

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16 - 30, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

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: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
<p><i>Governor's Office of Planning & Research</i></p> <p>SEP 29 2016</p> <p>STATE CLEARINGHOUSE</p>		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: <u>The Urban Wildlands Group, Inc.</u>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <u>95-4816288</u>	* c. Organizational DUNS: <u>1134454510000</u>	
d. Address:		
* Street1: <u>P.O. Box 24070</u>	Street2: _____	
* City: <u>Los Angeles</u>	County/Parish: _____	
* State: _____	CA: California	
Province: _____	Country: <u>USA: UNITED STATES</u>	
* Zip / Postal Code: <u>90024-0020</u>		
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: <u>Travis</u>	
Middle Name: _____	* Last Name: <u>Longcore</u>	
Suffix: <u>Ph.D</u>	Title: <u>Science Director</u>	
Organizational Affiliation: _____		
* Telephone Number: <u>(310) 247-9719</u>	Fax Number: _____	
* Email: <u>longcore@urbanwildlands.org</u>		

Application for Federal Assistance SF-424	
<p>* 9. Type of Applicant 1: Select Applicant Type:</p> <p>M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>* Other (specify):</p>	
<p>* 10. Name of Federal Agency:</p> <p>Bureau of Reclamation</p>	
<p>11. Catalog of Federal Domestic Assistance Number:</p> <p>CFDA Title:</p>	
<p>* 12. Funding Opportunity Number:</p> <p>BOR-MP-16-0004</p> <p>* Title:</p> <p>Central Valley Project Conservation Program and Central Valley Project Improvement Act.</p>	
<p>13. Competition Identification Number:</p> <p>BOR-MP-6-0004</p> <p>Title:</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.):</p> <p>AreasAffected.pdf <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>	
<p>* 15. Descriptive Title of Applicant's Project:</p> <p>Captive Rearing and Release to Support Recovery of Lange's Metalmark Butterfly at Antioch Dunes National Wildlife Refuge</p>	
<p>Attach supporting documents as specified in agency instructions.</p> <p><input type="button" value="Add Attachments"/> <input type="button" value="Edit Attachments"/> <input type="button" value="View Attachments"/></p>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-30	* b. Program/Project: CA-10
Attach an additional list of Program/Project Congressional Districts if needed.	
AdditionalDistricts.pdf	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: 10/01/2017	* b. End Date: 09/30/2020
18. Estimated Funding (\$):	
* a. Federal	197,112.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	197,112.00
* 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 09/19/2016.	
<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="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, flattery, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, 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	
<p>* 1. Type of Submission:</p> <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	
<p>* 2. Type of Application: * If Revision, select appropriate letter(s):</p> <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	
<p>* 3. Date Received:</p>	
<p>4. Applicant Identifier:</p>	
<p>5a. Federal Entity Identifier:</p>	
<p>* 5b. Federal Award Identifier:</p>	
<p>State Use Only:</p>	
<p>6. Date Received by State:</p>	
<p>7. State Application Identifier:</p>	
<p>8. APPLICANT INFORMATION:</p>	
<p>* a. Legal Name: University Enterprises, Inc. on behalf of CSU Sacramento</p>	
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN): 041337638</p>	
<p>* c. Organizational DUNS: 029031796</p>	
<p>d. Address:</p>	
<p>* Street1: 6000 J Street</p>	
<p>Street2:</p>	
<p>* City: Sacramento</p>	
<p>County: Sacramento</p>	
<p>* State: CA: California</p>	
<p>Province:</p>	
<p>* Country: USA: UNITED STATES</p>	
<p>* Zip / Postal Code: 95819-6111</p>	
<p>e. Organizational Unit:</p>	
<p>Department Name: Office of Research Affairs</p>	
<p>Division Name: Academic Affairs</p>	
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>	
<p>Prefix: Mr * First Name: David</p>	
<p>Middle Name:</p>	
<p>* Last Name: Earwicker</p>	
<p>Suffix:</p>	
<p>Title: Associate Vice President</p>	
<p>Organizational Affiliation:</p>	
<p>California State University, Sacramento</p>	
<p>* Telephone Number: 916-278-3669 Fax Number: 916-278-6163</p>	
<p>* Email: david.earwicker@csus.edu</p>	

Governor's Office of Planning & Research
 SEP 19 2016
 STATE CLEARINGHOUSE

Application for Federal Assistance SF-424	
9. Type of Applicant 1: Select Applicant Type:	
<input checked="" type="checkbox"/> Other (specify)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
<input type="checkbox"/> CSU Sacramento auxiliary org	
* 10. Name of Federal Agency:	
<input type="checkbox"/> Geological Survey	
11. Catalog of Federal Domestic Assistance Number:	
<input type="checkbox"/> 15.808	
CFDA Title:	
<input type="checkbox"/> U.S. Geological Survey Research and Data Collection	
* 12. Funding Opportunity Number:	
<input type="checkbox"/> G16AS00003	
* Title:	
<input type="checkbox"/> USGS Non-Competitive Assistance FY 2016 - Sacramento Acquisition Branch	
13. Competition Identification Number:	
<input type="checkbox"/> G16AS00003	
Title:	
<input type="checkbox"/> USGS Non-Competitive Assistance FY 2016 - Sacramento Acquisition Branch	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
<input type="checkbox"/>	
* 15. Descriptive Title of Applicant's Project:	
<input type="checkbox"/> Cooperative Agreement for Joint Research and Space Occupancy California Water Science Center, Sacramento, CA	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	CA-006
* b. Program/Project	CA-006
Attach an additional list of Program/Project Congressional Districts if needed. <input type="text"/>	
17. Proposed Project:	
* a. Start Date:	10/01/2016
* b. End Date:	09/30/2021
18. Estimated Funding (\$):	
* a. Federal	10,055,534.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	10,055,534.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 09/19/2016 . <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)	
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>	
<p>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)</p> <p><input checked="" type="checkbox"/> ** I AGREE</p> <p>** 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.</p>	
Authorized Representative:	
Prefix:	Mr
* First Name:	David
Middle Name:	<input type="text"/>
* Last Name:	Earwicker
Suffix:	<input type="text"/>
* Title:	Associate Vice President
* Telephone Number:	916-278-3669
Fax Number:	916-278-6163
* Email:	david.earwicker@csus.edu
* Signature of Authorized Representative:	David Earwicker
* Date Signed:	<input type="text"/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

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:

09/20/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

Governors Office of Planning & Research

6. Date Received by State:

7. State Application Identifier:

SEP 20 2016

8. APPLICANT INFORMATION:

STATE CLEARINGHOUSE

* a. Legal Name:

Pacific Marine Renewables, LLC

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

46-2640142

* c. Organizational DUNS:

0803667150000

d. Address:

* Street1:

391 South Court Street

Street2:

* City:

Los Osos

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93402-2427

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Mr.

* First Name:

William (Bill)

Middle Name:

Irvin

* Last Name:

Tomán

Suffix:

Title:

Principal Engineer

Organizational Affiliation:

* Telephone Number:

707-731-9261

Fax Number:

* Email:

witomanium@gmail.com

Application for Federal Assistance SF-424

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

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Energy EERE

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:

*** 12. Funding Opportunity Number:**

DE-FOA-0001419

* Title:

Wave Energy Test Facility

13. Competition Identification Number:

Control No.: 1419-1505

Title:

California National Wave Energy Test Center (CalWave)

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

Add Attachment

Delete Attachment

View Attachment

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

California National Wave Energy Test Center (CalWave)

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="39,995,382.00"/>
* b. Applicant	<input type="text" value="42,000,000.00"/>
* 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="81,995,382.00"/>

*** 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:

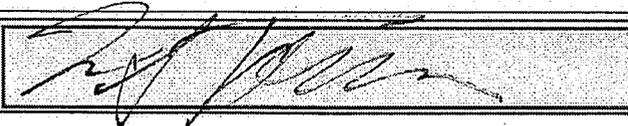
* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission <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: Water Supply Restoration Project
--	---

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

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:		
* a. Legal Name: Woodville Public Utility District	* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1545652	* c. Organizational DUNS: 828114116

Governor's Office of Planning & Research

SEP 20 2016

STATE CLEARING HOUSE

d. Address:	
* Street 1:	16716 Avenue 168
Street 2:	
* City:	Woodville
County/Parish:	Tulare
* State:	CA
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	93258

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: James
Middle Name:	
* Last Name:	Wegley
Suffix:	

Title:	Consulting Civil Engineer
---------------	---------------------------

Organizational Affiliation:	
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* Telephone Number:	(559) 732-7938	Fax Number:	(559) 732-7937
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* Email:	kelweg1@aol.com
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Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

10.763...

* Title:

Emergency Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Restore well capacity to Well Number 1A.

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="\$150,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* 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="\$150,000.00"/>

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:

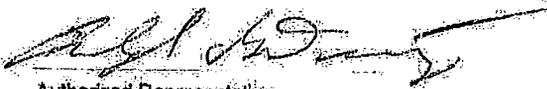
* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:



Authorized Representative

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:**

09/12/2016

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

16-8130-0729-CA

SEP 21 2016

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Regents of the University of California

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

956006142W

*** c. Organizational DUNS:**

6277974260000

d. Address:

*** Street1:**

The Regents of the University of California

Street2:

Sponsored Programs Admin, 249 University Office Bldg

*** City:**

Riverside

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92521-0217

e. Organizational Unit:

Department Name:

Sponsored Programs Admin.

Division Name:

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

Prefix:

*** First Name:**

Karen

Middle Name:

*** Last Name:**

Garcia

Suffix:

Title: Sr. Contracts and Grants Analyst

Organizational Affiliation:

*** Telephone Number:**

951.827.3692

Fax Number:

*** Email:**

kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Development of the Sterile Insect Technique as a Control Tactic for Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-041

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 09/30/2016

* b. End Date: 09/29/2017

18. Estimated Funding (\$):

* a. Federal	71,660.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	71,660.00

* 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.

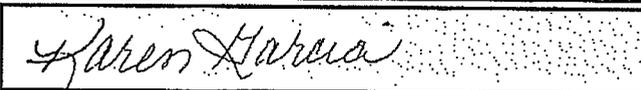
Authorized Representative:

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

* Title: Sn. Contracts and Grants Analyst

* Telephone Number: 951.827.3692 Fax Number:

* Email: kgarcia@ucr.edu

* Signature of Authorized Representative: 

* Date Signed: 9-21-2016

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:

4. Applicant Identifier:

Governor's Office of Planning & Research

SEP 21 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

16-8130-0737-CA STATE CLEARINGHOUSE

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 - Riverside

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

956006142W

* c. Organizational DUNS:

627797426

d. Address:

* Street1:

Sponsored Programs Administration

Street2:

249 University Office Building

* City:

Riverside

County/Parish:

* State:

California

Province:

* Country:

USA; UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit:

Department Name:

Entomology

Division Name:

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

Prefix:

* First Name:

Karen

Middle Name:

* Last Name:

Garcia

Suffix:

Title: Sr. Contracts and Grant Officer

Organizational Affiliation:

* Telephone Number:

951-827-3692

Fax Number:

* Email:

kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

H. Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA - Animal and Plant Health Inspection Service - Plant Protection and Quarantine

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Evaluation of early uptake of systemic pesticides on containerized citrus nursery stock for the control of Asian citrus psyllid

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant **CA-041**

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: **09/28/16**

* b. End Date: **09/27/17**

18. Estimated Funding (\$):

* a. Federal	168178
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	168178

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: **Karen**
Middle Name:
* Last Name: **Garcia**
Suffix:

* Title: **Sr. Contracts and Grant Officer**

* Telephone Number: **951.827.3692** Fax Number:

* Email: **kgarcia@ucr.edu**

* Signature of Authorized Representative: *Karen Garcia*

* Date Signed: **9-21-16**

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): <input type="text"/> Governor's Office of Planning & Research * Other (Specify): <input type="text"/> SEP 26 2016
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/> STATE CLEARINGHOUSE <small>Governor's Office of Planning & Research</small>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/> 16	
State Use Only: STATE CLEARINGHOUSE		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> Southern California Regional Rail Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 93-435663	* c. Organizational DUNS: <input type="text"/> 8361404750000	
d. Address:		
* Street1: <input type="text"/> One Gateway Plaza, 12th Floor	Street2: <input type="text"/>	
* City: <input type="text"/> Los Angeles	County/Parish: <input type="text"/>	
* State: <input type="text"/> CA: California	Province: <input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	* Zip / Postal Code: <input type="text"/> 90012-3747	
e. Organizational Unit:		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text"/> Anne	
Middle Name: <input type="text"/>	* Last Name: <input type="text"/> Rice	
Suffix: <input type="text"/>	Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text"/> 213-452-0211	Fax Number: <input type="text"/>	
* Email: <input type="text"/> ricea@scrta.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:**

DOT/Federal Railroad Administration

11. Catalog of Federal Domestic Assistance Number:

20.321

CFDA Title:

Railroad Safety Technology Grants

*** 12. Funding Opportunity Number:**

FR-TEC-16-002

*** Title:**

FY 2017 Positive Train Control Grant Funds

13. Competition Identification Number:

FR-TEC-16-002-057847

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SCRRA will develop, test and deploy tools and processes to improve the reliability, efficiency and security of Positive Train Control (PTC) and upgrade from a non-vital to a vital overlay system.

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="3,200,000"/>
* b. Applicant	<input type="text" value="800,000"/>
* 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="4,000,000"/>

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

* 3. Date Received: 10/20/2016	4. Applicant Identifier: _____
--	--

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

State Use Only:

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

8. APPLICANT INFORMATION:

*** a. Legal Name:** Yurok Tribe of the Yurok Reservation, California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68 0178 020	* c. Organizational DUNS: 6229703660000
---	---

d. Address:

* Street1:	Post Office Box 1027
Street2:	190 Klamath Boulevard
* City:	Klamath
County/Parish:	Del Norte
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	95548-1027

Governor's Office of Planning & Research
SEP 26 2016
STATE CLEARINGHOUSE

e. Organizational Unit:

Department Name: Planning & Community Dev.	Division Name: _____
--	--------------------------------

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

Prefix: Ms.	* First Name: Nicole
Middle Name: _____	
* Last Name: Sager	
Suffix: _____	

Title: Assistant Planning Director

Organizational Affiliation:

* Telephone Number: 707-482-1350, ext. 1358	Fax Number: 707-482-1365
--	---------------------------------

*** Email:** nwright@yuroktribe.nsn.us

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:**

Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.087

CFDA Title:
Renewable Energy Research and Development

*** 12. Funding Opportunity Number:**

DE-FOA-001621

* Title:
First Steps Toward Developing Renewable Energy and Energy Efficiency on Tribal Lands

13. Competition Identification Number:

Title:

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

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

Energy Paths for the Yurok People

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="180,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="20,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="200,000.00"/>

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

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

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

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

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

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

[]

* Other (Specify):

[]

* 3. Date Received:

09/12/2016

4. Applicant Identifier:

[]

Government's Office of Planning & Research

5a. Federal Entity Identifier:

[]

5b. Federal Award Identifier:

16-8130-0597-CA

SFP 27 2016

State Use Only:

STATE CLEARINGHOUSE

6. Date Received by State:

[]

7. State Application Identifier:

[]

8. APPLICANT INFORMATION:

* a. Legal Name:

Regents of the University of California

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

956006142W

* c. Organizational DUNS:

6277974260000

d. Address:

* Street1:

The Regents of the University of California

Street2:

Sponsored Programs Admin, 249 University Office Bldg

* City:

Riverside

County/Parish:

[]

* State:

CA: California

Province:

[]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92521-0217

e. Organizational Unit:

Department Name:

Sponsored Programs Admin.

Division Name:

[]

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

Prefix:

[]

* First Name:

Karen

Middle Name:

[]

* Last Name:

Garcia

Suffix:

[]

Title:

Sr. Contracts and Grants Analyst

Organizational Affiliation:

[]

* Telephone Number:

951.827.3692

Fax Number:

[]

* Email:

kgarcia@ucr.edu

Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

USDA Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Development of the Sterile Insect Technique as a Control Tactic for Asian Citrus Psyllid

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-041

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 09/30/2016

* b. End Date: 09/29/2017

18. Estimated Funding (\$):

* a. Federal	71,660.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	71,660.00

* 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 09/26/2016.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

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.

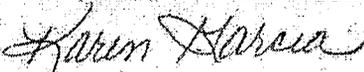
Authorized Representative:

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

* Title: Sn. Contracts and Grants Analyst

* Telephone Number: 951.827.3692 Fax Number:

* Email: kgarcia@ucr.edu

* Signature of Authorized Representative: 

* Date Signed: 09/26/2016

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):

Governor's Office of Planning & Research

* 3. Date Received:

05/18/2015

4. Applicant Identifier:

SEP 27 2016

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARINGHOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

G1698057

8. APPLICANT INFORMATION:

* a. Legal Name:

State of California

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

94-1697567

* c. Organizational DUNS:

8083223580000

d. Address:

* Street1:

1831 9th Street

Street2:

* City:

Sacramento

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95811-7011

e. Organizational Unit:

Department Name:

CDFW

Division Name:

Federal Assistance Section

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

Prefix:

Mr.

* First Name:

Brian

Middle Name:

* Last Name:

Salazar

Suffix:

Title:

Grant Administrator

Organizational Affiliation:

* Telephone Number:

916-327-0062

Fax Number:

* Email:

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:**

F16AS00079

* 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:**

MODOC PLATEAU BIRD SPECIES MAPPING WITH VEGETATION DATA

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="143,115.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="77,062.00"/>
* 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="220,177.00"/>

* 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)

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Water Supply Restoration Project

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier:

0. APPLICANT INFORMATION:

*** a. Legal Name:**

Woodville Public Utility District

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

94-1545652

*** c. Organizational DUNS:**

828114116

d. Address:

*** Street 1:**

16716 Avenue 168

Street 2:

*** City:**

Woodville

County/Parish:

Tulare

*** State:**

CA

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93258

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:**

James

Middle Name:

H.

*** Last Name:**

Wegley

Suffix:

Title: Consulting Civil Engineer

Organizational Affiliation:

*** Telephone Number:**

(559) 732-7938

Fax Number:

(559) 732-7937

*** Email:**

kelweg1@aol.com

Governor's Office of Planning & Research
SEP 30 2016
STATE CLEARINGHOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

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

United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

Emergency and Imminent Community Water Assistance Grant

*** 12. Funding Opportunity Number:**

10.763

* Title:

Emergency Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Restore well capacity to Well Number 1A.

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="\$150,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* 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="\$150,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12872 Process?**

- a. This application was made available to the State under the Executive Order 12872 Process for review on
- b. Program is subject to E.O. 12872 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12872.

*** 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:

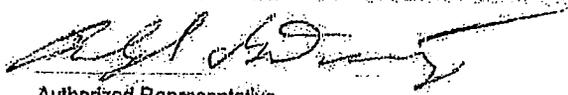
Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:


Authorized Representative

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): AC: Increase Award, Increase Duration * Other (Specify):
* 3. Date Received: 09/30/2016	4. Applicant Identifier: 	
5a. Federal Entity Identifier: 	5b. Federal Award Identifier: 15-8130-0604-CA	
State Use Only:		
6. Date Received by State: 09/30/2016	7. State Application Identifier: 15-0463-FR --	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California	<i>Governor's Office of Planning & Research</i>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104	* c. Organizational DUNS: 8074876550000	SEP 30 2016 STATE CLEARINGHOUSE
d. Address:		
* Street1: 3294 Meadowview Road, Building E		
Street2:		
* City: Sacramento		
County/Parish:		
* State: CA: California		
Province:		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95832-1437		
e. Organizational Unit:		
Department Name: Food and Agriculture	Division Name: Plant Health & Pest Prevention	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name: Shaun	
Middle Name:		
* Last Name: Winterton		
Suffix:		
Title: Senior Insect Biosystematist		
Organizational Affiliation:		
* Telephone Number: 916-262-1166	Fax Number: 916-262-1190	
* Email: shaun.winterton@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:

*** 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:**

Development of the Third Edition of the Aquarium and Pond Plants of the World (APPW) Tool and a New APPW Mobile App

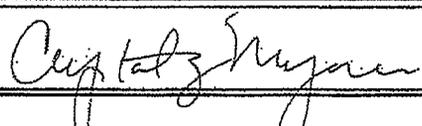
Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

CDFA Agent # 15-0463-FR-1

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: CA-003	* b. Program/Project: CA
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: 09/25/2015	* b. End Date: 03/24/2017
18. Estimated Funding (\$):	
* a. Federal	8,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	8,000.00
* 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	09/30/2016
<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: Crystal
Middle Name: <input type="text"/>	
* Last Name: Myers	
Suffix: <input type="text"/>	
* Title: Branch Chief	
* Telephone Number: 916-403-6653	Fax Number: <input type="text"/>
* Email: crystal.myers@cdfa.ca.gov	
* Signature of Authorized Representative: 	* Date Signed: 9/30/16