Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse April 1 - 15, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
**Application for Federal Assistance SF-424**

**1. Type of Submission**
- □ Preapplication
- ✔ Application
- □ Changed/Corrected Application

**2. Type of Application**
- ✔ New
- □ Continuation
- □ Revision

**If Revision, select appropriate letter(s):**
- * Other (Specify)

**3. Date Received:**

**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:** County of Sutter

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000542

**c. Organizational DUNS:** 076123488

**d. Address:**
- *Street 1:* 1130 Civic Center Blvd Suite G
- *City:* Yuba City
- *County:* Sutter
- *State:* CA
- *Province:*
- *Country:* USA
- *Zip/Postal Code:* 95993

**e. Organizational Unit:**
- *Department Name:* Development Services
- *Division Name:* Airports

**f. Name and contact information of person to be contacted on matters involving this application:**
- *Prefix:*
- *Middle Name:* Patrick
- *Last Name:* Hay
- *Suffix:*
- *Title:* Senior Civil Engineer
- *Telephone Number:* 530-822-7450
- *Fax Number:* 530-822-7457
- *Email:* nhay@co.sutter.ca.us
**Application for Federal Assistance SF-424**

*1. Type of Submission*  
- [ ] Preapplication  
- [x] Application  
- [ ] Changed/Corrected Application  

*2. Type of Application*  
- [x] New  
- [ ] Continuation  
- [ ] Other (Specify)  

*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, on behalf of its Riverside campus  

* b. Employer/Taxpayer Identification Number (EIN/TIN):*  
  956006142W  

* c. Organizational DUNS:*  
  627797426  

* d. Address:*  
  *Street1:* 200 University Office Building  
  *Street2:*  
  *City:* Riverside  
  *County:*  
  *State:* CA  
  *Province:*  
  *Country:*  
  *Zip/Postal Code:* 92521-0217  

* e. Organizational Unit:*  
  Department Name:  
  *Sponsored Programs Administration*  
  Division Name:  

* f. Name and contact information of person to be contacted on matters involving this application:*  
  *Prefix:* Mr.  
  *First Name:* Robert  
  *Middle Name:*  
  *Last Name:* Chan  
  *Suffix:*  
  *Title:* Sr. Contract & Grant Officer  
  *Organizational Affiliation:*  

*Telephone Number:* (951) 827-7986  
*Fax Number:* (951) 827-4483  
*Email:* rchan@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: - Select One -

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

*Other (specify):

*10. Name of Federal Agency: 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: 10.025

*Title: Cooperative Agreement; Animal and Plant Health Inspection Service; Plant Protection and Quarantine; Science and Technology

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant’s Project:

Thrips molecular identification to examine Frankliniella spp. in a cut flower pathway

Attach supporting documents as specified in agency instructions.
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: 01/01/14

*b. End Date: 12/31/14

18. Estimated Funding ($):

*a. Federal $68,810.00
*b. Applicant $0.00
*c. State $0.00
*d. Local $0.00
*e. Other $0.00
*f. Program Income $0.00
*g. TOTAL $68,810.00

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

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

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

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

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)

☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr.

*First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986

Fax Number: (951) 827-4483

*Email: rchan@ucr.edu

*Signature of Authorized Representative: [Signature]

Date Signed: 4/11/2014
Application for Federal Assistance SF-424

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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: County of Sutter

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000542

   c. Organizational DUNS: 076123488

   d. Address:

   * Street 1: 1130 Civic Center Blvd Suite G
                Street 2:  

   * City: Yuba City
   * County: Sutter
   * State: CA
   * Province:  
   * Country: USA

   * Zip/Postal Code: 95993

a. Organizational Unit:

   Department Name: Development Services
   Division Name: Airports

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

   Prefix:  
   Middle Name: Patrick
   Last Name: Hay
   Suffix:  
   Title: Senior Civil Engineer

   Organizational Affiliation:

   * Telephone Number: 530-822-7450
   * Fax Number: 530-822-7457
   * Email: nhay@co.sutter.ca.us
### Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:** B. County Government

**Type of Applicant 2: Select Applicant Type:** - Select One -

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

* *Other (specify):

**10. Name of Federal Agency:**
Department of Transportation, Federal Aviation Administration

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

| 20.106 |

| CFDA Title: |
| Airport Improvement Program |

**12. Funding Opportunity Number:** 3-06-0282-09

| Title: |
| Airport Improvement Program |

**13. Competition Identification Number:**

| Title: |

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

Yuba City, Sutter County

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

Airport Taxiway and Shouldering Improvements

---

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of: California

* a. Applicant CA-003

* b. Program/Project: CA-003

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

17. Proposed Project:

* a. Start Date: September 2014

* b. End Date: October 2014

18. Estimated Funding ($):

| *a. Federal               | $135,000.00 |
| *b. Applicant            | $8,250.00   |
| *c. State                | $6,750.00   |
| *d. Local                |              |
| *e. Other                |              |
| *f. Program Income       |              |
| *g. TOTAL                | $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 04/01/2014
☐ 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 assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

☑ **I AGREE**

By signing this application, I certify (1) to the statements contained in 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: Megan

Middle Name:  

Last Name: Greve

Suffix: 

*Title: Director of General Services

*Telephone Number: 530-822-7410  Fax Number: 530-822-7249
*Email: mgreve@co.sutter.ca.us
*Signature of Authorized Representative: [Signature]

Date Signed: 4/1/2014
Application for Federal Assistance SF-424

1. Type of Submission: 
   - Preapplication
   - Application
   - Changed/Corrected Application
   - Continuation
   - Revision

2. Type of Application: 
   - New
   - Continuation
   - Revision
   - Other (Specify):

3. Date Received: 06/30/2014

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: Carmen Herrera Mansir

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-265046

   c. Organizational DUNS: 3630103150000

9. Address:

   * Street1: 23 E. Beach St. #209
   * City: Watsonville
   * State: CA: California
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 95076

10. Organizational Unit:

    Department Name: 
    Division Name: 

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

    Prefix: 
    * First Name: Carmen
    Middle Name: 
    * Last Name: Herrera Mansir
    Suffix: 
    Title: Executive Director
    Organizational Affiliation: 

    * Telephone Number: 8317221224 Ext. 14
    Fax Number: 

    * Email: cherrera@elpajarocdc.org
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

- N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

U.S. Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:

10-781

CFDA Title:

12. Funding Opportunity Number:

RDR-09-RBB5-ARRA

* Title:

Rural Business Enterprise Grant

13. Competition Identification Number:

Title:

Rural Micro-enterprise Assistance Program

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

15. Descriptive Title of Applicant's Project:

* Business Education and Micro-Lending Program (BEMLP) to provide essential comprehensive business education, business development training, technical assistance, and access to capital small rural

Attach supporting documents as specified in agency instructions.
## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:
- **a. Applicant:** [Name]
- **b. Program/Project:** [Name]

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

### 17. Proposed Project:
- **a. Start Date:** 01/01/2014
- **b. End Date:** 09/30/2015

### 18. Estimated Funding ($):
- **a. Federal:** 50,000.00
- **b. Applicant:** 50,000.00
- **c. State:**
- **d. Local:**
- **e. Other:**
- **f. Program Income:**
- **g. TOTAL:** 100,000.00

### 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:** Carmen
- **Middle Name:**
- **Last Name:** Herrera Mansir
- **Suffix:**
- **Title:** Executive Director
- **Telephone Number:** 3172231224 ext. 15
- **Fax Number:**
- **Email:** cherrera@elpajarocdo.org

### Signature of Authorized Representative:

### Date Signed: 03/2014
Application for Federal Assistance SF-424

1. Type of Submission:  
   - Preapplication  
   - Application  
   - Changed/Corrected Application

2. Type of Application:  
   - New  
   - Continuation  
   - Revision  
   - 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:

APPLICANT INFORMATION:

a. Legal Name: SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0262583

c. Organizational DUNS: 785808394

d. Address:

   - Street: 1990 E. Gettysburg Avenue
   - City: Fresno
   - State: CA; California
   - Zip/Postal Code: 93728-0244

Organizational Unit:

Department Name: Administration
Division Name: Administrative Services

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

   - Prefix: Mr.
   - First Name: Nai
   - Middle Name:
   - Last Name: Selee
   - Suffix:

   - Title: Accountant I

   - Telephone Number: (559) 230-8128
   - Fax Number: (559) 230-8083

   - Email: nai.selee@valloyrd.org
**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:  
EPA - Region 9  

11. Catalog of Federal Domestic Assistance Number:  
66.034  
CFDA Title:  
Special Purpose Activities Relating to the Clean Air Act  

12. Funding Opportunity Number:  

* Title:  
FY-14 nationwide fine particulate (PM2.5) monitoring network  

13. Competition Identification Number:  

Title:  

14. Areas Affected by Project (Cities, Counties, States, etc.):  
Counties: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus and Tulare  

15. Descriptive Title of Applicant's Project:  
San Joaquin Valley APCD FY-14 PM2.5 Monitoring Grant  

Attach supporting documents as specified in agency instructions.
# Application for Federal Assistance SF-424

18. Congressional Districts Of:
   * a. Applicant CA-021
   * b. Program/Project CA-021

Attach an additional list of Program/Project Congressional Districts if needed.
   CA-011, CA-019, CA-016, CA-020, CA-022

17. Proposed Project:
   * a. Start Date: 4/01/2014
   * b. End Date: 3/31/2015

19. Estimated Funding ($):
   * a. Federal $137,000.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $137,000.00

20. 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.
   * 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.

