThunderEagle"/>	* Date Signed: <input type="text" value="08/12/2014"/>

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:

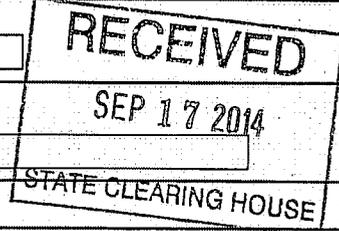
4. Applicant Identifier:

CA Department of Food & Agriculture

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

14-8130-0047-CA



State Use Only:

6. Date Received by State: 8/27/14

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 325

Street2: _____

* City: Sacramento

County: _____

* State: California

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814

e. Organizational Unit:

Department Name:

Food and Agriculture

Division Name:

Plant Health and Pest Prevention Services

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

Prefix: _____

* First Name: Duane

Middle Name: _____

* Last Name: Schnabel

Suffix: _____

Title: EPM II

Organizational Affiliation:

* Telephone Number: 916.654.0312

Fax Number: 916.654.0986

* Email: Duane.Schnabel@cdfa.ca.gov

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

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 & 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:**

BMP ORNAMENTAL NURSERIES

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA;3rd

* 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 \$40,000

* b. Applicant

* c. State \$0

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$40,000

*** 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

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: * First Name:

Middle Name:

* Last Name:

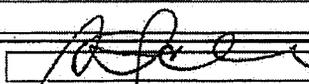
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

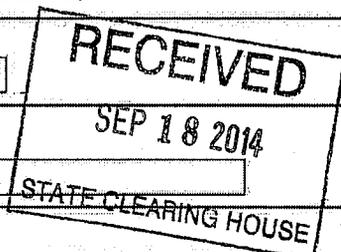
* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <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: _____
-------------------------------------	--

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: University of California, Davis - UC Regents	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94 6036494	* c. Organizational DUNS: 0471200840000

d. Address:

* Street1: Office of Research - Sponsored Programs
Street2: 1850 Research Park Drive
* City: Davis
County/Parish: Yolo
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95618-6153

e. Organizational Unit:

Department Name: ENTOMOLOGY	Division Name: College of Ag & Enviro Science
------------------------------------	--

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

Prefix: Dr.	* First Name: Michael
Middle Name: _____	
* Last Name: Parrella	
Suffix: _____	

Title: Survey and Detection of the Polyphagous Shot

Organizational Affiliation: University of California, Davis

* Telephone Number: 530-752-0479	Fax Number: 530-754-9077
---	---------------------------------

*** Email:** mpparrella@ucdavis.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA / FOREST SERVICE PACIFIC SOUTH WEST RESEARCH STATION

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Forestry Health Protection

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

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:**

Survey and Detection of the Polyphagous Shot Hole Borer and Goldspotted Oak Borer in California

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="49,020.00"/>
* b. Applicant	<input type="text" value="27,206.10"/>
* 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="76,226.10"/>

*** 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:

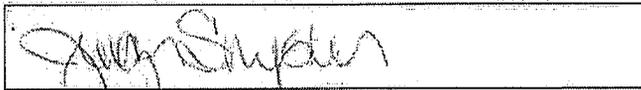
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

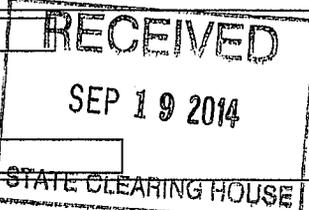
3. DATE RECEIVED BY STATE: _____
S. Application Identifier: _____

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

4. a. Federal Identifier: _____
b. Agency Routing Identifier: National Science Foundation

2. DATE SUBMITTED: 09/15/2014
Applicant Identifier: _____

5. APPLICANT INFORMATION * Organizational DUNS: 078747381
* Legal Name: Nature's Power and Energy, LLC
Department: _____ Division: _____
* Street1: 30131 Clearview Dr
Street2: _____
* City: Wesley Chapel County / Parish: _____
* State: FL: Florida Province: _____
* Country: USA: UNITED STATES * ZIP / Postal Code: 33545-3010



Person to be contacted on matters involving this application
Prefix: _____ * First Name: Dorraine Middle Name: M.
* Last Name: Rooney Suffix: _____
* Phone Number: 8139076279 Fax Number: _____
Email: wrooney2@yahoo.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 46-1476164

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 Science Foundation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 47.041
TITLE: Engineering Grants