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 21, Section 1061)

   ** I AGREE

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

Authorized Representative:

Prefix: Mr.
Middle Name: 
* First Name: Sayed
Last Name: Sedroolin
Suffix: 
* Title: Executive Director / A.P.C.O.

* Telephone Number: (559) 230-6000
* Fax Number:
* Email: sayed.sedroolin@valleymac.org

* Signature of Authorized Representative: 
* Date Signed: 03/31/2014
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   [ ] Application
   [ ] Construction
   [ ] Other

2. DATE SUBMITTED - Applicant Identifier
3. DATE RECEIVED BY STATE - State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY - Federal Identifier

5. LEGAL NAME:
   Stratford Public Utility District

6. ORGANIZATIONAL UNIT:
   Department: N/A
   Division: N/A

7. ADDRESS:
   19681 Railroad
   Stratford, CA 93266

8. EMPLOYER IDENTIFICATION NUMBER (EIN):
   21-0349393

9. TYPE OF APPLICATION:
   [ ] New
   [ ] Continuation
   [ ] Revision

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    [ ] 10-760

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

12. AREA(S) AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT
   Start Date: December 2014
   Ending Date: March 2016

14. CONGRESSIONAL DISTRICT(S):
   a. Applicant
   b. Project

15. ESTIMATED FUNDING:
   a. Federal
   b. Applicant
   c. Other
   d. Local
   e. Program Income
   f. Total

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. Yes
   b. No

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   a. Yes
   b. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION / PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

PREAPPLICATION GUIDE: Water and Wastewater Programs - Page 4


Signed: 1-8-14
Application for Federal Assistance SF-424

1. Type of Submission:  
   - Preapplication
   - Application
   - Changed/Corrected Application

2. Type of Application:  
   - New
   - Continuation
   - Other (Specify)

3. Date Received:  
   - [Completed by Grants.gov upon submission.]

4. Applicant Identifier:  
   - Install and Outfit Replacement Well

5.a. Federal Entity Identifier:  
   - [RECEIVED]
   - APR 03 2014

5.b. State Use Only:  
   - [STATE CLEARING HOUSE]

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

8. APPLICANT INFORMATION:

   - a. Legal Name: Poplar Community Service District

   - b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2801490

   - c. Organizational DUNS: 827575851

   - d. Address:
     - P.O. Box 3849
     - Porterville
     - Tulare
     - CA
     - USA: UNITED STATES
     - 93258

   - e. Organizational Unit: 

   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Mr.
     - Middle Name: A.
     - Last Name: Blair
     - Title: Civil Engineer
     - * First Name: James
     - * Telephone Number: (559) 732-7938
     - * Email: kelwegi@aol.com

   - * Fax Number: 
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

12. Funding Opportunity Number:

13. Competition Identification Number:

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

15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: [Redacted]
   * b. Program/Project: [Redacted]

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

17. Proposed Project:
   * a. Start Date: [Redacted]
   * b. End Date: [Redacted]

18. Estimated Funding ($):
   * a. Federal: [Redacted]
   * b. Applicant: [Redacted]
   * c. State: [Redacted]
   * d. Local: [Redacted]
   * e. Other: [Redacted]
   * f. Program Income: [Redacted]
   * g. TOTAL: [Redacted]

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 [Redacted].
   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 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: Mr.

* First Name: [Redacted]

Middle Name: [Redacted]

* Last Name: [Redacted]

Suffix: [Redacted]

* Title: [Redacted]

* Telephone Number: [Redacted] Fax Number: (559) 782-0822

* Email: [Redacted]

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

* Date Signed: Completed by Grants.gov upon submission.
**Application for Federal Assistance SF-424**

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<th>Value</th>
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<td>f. Name and contact information of person to be contacted on matters involving this application:</td>
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<td>* Telephone Number</td>
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<td>* Email</td>
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</tbody>
</table>
## 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.):

Attach supporting documents as specified in agency instructions.

* 15. Descriptive Title of Applicant's Project:

Repair existing well.
### Application for Federal Assistance SF-424

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

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

#### 17. Proposed Project:
- **a. Start Date:**
- **b. End Date:**

#### 18. Estimated Funding ($):
- **a. Federal**
- **b. Applicant**
- **c. State**
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL**

#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on _______.
- ☐ 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 Deceased Or Any Federal Deed? (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:** Mr.
- **First Name:**
- **Middle Name:**
- **Last Name:**
- **Suffix:**
- **Title:**
- **Telephone Number:**
- **Fax Number:** (559) 782-0822
- **Email:**

** Signature of Authorized Representative:** Completed by Grants.gov upon submission. **Date Signed:** Completed by Grants.gov upon submission.
Application for Federal Assistance SF-424

* Type of Application:
  - New (X)
  - Continuation
  - Revision
  - Other (Specify)

* Date Received: APR 02 2014

* Applicant Identifier: STATE CLEARING HOUSE

* Federal Entity Identifier: 

* Federal Award Identifier: 50723877A

* Employer/Taxpayer Identification Number (EIN/TIN): 95-2286164

* Organizational DUNS: 11273877A

* Address:
  - Street 1: 7025 Cuddy Valley Road, #F
  - City: Frazier Park
  - County/Parish: Kern
  - State: California
  - Province: 
  - Country: USA: UNITED STATES
  - Zip / Postal Code: 93225

* Organizational Unit:
  - Department Name: 
  - Division Name: 

* Name and contact information of person to be contacted on matters involving this application:
  - Prefix: Mr.
  - First Name: Robert
  - Middle Name: 
  - Last Name: Stowell
  - Suffix: 

* Title: President, Lake of the Woods Mutual Water Company

* Telephone Number: (661) 245-1448
* Fax Number: (661) 245-4402
* Email: towh20@frazmth.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:

- **Not for Profit, Mutual Water Company**

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

- USDA: Rural Development

11. Catalog of Federal Domestic Assistance Number:

- 10-763

CFDA Title:

**Emergency and Imminent Community Water Assistance Grants**

12. Funding Opportunity Number:

13. Title:

- **Lake of the Woods Emergency Water Supply Project**

14. Competition Identification Number:

15. Title:

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

- Lake of the Woods MWC, Kern County, CA

17. Descriptive Title of Applicant’s Project:

- Emergency Water Supply Project: Hydrological and engineering work on new wells, install well equipment, improve existing water supplies, water main connections to supply water, transport potable water supply, replace tanks and water mains and other improvements as needed to address the water supply emergency.

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional District(s):  
* 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  

☐ 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.

☐ 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 21, Section 1001)

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

Authorized Representative:
Prefix:  
Middle Name:  
* Last Name: Stowell  
Suffic:  
* Title: President, Vice of the White Mount Water Company  
*Telephone Number: (661) 245-1418  
Fax Number: (661) 245-4402  
* Email:  
* Signature of Authorized Representative: Robert Stowell  
Date Signed: 3/26/14
## Application for Federal Assistance SF-424

**Version 02**

### 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

### 2. Type of Application:
- [ ] New
- [ ] Continuation
- [ ] Revision

### 3. Date Received:
04-02-2014

### 4. Applicant Identifier:
04-02-2014

### 5. Federal Entity Identifier:

### 6. Federal Award Identifier:

### 7. State Application Identifier:

### 8. APPLICANT INFORMATION:

#### a. Legal Name:
Indian Dispute Resolution Services, Inc.

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
94-3145119

#### c. Organizational DUNS:
849671375

#### d. Address:
- **Street 1:** 1325 Howe Ave.
- **City:** Sacramento
- **State:** CA
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95825

#### e. Organizational Unit:

#### f. Name and contact information of person to be contacted on matters involving this application:
- **Prefix:** Mr.
- **First Name:** Steven
- **Last Name:** Heberfeld
- **Title:** Executive Director

#### g. Telephone Number:
(916) 482-5800

#### h. Fax Number:
(916) 482-5808

#### i. Email:
steven@indiandispute.com
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
</table>

### 9. Type of Applicant - Select Applicant Type:

- **M: Nonprofit with 501(c)3 IRS Status (other than Institution of Higher Education)**

### 10. Name of Federal Agency:

- NGAMS Agency: USDA, Rural Development

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

- 10.769

#### CFDA Title:

- Rural Business Enterprise Grant

### 12. Funding Opportunity Number:

- MEL-SF424 FAMILY-ALL FORMS

#### Title:

- MEL-SF424 FAMILY-ALL FORMS
- Rural Business Enterprise Grant

### 13. Competition Identification Number:

- Title:

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

- Tuolumne City, California

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

- Tuolumne Me-Wuk Tribe Micro-Enterprise Development Project

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-004

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

17. Proposed Project:
   * a. Start Date: 09-01-2014
   * b. End Date: 08-31-2015

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant $37,430.00
   * c. State $13,763.00
   * d. Local $0.00
   * e. Other $0.00
   * f. Program Income $0.00
   * g. TOTAL $51,193.00

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 04-02-2014.
   □ 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
   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 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: Mr.
Middle Name: 
* Last Name: Haberfeld
Suffix: 
* Title: Executive Director
* Telephone Number: (916) 482-5800
* Fax Number: (916) 482-5808
* Email: steven@indiandispute.com
* Signature of Authorized Representative: [Signature] * Date Signed: 04-02-2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)
Prescribed by OMB Circular A-1 02
Application for Federal Assistance SF-424

* 1. Type of Submission: □ Preapplication  □ Continuation  □ Changed/Corrected Application  
   □ New  □ Revision  * 2. Type of Application: □ Continuation  □ Other (Specify):  

* 3. Date Received:  APR 03 2014  
   Completed by Grants.gov upon submission.  

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: Sacramento-San Joaquin Delta Conservancy  

* b. Employer/Taxpayer Identification Number [EIN/TIN]: 01-096-7313  
   * c. Organizational DUNS: 9649981930000  

d. Address:  

Street1: 1450 Halyard Drive  
Street2: Suite 600  
City: West Sacramento  
County/Parish: Yolo  
State: CA: California  
Province:  
Country: USA: UNITED STATES  
Zip / Postal Code: 95691-5038  

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: Kathryn  
Middle Name:  
Last Name: Kynett  
Suffix:  
Title: Environmental Scientist  
Organizational Affiliation:  

* Telephone Number: 916-376-4024  
Fax Number: 916-375-4948  

* Email: Kathryn.Kynett@deltaconservancy.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:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.461
CFDA Title:
Regional Wetland Program Development Grants

* 12. Funding Opportunity Number:
EPA-RBO9-WP-14
* Title:
FY14 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
"Visualizing and Sharing Intensive Data Assessments": A Project to Leverage Current Investments for Responsive Decision-Making in the Delta

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant  CA-003  
   * b. Program/Project  CA-all

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

Congressional Districts.pdf  [Add Attachment]  [Delete Attachment]  [View Attachment]

17. Proposed Project:
   * a. Start Date:  10/01/2014  
   * b. End Date:  02/28/2017

18. Estimated Funding ($):
   * a. Federal  250,000.00  
   * b. Applicant  40,250.00  
   * c. State  6,000.00  
   * d. Local  0.00  
   * e. Other  37,250.00  
   * f. Program Income  0.00  
   * g. TOTAL  333,500.00

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 04/01/2014  
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   ☐ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   ☐ Yes  ☒ No

   If "Yes", provide explanation and attach

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:  Ms.  
*M. First Name: Shakoorah

Middle Name:

Last Name: Gaylon

Suffix:

*Title: Assistant Executive Officer

*Telephone Number: 916-375-2086  
Fax Number: 916-375-4948

*Email: Shakoorah.Aissi-Gaylon@deltaconservancy.ca.gov

*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:
   - [X] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

2. Type of Application:
   - [X] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify):

3. Date Received:
   - [ ] APR 03 2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: California State Coastal Conservancy

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 94-3169468

   c. Organizational DUNS:
      - 088224000000

   d. Address:
      - Street: 1330 Broadway, Suite 1300
      - City: Oakland
      - County/Parish: 
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 94612-2830

   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: Megan
      - Middle Name:
      - Last Name: Cooper
      - Suffix:
      - Title:
      - Organizational Affiliation:
      - Telephone Number: (610)286-6172
      - Fax Number:
      - Email: scooper@aso.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:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
E046461
CFDA Title:
Regional Wetland Program Development Grants

* 12. Funding Opportunity Number:
EPA-REG9-MP-14
* Title:
FY14 Region 9 Wetland Program Development Grants

13. Competition Identification Number:
Title:

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

* 15. Descriptive Title of Applicant's Project:
Southern California Wetlands Recovery Project - Regional Strategy Update and In-Lieu Fee Program Development

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant 13
   * b. Program/Project CA-24

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

Congressional Districts.docx

17. Proposed Project:
   * a. Start Date: 03/01/2014
   * b. End Date: 09/01/2017

18. Estimated Funding ($):
   * a. Federal 324,688.00
   * b. Applicant 142,206.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 467,094.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 04/01/2014
   √ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes,” provide explanation in attachment.)
    □ Yes    X 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 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:  
Middle Name:  
* Last Name: Small  
Suffix:  

* Title: Deputy Executive Officer

* Telephone Number: (810) 286-4181  
Fax Number:  

* Email: msmall@co.ontario.mi.us

* Signature of Authorized Representative: Marilyn Latta  
* Date Signed: 04/01/2014

TOTAL P. 04
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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

APR 03 2014

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Gordon Acres Water Company Inc.

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

   3633456250000

c. Organizational DUNS:

   

d. Address:

   * Street1: PO Box 1035

   * City: Lucerne Valley

   * County/Parish: San Bernardino

   * State: CA; California

   * Province:

   * Country: USA; UNITED STATES

   * Zip / Postal Code: 92356

e. Organizational Unit:

   Department Name:

   Division Name:

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

   Prefix:

   Middle Name: P.

   * Last Name: Owens

   Suffix: P.E.

   Title: Consulting Engineer

Organizational Affiliation:

   NV5, Consulting Engineer for Center Water Company, Inc.

   * Telephone Number: 858-385-0500 x 187

   Fax Number: 858-385-0400

   * Email: James.owens@nv5.com
Application for Federal Assistance SF-424

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

- **X: Other (specify)**

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

- **Other (specify):**
  - Mutual Water Company

**10. Name of Federal Agency:**

- USDA Rural Development

**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.):**

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

- 2015 USDA Water System Improvements

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: 8th
   * b. Program/Project: 8th

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

17. Proposed Project:
   * a. Start Date: 03/02/2015
   * b. End Date: 03/31/2016

18. Estimated Funding ($):

   * a. Federal
   * b. Applicant: 0.00
   * c. State
   * d. Local: 1,400.00
   * e. Other: 0.00
   * f. Program income
   * g. TOTAL: 1,400.00

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 01/30/2014.
   - 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 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: Gloria
Middle Name:  
* Last Name: Bighine
Suff:  

* Title: Board Secretary

* Telephone Number: 760-248-2370
Fax Number:

* Email: eden46e@yahoo.com

Signature of Authorized Representative: [Signature]
* Date Signed: 04-01-2015
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   Application
   ☑ Construction
   ☑ Non-Construction

5. APPLICANT INFORMATION
   Legal Name: Lorenda Sanchez
   Organizational Unit:
   Department:
   Division:
   Name and telephone number of person to be contacted on matters involving this application (give area code):
   Prefix: Ms.
   First Name: Lorenda
   Middle Name: T.
   Last Name: Sanchez
   Suffix:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. TYPE OF APPLICATION:
   ☑ New
   ☐ Continuation
   ☐ Revision

8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9. NAME OF FEDERAL AGENCY:
   U.S. Department of Agriculture

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

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
   Business finance and entrepreneur training for Native Americans

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

13. CONGRESSIONAL DISTRICTS OF:
   a. Applicant CA-5th
   b. Project State of California

14. ESTIMATED FUNDING:
   a. Federal $128,541
   b. Applicant $20,000
   c. State $0
   d. Local $0
   e. Other $0
   f. Program income $0
   g. TOTAL $148,541

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. Yes.
   b. No.

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   ☐ Yes If "Yes" attach an explanation.
   ☑ No

17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUELY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
   a. Authorized Representative
      Prefix: Ms.
      First Name: Lorenda
      Middle Name: T.
      Last Name: Sanchez
      Suffix:
   b. Title: Executive Director
   c. Telephone Number (give area code) 916-920-0285
   d. Signature of Authorized Representative Lorenda Sanchez
   e. Date Signed April 1, 2014

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Authorized for Local Reproduction

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

2. DATE SUBMITTED: April 1, 2014
3. DATE RECEIVED BY STATE: State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY: Federal Identifier

5. APPLICANT INFORMATION

Legal Name: RECEIVED

Organizational Unit: Division:

Organizational DUNS: 0680864240000

Address: APR 0 14 2014

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

Street: 738 North Market Boulevard

Prefix: Ms.

State: California

County: Sacramento

City: Sacramento

Zip Code: 95834-1206

Last Name: Sanchez

State Clearing House

Suffix:

Country: USA

Email: lomedas@cimcinc.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 2 4 7 2 5 6 4

Phone Number (give area code): 916-620-0285

Fax Number (give area code): 916-641-6338

7. TYPE OF APPLICANT: (See back of form for Application Types)

M: Nonprofit with 501c3 IRS Status

Other (specify):

K: Indian/Native American Tribally Designated Organization

9. NAME OF FEDERAL AGENCY:

U.S. Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 7 6 9

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Entrepreneurial training for Native Americans

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

State of California

13. PROPOSED PROJECT

Start Date: July 2014

Ending Date: June 2015

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

CA-5th

15. ESTIMATED FUNDING:

a. Federal $144,527

b. Applicant $20,000

c. State $0

d. Local $0

e. Other $0

f. Program Income $0

g. TOTAL $164,527

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

a. Yes. ☑

b. No. ☐

Date: April 2, 2014

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

a. Yes if "Yes" attach an explanation. ☐

b. No. ☑

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Ms.