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: HydroQueen

12. PROPOSED PROJECT:
* Start Date: 01/15/2015 * Ending Date: 08/14/2015

* 13. CONGRESSIONAL DISTRICT OF APPLICANT: 12

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Mrs. * First Name: Dorraine Middle Name: _____
* Last Name: Rooney Suffix: _____
Position/Title: COO
* Organization Name: Nature's Power and Energy, LLC
Department: _____ Division: _____
* Street1: 30131 Clearview Dr
Street2: _____
* City: Wesley Chapel County / Parish: _____
* State: FL: Florida Province: _____
* Country: USA: UNITED STATES * ZIP / Postal Code: 33545-3010
* Phone Number: 8139076279 Fax Number: _____
* Email: wrooney2@yahoo.com

<p>15. ESTIMATED PROJECT FUNDING</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a. Total Federal Funds Requested</td> <td style="border: 1px solid black; width:30%;">930,150.00</td> </tr> <tr> <td>b. Total Non-Federal Funds</td> <td style="border: 1px solid black;">930,150.00</td> </tr> <tr> <td>c. Total Federal & Non-Federal Funds</td> <td style="border: 1px solid black;">1,860,300.00</td> </tr> <tr> <td>d. Estimated Program Income</td> <td style="border: 1px solid black;">10,000,000.00</td> </tr> </table>	a. Total Federal Funds Requested	930,150.00	b. Total Non-Federal Funds	930,150.00	c. Total Federal & Non-Federal Funds	1,860,300.00	d. Estimated Program Income	10,000,000.00	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: 09/15/2014</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
a. Total Federal Funds Requested	930,150.00								
b. Total Non-Federal Funds	930,150.00								
c. Total Federal & Non-Federal Funds	1,860,300.00								
d. Estimated Program Income	10,000,000.00								

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 or other Explanatory Documentation

Add Attachment
Delete Attachment
View Attachment

19. Authorized Representative

Prefix: Mrs. * First Name: Dorraine Middle Name: M

* Last Name: Rooney Suffix:

* Position/Title: CEO

* Organization: Nature's Power and Energy, LLC

Department: Division:

* Street1: 30131 Clearview Dr

Street2:

* City: Wesley Chapel County / Parish:

* State: FL: Florida Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 33545-3010

* Phone Number: 8139076279 Fax Number:

* Email: wrooney2@yahoo.com

* Signature of Authorized Representative	* Date Signed
Completed on submission to Grants.gov	Completed on submission to Grants.gov

20. Pre-application Add Attachment Delete Attachment View Attachment

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

2. DATE SUBMITTED September 16, 2014		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier	
5. APPLICANT INFORMATION Legal Name: City of Norwalk		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Address (give city, county, State, and zip code): 12650 E. Imperial Highway Norwalk, CA 90650		Organizational Unit: Norwalk Transit System	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005882		Name and telephone number of person to be contacted on matters involving this application (give area code) Sudesh Paul (562) 929-5660	
7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	
9. NAME OF FEDERAL AGENCY: Federal Transit Administration (FTA - Region IX)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507 TITLE: Bus and Bus Facilities Formula Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FTA Grant # CA-90-Z218 FTA Section 5307 UZA Formula Capital Program FTA Section 5307 15% Discretionary Capital Allocation FTA Section 5307 1% TEA Capital Allocation		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Norwalk	
13. PROPOSED PROJECT Start Date 7/1/14 Ending Date 6/30/17		14. CONGRESSIONAL DISTRICTS OF: 38	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,827,343 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/16/14	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 200,614 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 477,555 ⁰⁰	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.	
e. Other	\$ ⁰⁰	a. Type Name of Authorized Representative James C. Parker	
f. Program Income	\$ ⁰⁰	b. Title Director of Transportation	
g. TOTAL	\$ 3,505,512 ⁰⁰	c. Telephone Number (562) 929-5533	
d. Signature of Authorized Representative		e. Date Signed 9/18/2014	

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

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

SEP 24 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Sequoia Foundation

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

33-0100208

*** c. Organizational DUNS:**

0109292430000

d. Address:

*** Street1:**

2166 Avenida de la Playa

Street2:

Suite D

*** City:**

La Jolla

County/Parish:

San Diego

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92037-3238

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Kristen

Middle Name:

*** Last Name:**

Nelson

Suffix:

Title:

Contract Administrator

Organizational Affiliation:

*** Telephone Number:**

858-459-0434

Fax Number:

858-459-9461

*** Email:**

kristen@sequoiafoundation.org

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.433

CFDA Title:

Marine Fisheries Initiative

*** 12. Funding Opportunity Number:**

NOAA-NMFS-SE-2015-2004143

* Title:

Marine Fisheries Initiative (MARFIN)

13. Competition Identification Number:

2488293

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Systematic Assessment of Subsistence Fishing, Exchange and Consumption Patterns in Ethnically Diverse Coastal Communities of the Gulf of Mexico

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="338,250.00"/>
* 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" value="338,250.00"/>

*** 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

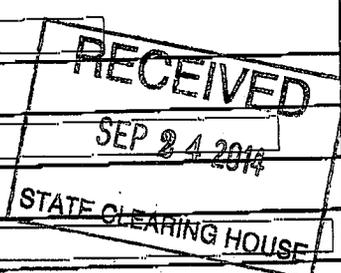
* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication	<input type="checkbox"/> Application	<input type="checkbox"/> New	<input type="checkbox"/> Continuation	E	
<input checked="" type="checkbox"/> Changed/Corrected Application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

* 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: South Coast Air Quality Management District	* c. Organizational DUNS: 025988159
* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419	

d. Address:

* Street1:	21865 Copley Drive
Street2:	
* City:	Diamond Bar
County:	Los Angeles
* State:	California
Province:	
* Country:	United States
* Zip / Postal Code:	91765

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: Nancy
Middle Name:	
* Last Name: Cole	
Suffix:	
Title: Financial Analyst	
Organizational Affiliation: South Coast Air Quality Management District	
* Telephone Number: (949) 396-2767	Fax Number:
* Email: ncole@aqmd.gov	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

G. Special District

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81088

CFDA Title:

Conservation Research & Development

* 12. Funding Opportunity Number:

DE-FOA-0001106

* Title:

Zero Emission Cargo Transport (ZECT) Demonstration

13. Competition Identification Number:

Title:

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

Cities of Los Angeles, Long Beach, Ontario, San Bernardino, and Industry

* 15. Descriptive Title of Applicant's Project:

San Pedro Bay Ports Fuel Cell Electric Vehicle and Hybrid Electric Vehicle Zero Emission Cargo Transportation Demonstration 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	<input type="text" value="10,000,000.00"/>
* b. Applicant	<input type="text" value="2,483,979.00"/>
* c. State	<input type="text" value="2,400,000.00"/>
* d. Local	<input type="text" value="2,250,000.00"/>
* e. Other	<input type="text" value="3,125,841.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="20,259,820.00"/>

* 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.

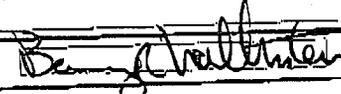
Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

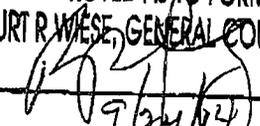
* Email:

* Signature of Authorized Representative:  Date Signed:

Authorized for Local Reproduction

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

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL

By: 
Date:

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"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 1946002123A1			*c. Organizational DUNS: 12-472-6725		
d. Address:					
*Street1: 2150 Shattuck Avenue, Suite #300					
Street 2:					
*City: Berkeley					
County: Alameda					
*State: CA					
Province:					
Country: USA					
*Zip/ Postal Code: 94704-5940					
e. Organizational Unit:					
Department Name: Environmental Science & Policy Management			Division Name: Organisms & the Environment		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		First Name: Joy			
Middle Name:					
*Last Name: Ayson-Yu					
Suffix:					
Title: Contract and Grant Officer					
Organizational Affiliation: Sponsored Projects Office, University of California, Berkeley					
*Telephone Number: 510-664-4458			Fax Number: 510-642-8236		
*Email: laysonyu@berkeley.edu					

RECEIVED

SEP 25 2014

STATE CLEARING HOUSE

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:
- Select One -

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

*Other (specify):

*10. Name of Federal Agency:
USDA-APHIS

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number: Not available

*Title:

13. Competition Identification Number:

Title:

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

California, USA

*15. Descriptive Title of Applicant's Project:

Non-target test of introduced drosophilid parasitoids for biological control of Drosophila suzukii in USA