First Name: Lorenda

Middle Name T.

Last Name: Sanchez

Suffix:

b. Title

Executive Director

c. Telephone Number (give area code)

916-620-0285

d. Signature of Authorized Representative

Lorenda Sanchez

e. Date Signed

April 1, 2014

Standard Form 424 (Rev.9-2003)

Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

1. Type of Submission:
   - [X] Application
   - [ ] Continuation
   - [ ] Revision
   - [ ] Correction
   - [ ] Preapplication

2. Type of Application:
   - [X] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Correction

3. Date Received:
   - [ ] Completed by State or Federal governmental authority upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - [ ] 14AB000033

6. Date Received by State:

7. State Application Identifier:
   - [ ] 1498044

8. APPLICANT INFORMATION:
   a. Legal Name:
      - [ ] STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - [ ] 94-1697557

   c. Organizational DUNS:
      - [ ] 8093223860000

   d. Address:
      - [ ] 1831 9TH STREET
      - [ ] SACRAMENTO
      - [ ] CA: CALIFORNIA

   e. Organizational Unit:
      - [ ] Department Name:
      - [ ] Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      - [ ] Prefix:
      - [ ] Middle Name:
      - [ ] Last Name:
      - [ ] Suffix:
      - [ ] Title:
      - [ ] Organizational Affiliation:

   * Telephone Number:
     - [ ] 916-445-4659
   * Email:
     - [ ] PETE.MARCELLANO@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:
   15.605

CFDA Title:
   Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   FL4A8006033

* Title:
   88 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Shasta, Tehama, Glenn, and Butte Counties

* 15. Descriptive Title of Applicant's Project:
   Northern Region Anadromous Sportfish Management and Research: Upper Sacramento River Salmon and Steelhead Resource Assessment

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant  CA-005  
   b. Program/Project  CA-ALL  

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

17. Proposed Projects:
   a. Start Date: 07/01/2014  
   b. End Date: 06/30/2015  

18. Estimated Funding ($):

   a. Federal  270,990.00  
   b. Applicant  0.00  
   c. State  90,330.00  
   d. Local  0.00  
   e. Other  0.00  
   f. Program Income  0.00  
   g. TOTAL  361,320.00  

18. 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 04/03/2014  
   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  X  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 210, Section 1001)
   X  ** I AGREE  

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

Authorized Representative:

Prefix:  
* First Name: LISA  
Middle Name:  
* Last Name: BAYS  
Suffix:  
Title:  
* Telephone Number: 016-665-3701  
Fax Number:  
* Email: LISA.BAYS9810LIFEC. CA.GOV  
* 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:
   - Application
   - Continuation
   - Revision
   - Changed/Corrected Application

2. Type of Application:
   - New
   - Continuation
   - Revision
   - Other (Specify)

3. Date Received:
   - [Composed by Grants.gov upon submission]

4. Applicant Identifier:
   - [St. Federal Award Identifier]

5a. Federal Entity Identifier:

5b. State Use Only:
   - Date Received by State:
   - State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name:
      - [STATE OF CALIFORNIA]

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - [24-1697567]

   c. Organizational DUNS:
      - [8083233880000]

   d. Address:
      - Street:
        - 1831 9TH STREET
      - City:
        - SACRAMENTO
      - County:
      - State:
        - CA: CALIFORNIA
      - Province:
      - Country:
        - USA: UNITED STATES
      - Zip / Postal Code:
        - 95811-7811

   e. Organizational Unit:

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix:
      - Middle Name:
      - First Name:
        - PETER
      - Last Name:
        - MARCELLANA
      - Suffix:
      - Title:
        - GRANTS ADMINISTRATOR
      - Telephone Number:
        - 916-445-4658
      - Fax Number:
      - Email
        - PETER.MARCELLANA@WILDLIFE.CA.GOV

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

   STATE CLEARING HOUSE
   RECEIVED
   APR 4 2014
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   a. State Government

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.605

12. Funding Opportunity Number:
    FI14A300033

13. Competition Identification Number:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Mendocino (Russian River Basin), Sonoma, Napa, Solano, Marin, Contra Costa, Alameda, Santa Clara, San Francisco, Santa Cruz, San Mateo, parts of Yolo, Sacramento, and San Joaquin Counties

15. Descriptive Title of Applicant's Project:
    BAY DELTA REGION STREAM AND LAKE IMPROVEMENT: Central Coast Native Trout Conservation & Fisheries Assessment Project

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-005
   * b. Program/Project: CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2015

18. Estimated Funding ($):

| *a. Federal | 166,836.00 |
| *b. Applicant | 0.00 |
| *c. State | 55,612.00 |
| *d. Local | 0.00 |
| *e. Other | 0.00 |
| *f. Program Income | 0.00 |
| *g. TOTAL | 222,448.00 |

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/03/2014
   - [ ] 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
   - [x] No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (3) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

   ** I AGREE

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

**Authorized Representative:**

Prefix:  
Middle Name:  
* Last Name: BAYS  
Suffix:  
* Title: SSNI

* Telephone Number: 916-445-3701  
Fax Number:  
* Email: LISA.BAY@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
PRESCRIBED BY OMB CIRCULAR A-102
Application for Federal Assistance SF-424
Version 02

1. Type of Submission:
   - [ ] Preapplication
   - [X] Application
   - [ ] Changed/Corrected Application

2. Type of Application:
   - [X] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify)

3. Date Received:
   - Completed by Grant.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. State Use Only:
   - 8. Date Received by State:
   - 7. State Application Identifier: 014566

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA
   
   b. Employer/Taxpayer Identification Number (EIN/TIN):
      84-1697567
   
   a. Organizational DUNS:
      808323380000

   d. Address:
      
      * Street: 1031 5TH STREET
      * City: SACRAMENTO
      * County:
      * State: CA: California
      * Province:
      * Country:
      * Zip / Postal Code: 95811-7011

   e. Organizational Unit:
      
      Department Name: FISH AND WILDLIFE
      Division Name: GRANTS MANAGEMENT BRANCH

   f. Name and contact information of person to be contacted on matters involving this application:
      
      Prefix:
      * First Name: JASON
      Middle Name:
      * Last Name: WILLIAMS
      Suffix:
      
      Title: GRANT ADMINISTRATOR
      
      Organizational Affiliation:

      * Telephone Number: 916-327-0552
      Fax Number: 916-327-6320

      * Email: JASON.WILLIAMS@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:
    15.611

CPDA Title:
    Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    F14AS00058

* Title:
    88 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    
    Title:

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

15. Descriptive Title of Applicant's Project:
    WILDLIFE INVENTORIES AND RESEARCH - WATERFOWL PROGRAM

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   a. Applicant: CA-006
   b. Program/Project: CA-ALL

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

17. Proposed Project:
   a. Start Date: 07/01/2014
   b. End Date: 06/30/2015

18. Estimated Funding ($):
   a. Federal
   b. Applicant
   c. State
   d. Local
   e. Other
   f. Program Income
   g. TOTAL

   251,153.00
   0.00
   83,718.00
   0.00
   0.00
   0.00
   334,871.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 03/24/2014.
   [ ] 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  X 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 21, Section 1001)"
   X I AGREE
   ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701 Fax Number 916-327-6320

* Email: LISA.DAYS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.
Application for Federal Assistance SF-424

Version 02

1. Type of Submission:
   - Preapplication
   - Application
   - Changed/Corrected Application

2. Type of Application:
   - New
   - Continuation
   - Revision
   - Other (Specify)

3. Data Received: 03/03/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier: 01498023

6. APPLICANT INFORMATION:

a. Legal Name: STATE OF CALIFORNIA

b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1697567

c. Organizational DUNS:
   8003223560000

d. Address:
   - Street: 1831 9TH STREET
   - City: SACRAMENTO
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95821-7011

e. Organizational Unit:

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:
   - Middle Name:
   - Last Name: MARCELLANA
   - Suffix:
   - Title: GRANTS ADMINISTRATOR
   - Organization Affiliation:

   - Telephone Number:
   - Fax Number:

   * Email: PETE.MARCELLANA@WILDLIFE.CA.GOV
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>a. State Government</td>
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<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<tr>
<td>Fish and Wildlife Service</td>
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<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<tr>
<td>15.605</td>
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<tr>
<td><strong>CFDA Title:</strong></td>
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<tr>
<td>Sport Fish Restoration Program</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>#14A500033</td>
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<td><strong>Title:</strong></td>
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<tr>
<td>88 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td></td>
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<td><strong>Title:</strong></td>
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<tr>
<td></td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>SAN MATEO AND STAN CRUZ COUNTIES</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>SOUTH CENTRAL COAST STEELHEAD RESTORATION AND ENHANCEMENT PROJECT</td>
</tr>
</tbody>
</table>

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

### Congressional Districts Of:
- **a. Applicant:** CA-005
- **b. Program/Project:** CA-14

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

### Proposed Project:
- **a. Start Date:** 07/01/2014
- **b. End Date:** 06/30/2015

### Estimated Funding ($):

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>164,913.00</td>
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<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>54,971.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>3.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>215,884.00</td>
</tr>
</tbody>
</table>

### Is Application Subject to Review By State Under Executive Order 12372 Process?
- **X** a. This application was made available to the State under the Executive Order 12372 Process for review on 03/20/2014.
- [ ] 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.

### Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
- [ ] Yes
- [X] 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:** LISA
- **Middle Name:**
- **Last Name:** BAYS
- **Suffix:**
- **Title:** EBMX
- **Telephone Number:** 916-449-3701
- **Fax Number:**
- **Email:** LISA.BAYS@WILDLIFE.CA.GOV
- **Signature of Authorized Representative:** LISA BAYS
- **Date Signed:** 03/20/2014

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
   - [X] Application
   - [ ] Changed/Corrected Application
   * If Revision, select appropriate letter(s):
     - [ ] New
     - [ ] Continuation
     - [ ] Revision
     - [ ] Other (Specify)

2. Type of Application:
   - Well No. 4 Repairs

3. Date Received:
   Completed by Grants.gov upon submission.

4. Applicant Identifier:
   - Federal Entity Identifier:
   - Federal Award Identifier:

5. State Use Only:
   - Date Received by State:
   - State Application Identifier:

8. APPLICANT INFORMATION:
   - a. Legal Name: Tipton Community Services District
   - b. Employer/Taxpayer Identification Number (EIN/TIN):
   - c. Organizational DUNS:
   - [941125386] [ ]

   d. Address:
   - Street 1: 260 S. Graham Road
   - Street 2: 
   - City: Tipton
   - County/Parish: Tulare
   - State: CA
   - Province: 
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 93665

   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: W. 
   - Middle Name: 
   - Last Name: Wegley
   - Suffix: 
   - Title: Consulting Civil Engineer
   - Organizational Affiliation: 
   - Telephone Number: (559) 732-7938
   - Fax Number: (559) 732-7937
   - Email: [KWeiweg19@aol.com] [ ]
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.):

15. Descriptive Title of Applicant's Project:
    Well No. 4 repairs include installing a liner to eliminate the effects of falling water and install new pump and bowl at a deeper setting.

Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

16. Congressional Districts Of:
   * a. Applicant: [Redacted]
   * b. Program/Project: [Redacted]

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

17. Proposed Project:
   * a. Start Date: [Redacted]
   * b. End Date: [Redacted]

18. Estimated Funding ($):
   
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Federal</td>
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<tr>
<td>Applicant</td>
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<td>State</td>
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<td>Local</td>
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<tr>
<td>Other</td>
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<td>Program Income</td>
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<tr>
<td>Total</td>
<td>$534,000.00</td>
</tr>
</tbody>
</table>

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 [Redacted]
   - [ ] 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:**

Pre: [Redacted]

Middle Name: [Redacted]

* Last Name: Barrett

Suff: [Redacted]

* Title: [Redacted]

*Telephone Number: [Redacted] Fax Number: [Redacted]

* Email: [Redacted]

* Signature of Authorized Representative: [Redacted] * Date Signed: [Redacted]
Application for Federal Assistance SF-424

1. Type of Submission: [X] Application

2. Type of Application: [X] New

3. Date Received: 04/07/2014

4. Applicant Identifier: STATE CLEARING HOUSE

5a. Federal Entity Identifier: FL4A500033

5b. Federal Award Identifier: G14S02038

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: STATE OF CALIFORNIA

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1657367

c. Organizational DUNS: 8083223580000

d. Address:

Street: 1631 9TH STREET
City: SACRAMENTO
County:
State: CA: California
Province:
Country: USA: UNITED STATES
Zip / Postal Code: 95811-7011

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: PETE
Middle Name:
* Last Name: MARCELLANA
Suffix:

Title: GRANTS ADMINISTRATOR
Organizational Affiliation:

* Telephone Number: 916-445-4858
Fax Number:

* Email: PETE.MARCELLANA@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:
    15.605
    CFDA Title:
    Sport Fish Restoration Program

* 12. Funding Opportunity Number:
    FY14AM00033
    * Title:
    R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Merced, Tuolumne, Stanislaus, and San Joaquin Counties

* 15. Descriptive Title of Applicant's Project:
    SAN JOAQUIN DRAINAGE CHINOOK SALMON & STEELHEAD ENHANCEMENT

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant ☐ CA-005  * b. Program/Project ☐ CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2014  * b. End Date: 06/30/2015

18. Estimated Funding ($):
   * a. Federal 378,002.00
   * b. Applicant 0.00
   * c. State 128,001.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 504,003.00

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 04/07/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   ☐ Yes  ☒ No

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

   ☒ I AGREE

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

Authorized Representative:

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

* Title: SME
* Telephone Number: 916-445-3701  Fax Number: 
* Email: LISA.BAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative: LISA BAYS  * Date Signed: 04/07/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prepared by OMB Circular A-102
Application for Federal Assistance SF-424

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| 8. APPLICANT INFORMATION: |

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| d. Address: |

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| e. Organizational Unit: |

| Department Name: |

| Division Name: |

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

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<table>
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<tr>
<td>PETER</td>
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| Middle Name: |

<table>
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<td>MARCELLANA</td>
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<table>
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<table>
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| Fax Number: |

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</table>
Application for Federal Assistance SF-424 Version 02

8. 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:
    15.605

CFDA Title:
    Sport Fish Restoration Program

* 12. Funding Opportunity Number:
    P14A800033

* Title:
    R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    

Title:

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

* 15. Descriptive Title of Applicant's Project:
    ANADROMOUS SPORTFISH RESEARCH AND MANAGEMENT: TECHNICAL GUIDANCE FOR SALMON AND STEELHEAD RESTORATION IN THE TRINITY RIVER BASIN

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant: CA-005
   b. Program/Project: CA-002

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

17. Proposed Project:
   a. Start Date: 07/01/2014
   b. End Date: 06/30/2015

18. Estimated Funding ($):
   a. Federal: 36,966.00
   b. Applicant: 0.00
   c. State: 12,322.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 49,288.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 04/07/2014.
   ☐ 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  X 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 21, Section 1031)
   X I AGREE

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

Authorized Representative:

Prefix:  
Middle Name:  
Last Name: BAYS
Suffix:  
Title: ESMI
Telephone Number: 916-445-3701
Fax Number:  
Email: LISA.BAYS@WILDLIFE.CA.GOV
Signature of Authorized Representative: Lisa Bays  Date Signed: 06/07/2014

Approved 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
- [X] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [X] New
- [ ] Continuation
- [ ] Revision
- [ ] Other (Specify)

* 3. Date Received: APR 07 2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. State Use Only:

8. Date Received by State: 05/07/2014

7. State Application Identifier: C1498063

B. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567

* c. Organizational DUNS: 8083223580000

d. Address:

- *Street: 1831 9TH STREET
- *City: SACRAMENTO
- State: CA: California
- County: 
- Province: 
- Country: USA: UNITED STATES
- *Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE
Division Name: GRANTS MANAGEMENT BRANCH

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

- Prefix:
- * First Name: JASON
- Middle Name:
- * Last Name: WILLIAMS
- Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation: 

* Telephone Number: 916-327-0062
Fax Number: 916-327-6320

* Email: JASON.WILLIAMS@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:
- 15.6.11

#### CFDA Title:
- Wildlife Restoration and Basic Hunter Education

#### 12. Funding Opportunity Number:
- FG4AS00058

#### *Title:
- RS (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

#### 13. Competition Identification Number:

#### Title:

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

#### 15. Descriptive Title of Applicant's Project:
- WILDLIFE INVENTORY AND RESEARCH: SPECIES CONSERVATION (NON-GAMS)

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant CH-006
   * b. Program/Project ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2025

18. Estimated Funding ($):

   * a. Federal 192,896.00
   * b. Applicant 0.00
   * c. State 64,299.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program income 0.00
   * g. TOTAL 257,195.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/07/2014.
   [ ] 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  [X] 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 21, Section 1001)

   [X] I AGREE

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

Authorized Representative:

- Prefix: 
- First Name: LISA
- Middle Name: 
- Last Name: BAYS
- Suffix: 

- Title: STAFF SERVICES MANAGER I
- Telephone Number: 916-445-3701
- Fax Number: 916-327-0082
- Email: LISA.BAYS@WILDLIFE.CA.GOV

- Signature of Authorized Representative: Lisa Bays
- Date Signed: 04/07/2014
Application for Federal Assistance SF-424

*1. Type of Submission: [ ] Preapplication  [ ] Application  [ ] Changed/Corrected Application

*2. Type of Application: [ ] New  [ ] Continuation  [ ] Revision  [ ] Other (Specify)

*3. Date Received:

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: Rural Communities Housing Development Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2319084

* c. Organizational DUNS: 036976589

d. Address:

   Street 1: 499 Leslie Street

   * City: Ukiah

   * County/Parish: Mendocino

   * State: California

   Province: ____________

   * Country: USA: UNITED STATES

   * Zip / Postal Code: 95482

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: Brad

Middle Name: ____________________________

* Last Name: McDonald

Suffix: ____________________________

Title: Home Ownership Program Manager

Organizational Affiliation: ____________________________

* Telephone Number: (707) 463-1275  Fax Number: (707) 463-2252

* Email: bmcdonald@rchdc.org
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* Non Profit Community Housing

10. Name of Federal Agency:

**USDA / Rural Development**

11. Catalog of Federal Domestic Assistance Number:

10.420

CPDA Title:

Rural Self Help Housing Technical Assistance

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

N/A

Title:

N/A

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

Lake and Mendocino Counties

15. Descriptive Title of Applicant's Project:

Technical Assistance Grant (523) from USDA/RD to provide supervision to families to help them secure 504 loan and grant funds to rehabilitation existing homes in Lake and Mendocino Counties.

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant 2ND/3RD
   * b. Program/Project 2ND/3RD

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

17. Proposed Project:
   * a. Start Date: 03-01-2014
   * b. End Date: 04-01-2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $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)

   [7] ** 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: Lois
Middle Name:  A
* Last Name: Goforth
Suffix: 

*Title: C.R.O.

*Telephone Number: (707) 463-1975  Fax Number: (707) 463-2252

*Email: lgoforth@chdc.org

* Signature of Authorized Representative: [signature]  * Date Signed: [date]
Application for Federal Assistance SF-424

*1. Type of Submission:

☐ Preapplication

X Application

☐ Changed/Corrected Application

*2. Type of Application:

☐ New

☐ Continuation

☐ Revision

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

*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: _______________________

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6004070

*c. Organizational DUNS: 147688303

d. Address:

Street 1: P.O. Box 1525

Street 2: ____________

City: _______________________

County/Parish: ____________

State: California

Province: ____________

Country: USA: UNITED STATES

Zip / Postal Code: 93225

e. Organizational Unit:

Department Name: ____________

Division Name: ____________

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

Prefix: Mr.

* First Name: Jonnie

Middle Name: ____________

* Last Name: Allison

Suffix: ____________

Title: Operations Manager

Organizational Affiliation:

Frazier Park Public Utility District

* Telephone Number: (661) 245-3734

Fax Number: (661) 245-3472

* Email: jonniea.fppud@gmail.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Special District

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

12. Funding Opportunity Number:

13. Competition Identification Number:

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

15. Descriptive Title of Applicant’s Project:

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<th>Delete Attachments</th>
<th>View Attachments</th>
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Frazier Park - Drought Water Supply & Well Replacement Project:
The community has lost water supply; water well levels have fallen sharply and water supply lines are leaking. The District will replace well(s), supply lines and install related equipment to restore supply.

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant  
   b. Program/Project  

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

17. Proposed Project:
   a. Start Date:  
   b. End Date:  

18. Estimated Funding ($):
   a. Federal  
   b. Applicant  
   c. State  
   d. Local  
   e. Other  
   f. Program Income  
   g. TOTAL  

   $500,000

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.)
   Yes  
   No
   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)

** 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:  President
Telephone Number:  
Fax Number:  
Email:  
Signature of Authorized Representative:

Date Signed:  4/3/14
**Application for Federal Assistance SF-424**

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**State Use Only:**

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

8. **APPLICANT INFORMATION:**

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</tr>
<tr>
<td>Prefix:</td>
<td>Mr.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Kevin</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Smith</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>530-587-4119, Ext. 105</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>530-587-2984</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:ksmith@fly2trk.com">ksmith@fly2trk.com</a></td>
</tr>
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Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

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

* Other (specify):

10. Name of Federal Agency:
   Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106

CFDA Title:
   Airport Improvement Program

12. Funding Opportunity Number:
    Title:

13. Competition Identification Number:
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Truckee, Nevada County, California

15. Descriptive Title of Applicant's Project:
    Truckee Tahoe Airport, Truckee, Nevada County, California: Purchase Snow Removal Equipment - Snowplow

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004

* a. Applicant CA-004

* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014

* b. End Date: 2014

18. Estimated Funding ($) :

*a. Federal $383,400.00

*b. Applicant $23,430.00

*c. State $19,170.00

*d. Local $0.00

*e. Other $0.00

*f. Program Income $0.00

*g. TOTAL $426,000.00

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 4-3-2014

☐ 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: Mr. *First Name: Kevin

Middle Name:

*Last Name: Smith

Suffix:

*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105 Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

*Signature of Authorized Representative: Date Signed: 4/4/14
**Application for Federal Assistance SF-424**

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<tr>
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- **5a. Federal Entity Identifier:** KTRK - 3-06-0262-
- **5b. Federal Award Identifier:** STATE CLEARING HOUSE

**State Use Only:**

- **5. Date Received by State:**
- **7. State Application Identifier:**

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</tr>
<tr>
<td>*c. Organizational DUNS: 006492235</td>
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<tr>
<td>*d. Address: 10356 Truckee Tahoe Airport Road, Truckee, Nevada, California, USA, Zip/Postal Code: 96161</td>
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<tr>
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<tr>
<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
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<tr>
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<tr>
<td>Middle Name: Smith</td>
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<tr>
<td>Last Name: Smith</td>
</tr>
<tr>
<td>Suffix:</td>
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<tr>
<td>Title: General Manager</td>
</tr>
<tr>
<td>Organizational Affiliation: Truckee Tahoe Airport District</td>
</tr>
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</table>

| *Telephone Number: 530-587-4119, Ext. 105 |
| Fax Number: 530-587-2984 |
| *Email: ksmith@fly2trk.com |
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type: - Select One -

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

* Other (specify):

* 10. Name of Federal Agency:
   Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
   20.106

CFDA Title:
   Airport Improvement Program

12. Funding Opportunity Number:

   Title:

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Truckee, Nevada County, California

* 15. Descriptive Title of Applicant's Project:
   Truckee Tahoe Airport, Truckee, Nevada County, California: Apron A4 - Reconstruct

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional District of: CA-004
   * a. Applicant: CA-004
   * b. Program/Project: CA-004

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

17. Proposed Project:
   * a. Start Date: 2014
   * b. End Date: 2014

18. Estimated Funding ($):
   *a. Federal: $1,365,300.00
   *b. Applicant: $101,700.00
   *c. State: $50,000.00
   *d. Local: $0.00
   *e. Other: $0.00
   *f. Program Income: $0.00
   *g. TOTAL: $1,517,000.00

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 4-3-2014
   [ ] 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

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Authorized Representative:
Prefix: Mr.
*First Name: Kevin
Middle Name:
*Last Name: Smith
Suffix:
*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105
*Email: ksmith@fly2trk.com
*Signature of Authorized Representative: __________________________
Date Signed: 4/8/14

Fax Number: 530-587-2984
**Application for Federal Assistance SF-424**

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**State Use Only:**

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<td>Street2:</td>
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<td>Division Name: Plant Health &amp; Pest Prevention Services</td>
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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<tr>
<td>Prefix:</td>
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<tr>
<td>Middle Name: K</td>
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<tr>
<td>* Last Name: Chan</td>
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<td>Title:</td>
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<tr>
<td>Organizational Affiliation: California Department of Food and Agriculture</td>
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<tr>
<td>* Telephone Number: (916) 654-1211</td>
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<tr>
<td>* Email: <a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
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### Application for Federal Assistance SF-424

9. **Type of Applicant 1: Select Applicant Type:**
   - State Government

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

11. **Catalog of Federal Domestic Assistance Number:**
    - 10-025

   **CFDA Title:**
   - Plant and Animal Disease, Pest Control, and Animal Care

12. **Funding Opportunity Number:**

   **Title:**

13. **Competition Identification Number:**

   **Title:**

14. **Areas Affected by Project (Cities, Counties, States, etc.):**
    - State of California

15. **Descriptive Title of Applicant’s Project:**
    - Exotic Fruit Fly

---

Attach supporting documents as specified in agency instructions.
## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:
- **a. Applicant**: District 6
- **b. Program/Project**: CA-all

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

### 17. Proposed Project:
- **a. Start Date**: 1/1/2014
- **b. End Date**: 12/31/2014

### 18. Estimated Funding ($):
- **a. Federal**: 2,000,000
- **b. Applicant**: 9,233,528
- **c. State**: 9,233,528
- **d. Local**:
- **e. Other**:
- **f. Program Income**:
- **g. TOTAL**: 11,233,528

### 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 April 9, 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 assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**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**: Crystal
- **Middle Name**: [ ]
- **Last Name**: Myers
- **Suffix**: [ ]
- **Title**: [ ]
- **Telephone Number**: (916) 657-3231
- **Fax Number**: [ ]
- **Email**: crystal.myers@cdfs.ca.gov
- **Signature of Authorized Representative**: [ ]
- **Date Signed**: [ ]
**Application for Federal Assistance SF-424**

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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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</table>

| *City:* |
| Sacramento |

| *State:* |
| California |

| *Province:* |
| USA: UNITED STATES |

| *Country:* |
| USA: UNITED STATES |

| *Zip / Postal Code:* | 95814 |

**e. Organizational Unit:**

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<tr>
<th>Department Name:</th>
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<tr>
<td></td>
<td>Jason</td>
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<table>
<thead>
<tr>
<th>Middle Name:</th>
<th><em>Last Name:</em></th>
</tr>
</thead>
<tbody>
<tr>
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<td>Chan</td>
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| Suffix: | |
|--------| |

| Title: | |
|--------| |

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<tr>
<td>(916) 654-1211</td>
<td>(916) 654-0555</td>
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<tr>
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<tr>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
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<tr>
<td><strong>Application for Federal Assistance SF-424</strong></td>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong> A - State Government</td>
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<td><strong>Type of Applicant 2:</strong> Select Applicant Type:</td>
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<tr>
<td><strong>Type of Applicant 3:</strong> Select Applicant Type:</td>
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<tr>
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<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong> 10-025</td>
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<tr>
<td><strong>CFDA Title:</strong> Plant and Animal Disease, Pest Control, and Animal Care</td>
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<tr>
<td>* <strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong> State of California</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant’s Project:</strong> Exotic Woodborer</td>
</tr>
</tbody>
</table>

Attach supporting documents as specified in agency instructions.
### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:
- **a. Applicant** District 6
- **b. Program/Project** CA-all

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

#### 17. Proposed Project:
- **a. Start Date:** 7/1/2014
- **b. End Date:** 6/30/2015

#### 18. Estimated Funding ($):
- **a. Federal** 115,250
- **b. Applicant**
- **c. State** 0
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL** 115,250

#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on April 9, 2014.
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#### 20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.) Applicant Federal Debt Delinquency Explanation
- [ ] Yes  
- [x] 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:** Crystal
- **Middle Name:**  
- **Last Name:** Myers
- **Suffix:**  

- **Title:** Manager, Federal Funds Management Office
- **Telephone Number:** (916) 657-3231  
- **Fax Number:**  
- **Email:** crystal.myers@cdfi.ca.gov

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

---

*Note: The image contains text that is partially obscured or not fully visible due to the format limitations.*
**Application for Federal Assistance SF-424**

1. **Type of Submission:**
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

2. **Type of Application:**
   - [ ] New
   - [ ] Continuation
   - [ ] Revision

3. **Date Received:**

4. **Applicant Identifier:**
   - CA Department of Food and Agriculture

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:**
   - 14-8506-1164-CA

**State Use Only:**

6. **Date Received by State:** 04/01/14

7. **State Application Identifier:** 13-0326-FR-2

8. **APPLICANT INFORMATION:**
   a. **Legal Name:** State of California
   b. **Employer/Taxpayer Identification Number (EIN/TIN):** 80-0326104
   c. **Organizational DUNS:** 807487686

d. **Address:**
   - **Street:** 3294 Meadowview Road
   - **City:** Sacramento
   - **County:** Sacramento
   - **State:** California
   - **Country:** USA: UNITED STATES
   - **Zip / Postal Code:** 95832

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:** L
   - **Last Name:** Schnabel
   - **Suffix:**
   - **Title:** Branch Chief
   - **Organizational Affiliation:**
   - **Telephone Number:** 916-654-0312
   - **Fax Number:** 916-654-0986
   - **Email:** duane.schnabel@cdfa.ca.gov
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
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<tr>
<td><strong>6. Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>USDA-APHIS-PPQ</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>10-025</td>
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<tr>
<td><strong>CFDA Title:</strong></td>
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<tr>
<td>Plant &amp; Animal Disease, Pest Control and Animal Care</td>
</tr>
<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>State of California</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>Light Brown Apple Moth Program</td>
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</tbody>
</table>

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: Statewide

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

17. Proposed Project:
   
   a. Start Date: 10/01/13
   
   b. End Date: 09/30/14

18. Estimated Funding ($):

   a. Federal: $2,466,621
   
   b. Applicant
   
   c. State: $0
   
   d. Local
   
   e. Other
   
   f. Program Income
   
   g. TOTAL: $2,466,621

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 04/10/2014.
   
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   
   c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation
   
   Yes ☐
   
   No ☑

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

   ☑ ** I AGREE

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

   **

Authorized Representative:

Prefix: ____________________________  * First Name: Crystal

Middle Name: _____________________

* Last Name: Myers

Suffix: ____________________________

* Title: Federal Funds Manager

* Telephone Number: 916-403-8533  Fax Number: ____________________________

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

* Signature of Authorized Representative: ____________________________  * Date Signed: 01/01/14
Application for Federal Assistance SF-424

* 1. Type of Submission:
  a) Preapplication
  b) Application
  c) Changed/Corrected Application
  d) Continuation

* 2. Type of Application:
  a) New
  b) Continuation
  c) 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: San Francisco State University

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

031137247

* c. Organizational DUNS:

842614385

d. Address:

* Street1: 1600 Holloway Ave
  Street2: ADM 471
  City: San Francisco
  County: San Francisco
  State: CA: California
  Province: 
  * Country: USA: UNITED STATES
  Zip / Postal Code: 94132-1722

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: Michael
  Middle Name: 
  * Last Name: Vassey
  Suffix: 
  Title: 

  Organizational Affiliation:
  San Francisco State University

  * Telephone Number: 415-338-3719
  Fax Number: 
  * Email: mvassey@sfsu.edu
## Application for Federal Assistance SF-424

### 9. Type of Applicant 1: Select Applicant Type:
- [ ] Public/State Controlled Institution of Higher Education

### 10. Name of Federal Agency:
- Department of Commerce

### 11. Catalog of Federal Domestic Assistance Number:
- 11.420

### 12. Funding Opportunity Number:
- NOAA-NOS-OCRM-2014-2004038

#### * Title:
- [FY2014 National Estuarine Research Reserve Operations July 1 Start Dates]

### 13. Competition Identification Number:
- 

#### Title:
- 

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

### 15. Descriptive Title of Applicant's Project:
- San Francisco Bay NERR Operations FY 14

Attach supporting documents as specified in agency instructions.
18. Congressional Districts Of:
  * a. Applicant: CA-212
  * b. Program/Project: CA-212

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

17. Proposed Project:
  * a. Start Date: 07/01/2014
  * b. End Date: 06/30/2015

18. Estimated Funding ($):
  * a. Federal: 603,000.00
  * b. Applicant: 270,137.00
  * c. State: 0.00
  * d. Local: 0.00
  * e. Other: 0.00
  * f. Program Income: 0.00
  * g. TOTAL: 873,137.00

18. 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 04/10/2014.
  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 and attach.)
  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: Allen
Middle Name: [ ] Last Name: Sanders
Suffix: [ ]

* Title: Director

* Telephone Number: 215-405-3943 Fax Number: 215-338-2463

* Email: asanders@ftnu.edu

* Signature of Authorized Representative: Allen Sanders [ ] * Date Signed: [ ]

Authorized for Local Reproduction

Standard Form 424
Prepared by

Funding Opportunity Number: Received Date: Time Zone: GMT-4
Application for Federal Assistance SF-424

1. Type of Submission:
   - [ ] Preapplication
   - [x] Application
   - [ ] Changed/Corrected Application

2. Type of Application:
   - [x] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify):

3. Date Received:
   04/10/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: PARKS AND RECREATION, CA DEPT OF

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      69-0303606

   c. Organizational DUNS:
      1720708070000

   d. Address:
      301 CASPIAR WAY
      IMPERIAL BEACH
      CA: California
      USA: UNITED STATES
      91932-91933

   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: Christopher
      Middle Name:
      * Last Name: Peregrin
      Suffix:
      Title: Reserve Manager
      Organizational Affiliation:
      * Telephone Number: 619-575-3613 ext. 303
      Fax Number: 619-575-6912
      * Email: chris.peregrin@parks.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:**
- Department of Commerce

**11. Catalog of Federal Domestic Assistance Number:**
- 11.420

**CFDA Title:**
- Coastal Zone Management Estuarine Research Reserves

**12. Funding Opportunity Number:**
- NOAA-HAB-OCRM-2014-2006038

**Title:**
- FY2014 National Estuarine Research Reserve Operations July 1 Start Dates

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- TRIBES MANAGEMENT AND OPERATIONS

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: 51
   * b. Program/Project: 51, 53

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 12/31/2015

18. Estimated Funding ($) :

   * a. Federal: 320,000.00
   * b. Applicant: 0.00
   * c. State: 137,140.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 457,140.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 04/07/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

   X ** I AGREE

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

Authorized Representative:

Prefix: Mr.  * First Name: Christopher
Middle Name:  
* Last Name: Peregrin
Suffix:  

*Title: Reserve Manager

*Telephone Number: 619-575-5613  Fax Number: 619-575-6913

*Email: chris.peregrin@parcs.ca.gov

*Signature of Authorized Representative: [Signature]  * Date Signed: 04/10/2014
Application for Federal Assistance SF-424

Version 02

1. Type of Submission:  
   - [ ] Preapplication  
   - X Application  
   - [ ] Changed/Corrected Application

2. Type of Application:  
   - X New  
   - [ ] Continuation  
   - [ ] Revision  
   - [ ] Other (Specify)

3. Date Received:  
   Completed by Grants.gov upon submission.

4. Applicant Identifier:

5. Federal Entity Identifier:  
   - 8083223580000

6. State Use Only:
   - Date Received by State:  
   - 7. State Application Identifier:  
   - 01498062

8. APPLICANT INFORMATION:
   - a. Legal Name:  
     STATE OF CALIFORNIA
   - b. Employer/Taxpayer Identification Number (EIN/TIN):  
     94-1697587
   - c. Organizational DUNS:  
     8083223580000
   - d. Address:
     1931 9TH STREET
     SACRAMENTO, CA: California
   - e. Organizational Unit:
     DIVISION NAME: GRANTS MANAGEMENT BRANCH
     DEPARTMENT NAME: FISH AND WILDLIFE
   - f. Name and contact information of person to be contacted on matters involving this application:
     Prefix:  
     Middle Name:  
     * Last Name: WILLIAMS  
     Suffix:  
     Title: GRANT ADMINISTRATOR

9. Telephone Number:  
   - 916-327-0062  
   - Fax Number:  
   - 916-327-6320

10. Email:  
     JASON.WILLIAMS@WILDLIFE.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:**
- Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.611

**CFDA Title:**
- Wildlife Restoration and Basic Hunter Education

**12. Funding Opportunity Number:**
- FI4A500S058

**Title:**
- 86 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- WILDLIFE INVENTORIES AND RESEARCH: California Mountain Lion Conservation Program Establishment & Resource Assessment Project

Attach supporting documents as specified in agency instructions.
# Application for Federal Assistance SF-424

**Version 02**

### 16. Congressional Districts Of:
- **a. Applicant:** CA-006
- **b. Program/Project:** CA-ALL

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

### 17. Proposed Project:
- **a. Start Date:** 07/01/2014
- **b. End Date:** 06/30/2015

### 18. Estimated Funding ($):

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<th>Section</th>
<th>Amount</th>
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<td>b. Applicant</td>
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<td>d. Local</td>
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<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>285,000.00</td>
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</table>

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on **04/10/2014**.
- [ ] 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
- [x] No

**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 certifications** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I AGREE**

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

### Authorized Representative:

- **Prefix:**
- **Middle Name:**
- **Last Name:** BAYS
- **Suffix:**
- **Title:** STAFF SERVICES MANAGER I
- **Telephone Number:** 916-445-3791
- **Fax Number:** 916-227-6320
- **Email:** LISA.BAYS@CDLIPS.CA.GOV

### Signature of Authorized Representative:
- Complied by Grant.gov upon submission.
- **Date Signed:** Complied by Grant.gov upon submission.

Authorized for Local Reproduction

---

*Standard Form 424 (Revised 10/2005)*

*Prepared 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
- *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 San Diego

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 852344535

**c. Organizational DUNS:** 364467982

**d. Address:**
- *Street1:* 5960 Alcala Park
- *City:* San Diego
- *State:* CA: California
- *Country:* USA: UNITED STATES
- *Zip / Postal Code:* 92110-2492

**e. Organizational Unit:**
- Department Name:
- Division Name:
- Sponsored Programs
- Provost

**f. Name and contact information of person to be contacted on matters involving this application:**
- Prefix:
- *First Name:* Traci
- Middle Name:
- *Last Name:* Merrill
- Suffix:
- Title: Director
- Organizational Affiliation: University of San Diego
- *Telephone Number:* 858-246-8858
- Fax Number:
- *Email:* research@sandiego.edu

---

Funding Opportunity Number:  
Received Date: Time Zone: GMT-6
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - [ ] Private 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:
    61.473
    CFDA Title:
    Coastal Services Center

* 12. Funding Opportunity Number:
    NOAA-NOS-CSC-2014-2003982
    * Title:
    FY 2014 Coastal Resilience Networks

13. Competition Identification Number:
    2457729
    Title:

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

* 15. Descriptive Title of Applicant's Project:
    The San Diego Climate Science Alliance

Attach supporting documents as specified in agency instructions.
## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:
- a. Applicant CA-052
- b. Program/Project CA-052

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

### 17. Proposed Project:
- a. Start Date: 09/01/2014
- b. End Date: 09/30/2015

### 18. Estimated Funding ($):

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<th>Type</th>
<th>Amount</th>
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<td>a. Federal</td>
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<tr>
<td>b. Applicant</td>
<td>15,000.00</td>
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<td>c. State</td>
<td>0.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
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<tr>
<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>115,000.00</td>
</tr>
</tbody>
</table>

### 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 and attach.)
- 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: Thomas
- Middle Name: Richard
- Last Name: Harrington
- Suffix: [ ]
- Title: Vice Provost
- Telephone Number: 619-280-4553
- Fax Number: [ ]
- Email: harrington@SanDiego.edu

**Signature of Authorized Representative: [Signature]

** Date Signed: 04/11/2014

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:**
- [X] Application
- [ ] Preapplication
- [ ] Changed/Corrected Application

**2. Type of Application:**
- [X] New
- [ ] Continuation
- [ ] Revision

**3. Date Received:**
- APR 11, 2014

**4. Applicant Identifier:**
- RECEIVED

**5a. Federal Entity Identifier:**
- 

**5b. Federal Award Identifier:**
- APR 14, 2014

**6. Date Received by State:**
- 

**7. State Application Identifier:**
- STATE CLEARING HOUSE

**8. APPLICANT INFORMATION:**

**a. Legal Name:**
- The Nature Conservancy

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
- 53-0242632

**c. Organizational DUNS:**
- 0726566300000

**d. Address:**
- 
  - Street: 201 Mission Street
  - Street2: Fourth Floor
  - City: San Francisco
  - County/Parish: 
  - State: CA: California
  - Province: 
  - Country: USA: UNITED STATES
  - Zip / Postal Code: 94105-1831

**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: Sarah
  - Middle Name: 
  - Last Name: Nowkirk
  - Suffix: 
  - Title: CA Coastal Project Director
  - Organizational Affiliation: The Nature Conservancy
  - Telephone Number: 831-333-2045
  - Fax Number: 831-333-1736
  - Email: ane@tnc.org
**Application for Federal Assistance SF-424**

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

N: 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:*

11.473

CFDA Title:

Coastal Services Center

*12. Funding Opportunity Number:*

NOAA-NOS-CSC-2014-2003982

* Title:

FY 2014 Coastal Resilience Networks

*13. Competition Identification Number:*

2467729

Title:

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

Congressional Districts & Areas Affected

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

Communities' Network for Coastal Resilience

Attach supporting documents as specified in agency instructions:
16. Congressional Districts Of:
   * a. Applicant 12,14
   * b. Program/Project 2

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

17. Proposed Project:
   * a. Start Date: 09/01/2014
   * b. End Date: 08/31/2015

18. Estimated Funding ($):
   
   | a. Federal       | 100,000.00 |
   | b. Applicant     | 16,850.00  |
   | c. State         | 75,000.00  |
   | d. Local         | 10,000.00  |
   | e. Other         | 0.00       |
   | f. Program Income| 0.00       |
   | g. TOTAL         | 201,850.00 |

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 04/11/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   - [ ] Yes
   - [x] 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)
   - [x] I AGREE

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

Authorized Representative:

- Prefix: 
- Middle Name: 
- * First Name: Angela
- Last Name: Jakubiec
- Suffix: 

- Title: Financial Manager/Grants Specialist
- Telephone Number: 808-349-4467
- Fax Number: 
- Email: a.jakubiec@tnc.org
- Signature of Authorized Representative: Angela Jakubiec
- Date Signed: 04/11/2014
Application for Federal Assistance SF-424

1. Type of Submission: [ ] Preappplication [ ] Application [ ] Changed/Corrected Application

2. Type of Application: [ ] New [ ] Continuation [ ] Revision [ ] Other (Specify) [ ] Other (Specify)

* 3. Date Received: APR 15 2014

4. Applicant Identifier: EAGLE WATER SUPPLY

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: LINDSAY-STRATHMORE IRRIGATION DISTRICT

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

c. Organizational DUNS: 047398655

d. Address:

Street 1: P.O. BOX 845
Street 2: 
City: LINDSAY
County/Parish: TULARE
State: CA
Province: 
Country: USA: UNITED STATES
Zip / Postal Code: 93247

Department Name: Division Name: 

e. Organizational Unit: 

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

Prefix: MR. 
Middle Name: H.
Last Name: WEGLEY
Suffix: 

Title: CONSULTING CIVIL ENGINEER

Organizational Affiliation: KELLER/WEGLEY CONSULTING ENGINEERS

* Telephone Number: (559) 732-7938 Fax Number: (559) 732-7937

* Email: KELWEGLEY@GMAIL.COM
**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 IMMEDIATE COMMUNITY WATER ASSISTANCE GRANT**

* 12. Funding Opportunity Number:
   - 105163

* Title:
   - **EMERGENCY AND IMMEDIATE COMMUNITY WATER ASSISTANCE GRANT**

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
   - **RAILWAY WATER SUPPLY: Purchase of 201 acre-feet at a higher drought condition price**

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant 23
   * b. Program/Project

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

17. Proposed Project:
   * a. Start Date: 02-05-2014
   * b. End Date: 04-30-2014

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $60,500.00

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 04-09-2014.
   □ 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
   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: Mr.  * First Name: Jeffrey
Middle Name:  
Last Name: Kenken
Suff:  
* Title: President
* Telephone Number: (559) 562-9487  Fax Number:  
* Email: sael691@bid.org

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