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

CA-013

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 9/25/14

*b. End Date: 9/24/15

18. Estimated Funding (\$):

*a. Federal

\$74,704.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$74,704.00

*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 9/25/14
- 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: JOY

Middle Name:

*Last Name: AYSON-YU

Suffix:

*Title: Contract & Grant Officer

*Telephone Number: 510 642-0120

Fax Number: 510/642-8236

*Email: laysonyu@berkeley.edu

*Signature of Authorized Representative:

Date Signed: 9/25/14

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input 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: Completed by Grants.gov upon submission.		4. Applicant Identifier: N/A		RECEIVED SEP 25 2014 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: CITY OF WINTERS					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000457			* c. Organizational DUNS: 807194907		
d. Address:					
• Street 1: 318 FIRST STREET					
Street 2: _____					
* City: WINTERS					
County/Parish: _____					
* State: CA					
Province: _____					
* Country: USA: UNITED STATES					
• Zip / Postal Code: 95694					
e. Organizational Unit:					
Department Name: CITY OF WINTERS			Division Name: PUBLIC WORKS		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		* First Name: JIM			
Middle Name: _____					
• Last Name: FLETTER					
Suffix: _____					
Title: ASSISTANT CITY ENGINEER					
Organizational Affiliation: PONTICELLO ENTERPRISES					
* Telephone Number: (530) 668-5883		Fax Number: _____			
* Email: jim.fletter@ponticelloinc.com					

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

C. CITY GOVERNMENT

Type of Applicant 2- Select Applicant Type:

E. REGIONAL ORGANIZATION

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

USDA RURAL DEVELOPMENT SERVICE, CALIFORNIA

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

CITY OF WINTERS

Add Attachments

Delete Attachments

View Attachments

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

WEST MAIN STREET PUMP STATION AND FORCE MAIN
EAST STREET AND EL RIO VILLA SEWER PUMP STATION CONTROL PANEL REPLACEMENT

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 Attachments

Delete Attachments

View Attachments

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$4,954,000.00"/>
* 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" value="\$4,954,000.00"/>

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

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

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

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

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

Yes No

If "Yes, provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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:**

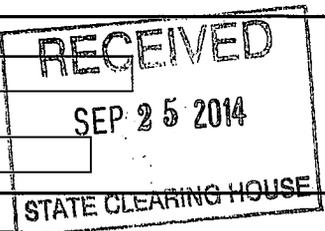
- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

* Other (Specify):



*** 3. Date Received:**

09/14/2014

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:**

Southern California Regional Rail Authority

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

93-4351663

*** c. Organizational DUNS:**

8361404750000

d. Address:

*** Street1:**

One Gateway Plaza

Street2:

*** City:**

Los Angeles

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

90012-3747

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

*** First Name:**

Anne

Middle Name:

Louise

*** Last Name:**

Rice

Suffix:

Title:

Strategic Programming and Development Manager

Organizational Affiliation:

Southern California Regional Rail Authority

*** Telephone Number:**

213-452-0211

Fax Number:

*** Email:**

ricea@scrra.net

Application for Federal Assistance SF-424

*** 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:**

Federal Railroad Administration

11. Catalog of Federal Domestic Assistance Number:

20.314

CFDA Title:
Railroad Development

*** 12. Funding Opportunity Number:**

Docket No. 4910-06-P

* Title:
Deploying Positive Train Control (PTC) Software Updates and Enhancements on a Revenue Service PTC System to Improve System Safety and Reliability - Lessons Learned for the Industry

13. Competition Identification Number:

Title:

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

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

Procure, test and deploy interoperable software on a shared railroad network in real time production with a report on lessons learned to share with the rail industry.

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	<input type="text" value="2,000,000.00"/>
* b. Applicant	<input type="text" value="500,000.00"/>
* 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" value="2,500,000.00"/>

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

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

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

Yes No

If "Yes", provide explanation and attach

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:

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

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	RECEIVED SEP 29 2014 STATE CLEARING HOUSE
5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: RI4AS00050	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: The Urban Wildlands Group, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4816288	* c. Organizational DUNS: 113445451	
d. Address:		
* Street1: P.O. Box 24020	_____	
Street2:	_____	
* City: Los Angeles	_____	
County:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 90024-0020	_____	
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: Travis	
Middle Name: _____	_____	
* Last Name: Longcore	_____	
Suffix: Ph.D	_____	
Title: Science Director		
Organizational Affiliation:		

* Telephone Number: (310) 247-9719	Fax Number: _____	
* Email: longcore@urbanwildlands.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type: _____	
Type of Applicant 3: Select Applicant Type: _____	
* Other (specify): _____	
* 10. Name of Federal Agency: Bureau of Reclamation	
11. Catalog of Federal Domestic Assistance Number: 25.512	
CFDA Title: Central Valley Project Improvement Act, Title XXXIV	
* 12. Funding Opportunity Number: R14AS00050	
* Title: Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program	
13. Competition Identification Number: _____	
Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): Antioch, California Moorpark, California	
* 15. Descriptive Title of Applicant's Project: Captive Rearing and Release to Support Recovery of Lange's Metalmark Butterfly at Antioch Dunes National Wildlife Refuge	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="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-30	* b. Program/Project CA-10
Attach an additional list of Program/Project Congressional Districts if needed.		
	Add Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	10/01/2015	* b. End Date: 09/30/2016
18. Estimated Funding (\$):		
* a. Federal	60,794.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	60,794.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on	09/28/2014
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c.	Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> ** 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: Travis
Middle Name:		
* Last Name:	Longcore	
Suffix:	Ph.D	
* Title:	Science Director	
* Telephone Number:	(310) 247-9719	Fax Number:
* Email:	longcore@urbanwildlands.org	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

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):**

[Redacted]

*** Other (Specify)**

[Redacted]

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

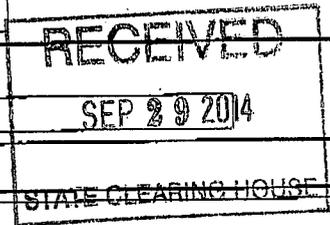
[Redacted]

5a. Federal Entity Identifier:

[Redacted]

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

[Redacted]



State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

*** a. Legal Name:** Cal State LA University Auxiliary Services, Inc.

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

954016653

*** c. Organizational DUNS:**

066697590

d. Address:

* Street1: 5151 State University Drive, GE314

Street2: [Redacted]

* City: Los Angeles

County: [Redacted]

* State: CA: California

Province: [Redacted]

* Country: USA: UNITED STATES

* Zip / Postal Code: 90032-4226

e. Organizational Unit:

Department Name: [Redacted]

Division Name: [Redacted]

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

Prefix: Dr.

* First Name: Andrea

Middle Name: [Redacted]

* Last Name: Aguilar

Suffix: Ph.D

Title: Professor

Organizational Affiliation:

California State University, Los Angeles

* Telephone Number: 323-343-2076

Fax Number: [Redacted]

* Email: aaquil67@calstacela.edu

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

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

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

*** 12. Funding Opportunity Number:**

R14AS00050

*** Title:**

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

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

Environmental DNA assay for listed vernal pool branchiopods

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	<input type="text" value="190,499.00"/>
* 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="190,499.00"/>

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

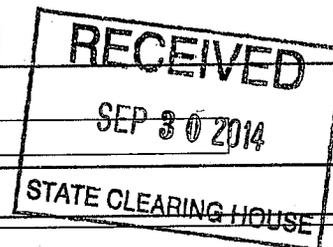
* 3. Date Received:

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: Contra Costa Resource Conservation District

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

94-2550002

* c. Organizational DUNS:

080706880

d. Address:

* Street1:

5552 Clayton Road

Street2:

* City:

Concord

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94521

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

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

Prefix:

Mr.

* First Name:

Ben

Middle Name:

* Last Name:

Wallace

Suffix:

Title:

Executive Director

Organizational Affiliation:

Contra Costa Resource Conservation District

* Telephone Number:

925 672-6522

Fax Number:

925 672 8064

* Email:

ben.wallace@ca.nacdnet.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

* 12. Funding Opportunity Number:

R14AS00050

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

City of Clayton and City of Brentwood
Contra Costa County
California

* 15. Descriptive Title of Applicant's Project:

Recovery Actions for California Red-legged Frog and California Tiger Salamander in Contra Costa County

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: 09/26/2014	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: 1736 Family Crisis Center		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3989251	* c. Organizational DUNS: 6182165190900	
d. Address:		
* Street1: 2116 Arlington Avenue, Suite 200		
Street2: _____		
* City: Los Angeles		
County/Parish: _____		
* State: CA: California		
Province: _____		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 90018-1353		
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: Ryan	
Middle Name: _____		
* Last Name: Macy-Rurley		
Suffix: _____		
Title: Dir of Resource Development & Program Plannin		
Organizational Affiliation: _____		
* Telephone Number: (323) 737-3900 ext. 206	Fax Number: (323) 737-3993	
* Email: rhurley@1736fcc.org		

RECEIVED
SEP 30 2014
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

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

Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.267

CFDA Title:

*** 12. Funding Opportunity Number:**

FR-5700-N-17

* Title:

Fiscal Year 2014 Continuum of Care Competition

13. Competition Identification Number:

Title:

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

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

1736 Family Crisis Center SHP

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="531,763.00"/>
* b. Applicant	<input type="text" value="132,941.00"/>
* 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" value="664,704.00"/>

* 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 216, 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: <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: 0951-1604
------------------------------	---------------------------------------

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

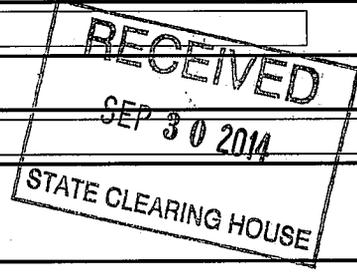
State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Plug In America, LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN): 2 6 1 7 9 9 6 1 5	* c. Organizational DUNS: 022348182
--	--



d. Address:

* Street1: 2370 Market Street, Suite 419
Street2: _____
* City: San Francisco
County: _____
* State: CA
Province: _____
* Country: USA
* Zip / Postal Code: 94114

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: Erin
Middle Name: _____
* Last Name: Tator
Suffix: _____

Title: Director, Operations

Organizational Affiliation:

* Telephone Number: (707) 554-2773 Fax Number: _____

* Email: etator@pluginamerica.org

Application for Federal Assistance SF-424**9. Type of Applicant 1: Select Applicant Type:** O. Not for Profit Organization**Type of Applicant 2: Select Applicant Type:****Type of Applicant 3: Select Applicant Type:**

* Other (specify):

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

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

8 1 0 8 6

CFDA Title:

Conservation Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-0000951

* Title:

Vehicle Technologies "Alternative Fuel Vehicle Deployment Initiatives"

13. Competition Identification Number:

Title:

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

Areas targeted for this project are the Pacific Northwest, Midwest, deep south and southeast.

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

Experience Electric (EXEL) Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-012

* 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	498,662.00
* b. Applicant	500,000.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	998,662.00

* 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 09/30/2014 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: Ms. * First Name: Erin

Middle Name:

* Last Name: Tator

Suffix:

* Title: Director, Operations

* Telephone Number: (707) 554-2773 Fax Number:

* Email: etator@pluginamerica.org

* Signature of Authorized Representative: *Erin P. Tator* * Date Signed: 9/29/14

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):

[Redacted]

* Other (Specify)

[Redacted]

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

[Redacted]

RECEIVED

SEP 30 2014

5a. Federal Entity Identifier:

[Redacted]

* 5b. Federal Award Identifier:

[Redacted]

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name: Contra Costa Resource Conservation District

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

94-2550002

* c. Organizational DUNS:

080706880

d. Address:

* Street1: 5552 Clayton Road

Street2: [Redacted]

* City: Concord

County: [Redacted]

* State: CA: California

Province: [Redacted]

* Country: USA: UNITED STATES

* Zip / Postal Code: 94521

e. Organizational Unit:

Department Name: [Redacted]

Division Name: [Redacted]

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

Prefix: [Redacted]

* First Name: Ben

Middle Name: [Redacted]

* Last Name: Wallace

Suffix: [Redacted]

Title: Executive Director

Organizational Affiliation:

Contra Costa Resource Conservation District

* Telephone Number: 925 672-6522

Fax Number: [Redacted]

* Email: ben.wallace@ccr.nacdn.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

15.512

CFDA Title:

Central Valley Project Improvement Act, Title XXXIV

* 12. Funding Opportunity Number:

R14AS00050

* Title:

Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

13. Competition Identification Number:

Title:

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

Contra Costa County
California

See attached Congressional District map - projects are in District 11

* 16. Descriptive Title of Applicant's Project:

Recovery Actions for California Red-legged Frog and California Tiger Salamander in Contra Costa County

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

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="245,596.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="2,040.00"/>
* e. Other	<input type="text" value="17,250.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="265,886.00"/>

* 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.)

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 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: