Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse April 16 - 30, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

* 1. Type of Submission:
   - [ ] Preapplication
   - [ ] New
   - [ ] Continuation
   - [X] Changed/Corrected Application
   - [ ] Revision

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

* If Revision, select appropriate letter(s):
   - [A]

* 3. Date Received:
   - 3/28/14

4. Applicant Identifier:
   - California Department of Food and Agriculture

5a. Federal Entity Identifier:
   - 14-8508-0484-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:
   - 13-0258-FR

8. APPLICANT INFORMATION:

* a. Legal Name:
   - State of California

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

* c. Organizational DUNS:
   - 807487655

Received

d. Address:

* Street:
   - 1220 N Street

Street2:

* City:
   - Sacramento

County:

* State:
   - CA

Province:

* Country:
   - USA: UNITED STATES

* Zip / Postal Code:
   - 95814

State Clearinghouse

APR 16 2014

Organization: Pierce's Disease Control Program

Division Name:

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

Prefix:

First Name:
   - Roger

Middle Name:

Last Name:
   - Spencer

Suffix:

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: (916) 900-5024

Fax Number: (916) 900-5350

* Email: roger.spencer@cdfa.ca.gov
Application for Federal Assistance SF-424

8. Type of Applicant 1: Select Applicant Type:
   State
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):

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

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

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

12. Funding Opportunity Number:
    
* Title:

13. Competition Identification Number:
    
Title:

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

15. Descriptive Title of Applicant's Project:
    Pierce's Disease Control Program/Glasy-winged Sharpshooter

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

### 16. Congressional Districts Of:

<table>
<thead>
<tr>
<th>* a. Applicant</th>
<th>* b. Program/Project</th>
<th>GWSS</th>
</tr>
</thead>
</table>

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

### 17. Proposed Project:

<table>
<thead>
<tr>
<th>* a. Start Date:</th>
<th>* b. End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/1/13</td>
<td>9/30/14</td>
</tr>
</tbody>
</table>

### 18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>* a. Federal</th>
<th>10,798,378</th>
</tr>
</thead>
<tbody>
<tr>
<td>* b. Applicant</td>
<td></td>
</tr>
<tr>
<td>* c. State</td>
<td></td>
</tr>
<tr>
<td>* d. Local</td>
<td></td>
</tr>
<tr>
<td>* e. Other</td>
<td></td>
</tr>
<tr>
<td>* f. Program Income</td>
<td></td>
</tr>
<tr>
<td>* g. TOTAL</td>
<td>10,798,378</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.) 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 216, 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: Crystal

Middle Name: [ ]

* Last Name: Myers

Suffix: [ ]

* Title: Federal Funds Manager

* Telephone Number: (916) 403-6533

Fax Number: [ ]

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

* Signature of Authorized Representative: [Signature]

* Date Signed: 4/16/14
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:

4. Applicant Identifier:
   Dept. of Food and Agriculture

5a. Federal Entity Identifier:
14-8506-0934-GR

5b. Federal Award Identifier:

State Use Only:
6. Date Received by State: March 25, 2014
7. State Application Identifier: 13-0445-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0326104

* c. Organizational DUNS: 807487665

d. Address:

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

e. Organizational Unit:

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

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

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

   Title:

   Organizational Affiliation:
   California Department of Food and Agriculture

   * Telephone Number: (916) 654-1211
   Fax Number: (916) 654-0555
   * Email: jason.chan@cdfa.ca.gov
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   A - State Government
   Type of Applicant 2: Select Applicant Type:
   Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   10-025
   CFDA Title:
   Plant and Animal Disease, Pest Control, and Animal Care

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:
   Title:

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

* 15. Descriptive Title of Applicant's Project:
   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**
- **c. State** 0
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL** 2,000,000

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

- **Yes**
- **No**

   - 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.) Applicant Federal Debt Delinquency Explanation

**Yes**

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@cfca.ca.gov

**Signature of Authorized Representative:**

**Date Signed:**
Application for Federal Assistance SF-424

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

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

3. Date Received:  

4. Applicant Identifier: California Department of Food and Agriculture
   STATE CLEARING HOUSE

5a. Federal Entity Identifier:  

5b. Federal Award Identifier: 13-8506-1499-CA

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

a. Legal Name: State of California

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

c. Organizational DUNS: 807487865

d. Address:
   - Street1: 1220 N Street
   - Street2: Room 326
   - City: Sacramento
   - County: Sacramento
   - State: CA
   - Province: 
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95814

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:  
   - Middle Name:  
   - * First Name: Susan
   - Last Name: Sawyer
   - Suffix:  
   - Title: Staff Environmental Scientist

Organizational Affiliation:
   - California Department of Food and Agriculture

* Telephone Number: (916) 403-6660
   Fax Number: (916) 654-0986

* Email: susan.sawyer@cdfa.ca.gov
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

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

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

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

**12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
The states of California, Oregon, Washington and Idaho

*15. Descriptive Title of Applicant's Project:
Regional Strategic Systems for Early Detection of Invasive Species

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

16. Congressional District Of:
   * a. Applicant CA-006
   * b. Program/Project CA-all

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

   OR-all, WA-all, ID-all

17. Proposed Project:
   * a. Start Date: 8/1/2013
   * b. End Date: 8/31/2015

18. Estimated Funding ($):
   * a. Federal $216,194
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $216,194

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] This application was made available to the State under the Executive Order 12372 Process for review on 6/14/2013.
   - [ ] Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] 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 any 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: __________________________ * First Name: Crystal
Middle Name: __________________________
* Last Name: Myers
Suffix: __________________________

*Title: Manager, Federal Funds Management Office

*Telephone Number: (916) 657-3231 Fax Number: (916) 653-0206
*Email: crystal.myers@cdfa.ca.gov

*Signature of Authorized Representative: __________________________ * Date Signed: 6/1/2014
Application for Federal Assistance SF-424

* 1. Type of Submission:  
  □ Preapplication  
  ☑ Application  
  □ Changed/Corrected Application  

* 2. Type of Application:  
  ☑ New  
  □ Continuation  
  □ Revision  
  * If Revision, select appropriate letter(s):  

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

* 4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

* a. Legal Name:  
  Sequoia Foundation  

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  33-010208  

* c. Organizational DUNS:  
  0109292430000  

d. Address:  

  * Street1: 2166 Avenida de la Playa, Suite D  
  Street2:  
  * City: La Jolla  
  County/Parish:  
  * State: CA: California  
  Province:  
  * Country: USA: UNITED STATES  
  * Zip / Postal Code: 92037-3238  

e. Organizational Unit:  

  Department Name: Environmental Health  
  Division Name: Asthma Healthy Homes  

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

  Prefix:  
  * First Name: Sylvia  
  Middle Name:  
  * Last Name: Palmer  
  Suffix:  
  
  Title: Director, Grants and Contracts  
  Organizational Affiliation:  

  * Telephone Number: 858-459-0434  
  Fax Number: 858-459-9461  

  * Email: Sylvia@SequoiaFoundation.org
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2:**

**Type of Applicant 3:**

**Other (specify):**

**10. Name of Federal Agency:**
- Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**
- 56.034

**CFDA Title:**
- Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

**12. Funding Opportunity Number:**
- EPA-OAR-ORIA-14-03

**Title:**
- National Indoor Environments Program: Reducing Public Exposure to Indoor Pollutants

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Reducing Environmental Asthma Triggers & Other Home-Based Health Risks through Training for Health Workers, In-Home Environmental Assessments, & Enhanced Health Care Coverage through Medicaid Contract

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant  CA-053
   * b. Program/Project CA-012

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/30/2017

18. Estimated Funding ($):

   * a. Federal  597,428.00
   * b. Applicant  0.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  597,428.00

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 04/17/2014
   □ 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:  —  * First Name: Sylvia
Middle Name:  
* Last Name: Palmer
Suffix:  
* Title: Director, Grants and Contracts
* Telephone Number: 858-459-0434  Fax Number: 858-459-9461
* Email: Sylvia@SequoiaFoundation.org

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

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

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

3. Date Received: 

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: Vigilant Corporation
   b. Employer/Taxpayer Identification Number (EIN/TIN): 20 3195525 0
   c. Organizational DUNS: 076282974
   d. Address:
      - Street1: 2001 Broadway
      - City: Oakland
      - County: Alameda
      - State: California
      - Province: 
      - Country: USA
      - Zip / Postal Code: 94612
   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: Corinne
      - Middle Name: 
      - Last Name: Vita
      - Suffix: 
      - Title: Director, Customer Engagement
      - Organizational Affiliation: 
      - Telephone Number: (510) 524-8480
      - Fax Number: (510) 355-3702
      - Email: cvitz@vigilant.com
## Application for Federal Assistance SF-424

### Type of Applicant 1: Select Applicant Type:
- *Other (specify)*: Small Business

### Name of Federal Agency:
- Building Technologies Office

### Catalog of Federal Domestic Assistance Number:
- CFDA Title: 

### Funding Opportunity Number:
- *Title:*
- Building Energy Efficiency Frontiers and Incubator Technologies (BENEFIT)

### Competition Identification Number:
- Title: Data-Dependent Chiller Plant Optimization

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

### Descriptive Title of Applicant's Project:
- Data-Dependent Chiller Plant Optimization

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

16. Congressional Districts Of:
   * a. Applicant ___________  b. Program/Project USA-All

   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 Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)
      a. Yes  b. 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)
      a. ** 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:  * Date:
Middle Name: ___________
* Last Name: Lynch
Suffix: ___________

* Title: ___________

* Telephone Number: (510) 824-8480  Fax Number: (510) 365-3702

* Email: dlynch@vigilant.com

** Signature of Authorized Representative: ___________  * Date Signed: ___________
**Application for Federal Assistance SF-424**

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

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

3. **Date Received:**
   - APR 21 2014
   - Received by Grants.gov upon submission.

4. **Applicant Identifier:**
   - [STATE CLEARING HOUSE]

5. **Federal Entity Identifier:**
   - [ ]

6. **Federal Award Identifier:**
   - [ ]

**State Use Only:**
6. **Date Received by State:**

**8. APPLICANT INFORMATION:**

   a. **Legal Name:**
      - Board of Trustees of the Leland Stanford Junior University

   b. **Employer/Taxpayer Identification Number (EIN/TIN):**
      - 94-1156365

   c. **Organizational DUNS:**
      - 0092142140000

   d. **Address:**
      - Office of Sponsored Research
      - 3160 Porter Drive, Suite 100
      - Palo Alto, CA 94304-8445

   e. **Organizational Unit:**
      - Hopkins Marine Station

   f. **Name and contact information of person to be contacted on matters involving this application:**
      - **Prefix:**
      - **Middle Name:** K.
      - **Last Name:** Poputa
      - **First Name:** Nicole

   g. **Title:**
      - Contract and Grants Officer

   h. **Organizational Affiliation:**
      - Stanford University

   i. **Telephone Number:**
      - 650-723-6267
      - Fax Number: 650-498-4156

   j. **Email:**
      - npobuta@stanford.edu
**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:**
11.482

**CFDA Title:**
Coral Reef Conservation Program

**12. Funding Opportunity Number:**
NOAA-NOS-OCRM-2014-2003817

* Title:
FY14 Coral Reef Conservation Program Domestic Coral Reef

**13. Competition Identification Number:**
2446912

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
Developing coral restoration best practices in the face of climate change

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

16. Congressional Districts Of:
   * a. Applicant: CA-018
   * b. Program/Project: CA-017

   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: 51,060.00
   * b. Applicant: 55,760.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 106,828.00

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 04/21/2014
   - [ ] 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:  
* First Name: Nicole

Middle Name: K.

* Last Name: Pobuta

Suffix:  

* Title: Contract and Grants Officer

* Telephone Number: 650-723-6267  
Fax Number: 650-498-4167

* Email: npobuta@stanford.edu

* 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 Submission:**
- Preapplication
- Application
- Changed/Corrected Application

**Type of Application:**
- New
- Continuation
- Revision

If Revision, select appropriate letter(s):

*Other (Specify)*

**Date Received:**

**Dates Received by State:**

**State Use Only:**

**Applicant Information:**

- **Legal Name:** Clearlake Oaks CO Water District
- **Employer/Taxpayer Identification Number (EIN/TIN):** 94-6050430
- **Organizational DUNS:** 03-8280053

**Address:**

- **Street 1:** 12952 E. Highway 20
- **City:** California
- **County:** Lake
- **State:** CA
- **Province:**
- **Country:** USA
- **Zip / Postal Code:** 95423

**Organizational Unit:**

- **Department Name:** Finance Department
- **Division Name:**

**Name and Contact Information of Person to be Contacted on Matters Involving This Application:**

- **Prefix:** Ms.
- **First Name:** Lorie
- **Middle Name:** Ann
- **Last Name:** Adams
- **Suffix:**

**Title:** Principal

**Organizational Affiliation:**

- Consultant - Adams Ashby Group

**Telephone Number:** 916-449-3944

**Fax Number:** 916-449-3934

**Email:** ladams@adamsashbygroup.com
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:
United States Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:
Water and Waste Disposal System for Rural Communities

CFDA Title:
10-760

*12 Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Clearlake Oaks Water District Limits

*15. Descriptive Title of Applicant's Project:
Clearlake Oaks Water Facilities Improvement Project
## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:
- **a. Applicant:** 5
- **b. Program/Project:** 5

### 17. Proposed Project:
- **a. Start Date:** 1/04/2016
- **b. End Date:** 12/20/2016

### 18. Estimated Funding ($):
- **a. Federal:** 3,452,517
- **b. Applicant:**
- **c. State:**
- **d. Local:**
- **e. Other:**
- **f. Program Income:**
- **g. TOTAL:** 3,452,517

### 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 4/18/2014
- **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)
- **Yes**
- **No**

** 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:** Matt
- **Middle Name:** James
- **Last Name:** Bassett
- **Suffix:**

- **Title:** General Manager

- **Telephone Number:** (707) 998-3322
- **Fax Number:** (707) 998-1245
- **Email:** m.bassett@clcmd.org

- **Signature of Authorized Representative:**

- **Date Signed:** 4/18/2014

---

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 21, 2014

*4. Applicant Identifier:*
- STATE CLEARING HOUSE

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:  

7. State Application Identifier:  

**8. APPLICANT INFORMATION:**

*a. Legal Name:*
- Clearlake Oaks CO Water District

*b. Employer/Taxpayer Identification Number (EIN/TIN):*
- 94-6050430

*c. Organizational DUNS:*
- 03-8280053

d. Address:
- *Street 1:*
  - 12952 E. Highway 20
- *City:*
  - California
- *County:*
  - Lake
- *State:*
  - CA
- *Province:*
  - 
- *Country:*
  - USA
- *Zip / Postal Code:*
  - 95423

e. Organizational Unit:
- Department Name: 
- Finance Department
- Division Name: 

f. Name and contact information of person to be contacted on matters involving this application:
- **Prefix:** Ms.
- **First Name:** Lorie
- **Middle Name:** Ann
- **Last Name:** Adams
- **Suffix:**
- **Title:** Principal

Organizational Affiliation:
- Consultant - Adams Ashby Group

*Telephone Number: 916-449-3944*  
*Fax Number: 916-449-3934*

*Email: ladams@adamsashbygroup.com*
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
<td></td>
</tr>
<tr>
<td>D. Special District Government</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td><em>Other (Specify)</em></td>
<td></td>
</tr>
<tr>
<td><strong>10 Name of Federal Agency:</strong></td>
<td></td>
</tr>
<tr>
<td>United States Department of Agriculture</td>
<td></td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td></td>
</tr>
<tr>
<td>Water and Waste Disposal System for Rural Communities</td>
<td></td>
</tr>
<tr>
<td>CFDA Title:</td>
<td></td>
</tr>
<tr>
<td>10-760</td>
<td></td>
</tr>
<tr>
<td><strong>12 Funding Opportunity Number:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td></td>
</tr>
<tr>
<td>Clearlake Oaks Water District Limits</td>
<td></td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td></td>
</tr>
<tr>
<td>Clearlake Oaks Waste Water Facilities Improvement Project</td>
<td></td>
</tr>
</tbody>
</table>
### Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

*a. Applicant: 5*  
*b. Program/Project: 5*

**17. Proposed Project:**

*a. Start Date: 1/04/2016*  
*b. End Date: 12/20/2016*

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

*a. Federal*  
>b. Applicant  
>c. State  
>d. Local  
>e. Other  
>f. Program Income  
>g. TOTAL  
4,203,951

**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 4/18/2014  
☐ 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.  
Middle Name:  
James  
*Last Name:  
Bassett  
Suffix:  

*Title: General Manager*  

Telephone Number: (707) 998-3322  
Fax Number: (707) 998-1245  
*Email: m.bassett@clowd.org

*Signature of Authorized Representative: [Signature]*  
*Date Signed: 4/18/2014*
**Application for Federal Assistance SF-424**

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

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

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

4. **Applicant Identifier:**
   - Repair Existing North Well
   - APR 21-2014

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:**

6. **Date Received by State:**

7. **State Application Identifier:**

8. **APPLICANT INFORMATION:**

   a. **Legal Name:** [Pleasant Community Service District]

   b. **Employer/Taxpayer Identification Number (EIN/TIN):**
   - 94-2864290

   c. **Organizational DUNS:**
   - 1891234567

   d. **Address:**
   - 14656 Road 192
   - Tulare, CA 93274
   - USA: UNITED STATES

   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: James
   - Middle Name: A.
   - Last Name: Brown
   - Title: Civil Engineer
   - Email: kelweg1@aol.com
   - Telephone Number: (559) 422-7933
   - Fax Number:
## 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.):

16. Descriptive Title of Applicant's Project:
   - Repair existing well

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 Of Any Federal Debt? (If “Yes”, provide explanation):
   - [ ] Yes
   - [ ] No

   If “Yes”, provide explanation and attach.

   [Attachment]

21. 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)

   [ ] 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: [Redacted]  * First Name: [Redacted]

Middle Name: [Redacted]

* Last Name: [Redacted]

Suffix: [Redacted]

* Title: [Redacted]

*Telephone Number: [Redacted]  Fax Number: (559) 782-0622

* 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

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

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

* If Revision, select appropriate letter(s):

3. Date Received:

4. Applicant Identifier:
   EAICWAG WATER SUPPLY

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

   a. Legal Name:

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

   * c. Organizational DUNS:

   d. Address:

      * Street 1:

      Street 2:

      * City:

      County/Parish:

      * State:

      Province:

      * Country:

      * Zip / Postal Code:

   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:

      Fax Number:

      Email:
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:
105163

* Title:
EMERGENCY AND IMMINENT 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:
BAICWAG WATER SUPPLY: Purchase of 53.4 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
   * b. Program/Project

   Attach an additional list of Program/Project Congressional Districts if needed.
   
   17. Proposed Project:
   * a. Start Date: 02/01/2022
   * b. End Date: 08/01/2024

   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 (Y/N)?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 04-15-2014.
   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? (Y/N):
   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)

22. I AGREE

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

Authorized Representative:

Prefix: Ms.

* First Name: CHRISTINE S.

Middle Name: 

* Last Name: MEADE

SUFFIX: 

* Title: 

*Telephone Number: (559) 568-0240 Fax Number: (559) 568-0240

* 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

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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: [ ]

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

8. APPLICANT INFORMATION:

   a. Legal Name: Public Health Institute

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1646278

   c. Organizational DUNS: 1286633900000

   d. Address:

      Street1: 555 12th Street, 10th Floor
      Street2: [ ]
      City: Oakland
      County/Parish: Alameda
      State: CA: California
      Province: [ ]
      Country: USA: UNITED STATES
      Zip / Postal Code: 94607-4046

   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: Tamar
      Middle Name: [ ]
      * Last Name: Dorfman
      Suffix: [ ]

      Title: Chief Financial Officer

      Organizational Affiliation: [ ]

      * Telephone Number: 510-285-5655
      Fax Number: 510-285-5501

      * Email: tdorfman@phi.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.034

CFDA Title:
Surveys, Studies, Research, Investigations, Demonstrations, and Special Purpose Activities Relating to the Clean Air Act

12. Funding Opportunity Number:
EPA-OAR-ORIA-14-03

* Title:
National Indoor Environments Program: Reducing Public Exposure to Indoor Pollutants

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant’s Project:
Incorporating Environmental Management of Asthma into School-Based Health Centers across the Nation

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

16. Congressional Districts Of:
   * a. Applicant: CA-013
   * b. Program/Project: CA-013

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/30/2017

18. Estimated Funding ($):

   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 600,000.00

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 04/18/2014.
   [ ] 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:  
* First Name: Joanna

Middle Name: 

* Last Name: Gomes

Suffix: 

* Title: Director, Bid & Proposal

* Telephone Number: 510-285-5573  Fax Number: 510-285-5501

* Email: NIHawards@phi.org

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

1. Type of Submission:
   - [ ] Preapplication
   - [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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Southwest Wetlands Interpretive Association

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-3488027

   c. Organizational DUNS:
      0275365360000

   d. Address:
      - Street: 700 Seacoast Drive, #108
      - City: Imperial Beach
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 91932-1842

   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: Debra
      - Middle Name: 
      - Last Name: Carey
      - Suffix: 
      - Title: 
      - Organizational Affiliation: 
      - * Telephone Number: 619-575-0550
      - Fax Number: 
      - * Email: swia_dcary@att.net
### Application for Federal Assistance SF-424

#### 9. Type of Applicant 1: Select Applicant Type:
- Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

#### Type of Applicant 2: Select Applicant Type:

#### Type of Applicant 3: Select Applicant Type:

`* Other (specify):`

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

#### 11. Catalog of Federal Domestic Assistance Number:
- CFDA Title: Coastal Zone Management Estuarine Research Reserves

#### 12. Funding Opportunity Number:
- Title: FY2014 National Estuarine Research Reserve Operations July 1 Start Dates

#### 13. Competition Identification Number:

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

**15. Descriptive Title of Applicant's Project:**
- Operations grant for the Tijuana River National Estuarine Research Reserve

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

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal 153,149.00
   * b. Applicant 0.00
   * c. State 153,149.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 306,298.00

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.
   x 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: 
* First Name: Debra
Middle Name: 
* Last Name: Carey
Suffix: 
* Title: Administrative Director
* Telephone Number: 619-575-0550
* Email: swia_dcarey@att.net

* Signature of Authorized Representative: Debra Carey
* Date Signed: 11/01/2013
# Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication □</td>
<td>New □</td>
<td></td>
</tr>
<tr>
<td>Application ✔</td>
<td>Continuation □</td>
<td>Other (Specify):</td>
</tr>
<tr>
<td>Changed/Corrected Application □</td>
<td>Revision □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Completed by Grants.gov upon submission.*</td>
<td></td>
</tr>
</tbody>
</table>

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

State Use Only:

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

8. APPLICANT INFORMATION:

   * a. Legal Name: Southern Coachella Valley Community Services District

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

   * c. Organizational DUNS:

   ****5101 33022510 932976798

   d. Address:

   - Street 1: 91260 Avenue 66
   - City: Mecca
   - County/Parish: Riverside
   - State: California
   - Province: 
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 92254

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: Crowson
   Suffix: 

   Title: General Manager

   Organizational Affiliation: 

   * Telephone Number: (760) 396-1014
   Fax Number: 

   * Email: crowsongt@aol.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Special District

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:

10.756

CFDA Title:

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Southern Coachella Valley

* 15. Descriptive Title of Applicant's Project:

Three police patrol bicycles

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-45  
   b. Program/Project  CA-45  

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

17. Proposed Project:
   a. Start Date: 12-01-2013  
   b. End Date: 12-30-2013  

18. Estimated Funding ($):
   a. Federal  $3,660.88  
   b. Applicant  $1,220.29  
   c. State  
   d. Local  
   e. Other  
   f. Program Income  
   g. TOTAL  $4,881.17  

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 12-04-2013  
   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)"

   ** 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.

Authorized Representative:  

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

* Title:  General Manager  
* Telephone Number:  (760) 329-2813  
Fax Number:  
* Email:  crowsonmgmt@aol.com  

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

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

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

3. Date Received: _______________________

4. Applicant Identifier: BCA14100

5a. Federal Entity Identifier: _______________________

5b. Federal Award Identifier: _______________________

6. Date Received by State: _______________________

7. State Application Identifier: BCA14100

8. APPLICANT INFORMATION:

   a. Legal Name: California Department of Forestry & Fire Protection

   b. Employer/Taxpayer Identification Number (EIN/TIN): 66-0306099

   c. Organizational DUNS: 792358095

   d. Address:
      - Street1: 1416 Ninth Street
      - Street2: P.O. Box 944246
      - City: Sacramento
      - County: Sacramento
      - State: California
      - Province: USA
      - Country: UNITED STATES
      - Zip / Postal Code: 94244-2480

   e. Organizational Unit:
      - Department Name: California Department of Forestry & Fire Protection
      - Division Name: Resource Management

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - First Name: Stella
      - Middle Name: _______________________
      - Last Name: Chan
      - Suffix:
      - Title: Federal Grants Manager
      - Organizational Affiliation:
      - Telephone Number: 916-653-7811
      - Fax Number: 916-653-8957
      - Email: stella.chan@fire.ca.gov

* OMB Number: 4040-0004
* Expiration Date: 03/31/2012
* Received: APR 2, 1 2014
* STATE CLEARING HOUSE
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:
   United States Department of Agriculture, U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:
   10.675
   CFDA Title:
   Urban & Community Forestry

12. Funding Opportunity Number:

13. Competition Identification Number:

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

15. Descriptive Title of Applicant's Project:
   Urban & Community Forestry (U&CF)

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

16. Congressional Districts Of:
   a. Applicant: CA-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: 8/30/16

18. Estimated Funding ($):
   a. Federal: 820,000
   b. Applicant:
      c. State: 851,000
      d. Local: 89,000
   e. Other:
   f. Program Income
   ** TOTAL: 1,766,000

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 4/22/2014
   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  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 correct 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)

   ** 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: Duane
Middle Name: 
Last Name: Shintaku
Suffix: 
Title: Deputy Director For Resource Management

* Telephone Number: 916 653-4298  Fax Number: 
* Email: duane.shintaku@fire.ca.gov

* Signature of Authorized Representative: [Signature]  * Date Signed: 7/1/14
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:
   BCA14101

5a. Federal Entity Identifier:

   5b. Federal Award Identifier:

   State Use Only:

6. Date Received by State:
   04/04/2014

7. State Application Identifier:
   BCA14101

8. APPLICANT INFORMATION:

   a. Legal Name:
      California Department of Forestry & Fire Protection

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      68-0303609

   c. Organizational DUNS:
      792358095

   d. Address:
      1416 Ninth Street
      P.O. Box 944246
      Sacramento
      Sacramento
      California
      USA: UNITED STATES
      94244-2460

   e. Organizational Unit:
      Department Name:
      California Department of Forestry & Fire Protection
      Division Name:
      Resource Management

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Ms.
      * First Name: Stella
      Middle Name:
      * Last Name: Chan
      Suffix:
      Title: Federal Grants Manager
      Organizational Affiliation:
      * Telephone Number: 916-653-7811
      Fax Number: 916-653-9957
      * Email: stella.chan@fire.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:**
    - United States Department of Agriculture, U.S. Forest Service

11. **Catalog of Federal Domestic Assistance Number:**
    - 10.680

    **CFDA Title:**
    - Cooperative Lands Forest Health Protection

12. **Funding Opportunity Number:**

    * **Title:**

13. **Competition Identification Number:**

    Title:

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

15. **Descriptive Title of Applicant's Project:**
    - Cooperative Lands Forest Health Protection (FHP)

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

16. Congressional Districts Of:
   a. Applicant: CA-8
   b. Program/Project: CA-ALL

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

17. Proposed Project:
   a. Start Date: 7/1/14
   b. End Date: 12/31/15

18. Estimated Funding ($):
   a. Federal: 150,000.00
   b. Applicant: 150,000.00
   c. State: 150,000.00
   d. Local:
   e. Other:
   f. Program Income:
   g. TOTAL: 300,000.00

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 4/22/2014
   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 216, Section 1601)

   ** 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: Duane
Middle Name: 
Last Name: Shintaku
SUFFIX: 

Title: Deputy Director For Resource Management

* Telephone Number: 916 653-4288  Fax Number: 
Email: duane.shintaku@fire.ca.gov

* Signature of Authorized Representative: [Signature]  * Date Signed: 5/22/14
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:
   - BCA14103

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:
   - BCA14103

8. APPLICANT INFORMATION:

   a. Legal Name:
   - California Department of Forestry & Fire Protection

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 68-0306069

   c. Organizational DUNS:
   - 792358095

   d. Address:
   - 1416 Ninth Street
   - P.O. Box 944246
   - Sacramento
   - Sacramento
   - California

   e. Organizational Unit:
   - Department Name:
   - California Department of Forestry & Fire Protection
   - Division Name:
   - Resource Management

   f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Ms.
   - * First Name: Stella
   - Middle Name:
   - * Last Name: Chan
   - Suffix:
   - Title: Federal Grants Manager
   - Organizational Affiliation:

   - * Telephone Number: 916-653-7811
   - Fax Number: 916-653-8957
   - * Email: stella.chan@fire.ca.gov

Received

APR 21 2014
STATE CLEARING HOUSE
### 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:**
- United States Department of Agriculture, U.S. Forest Service

**11. Catalog of Federal Domestic Assistance Number:**
- 10.678

**CFDA Title:**
- Forest Stewardship

**12. Funding Opportunity Number:**

* Title:

**13. Competition Identification Number:**

* Title:

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

**15. Descriptive Title of Applicant's Project:**
- Forest Stewardship

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

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

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

17. Proposed Project:
   * a. Start Date: 7/1/14
   * b. End Date: 6/30/17

18. Estimated Funding ($):
   * a. Federal: 200,000
   * b. Applicant: 200,000
   * c. State: 200,000
   * d. Local: 0
   * e. Other: 0
   * f. Program Income: 0
   * g. TOTAL: 400,000

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 4/22/2014.
   [ ] 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  [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)

    [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.  [x] Ms.  [ ] Mrs.  [ ] Dr.  [ ] Other:  
First Name:  Duane
Middle Name:  
Last Name:  Shintaku
Suffix:  
Title:  Deputy Director For Resource Management
Telephone Number:  916 653-4298  Fax Number:  
Email:  duane.shintaku@fire.ca.gov

Signature of Authorized Representative:  
Date Signed:  
Application for Federal Assistance SF-424

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

* 2. Type of Application: 
  ☑ New
  ☑ Continuation
  ☑ Revision

* If Revision, select appropriate letter(s):

* 3. Date Received: 

4. Applicant Identifier: 
  State Coastal Conservancy

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

8. APPLICANT INFORMATION:

* a. Legal Name: 
  State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN): 
  94-3164966

* c. Organizational DUNS: 
  808322480000

d. Address:

  * Street: 
    1330 Broadway, 13th Floor

  Street:

  * City: 
    Oakland

  County: 
    Alameda

  * State: 
    California

  Province: 

  * Country: 
    USA: UNITED STATES

  * Zip / Postal Code: 
    94702

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: 
  Brenda

Middle Name: 

Last Name: 
  Buxton

Suffix: 

Title: 
  Project Manager

Organizational Affiliation: 
  State Coastal Conservancy

* Telephone Number: 
  510-286-0753

Fax Number: 
  510-286-0470

* Email: 
  bbuxton@scc.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:
    - Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
    - 66.126

CFDA Title:
- San Francisco Bay Water Quality Improvement Fund

12. Funding Opportunity Number:
    - EPA-R9-WTR3-14-01

* Title:
- San Francisco Bay Water Quality Improvement Fund (FY2014 Funds)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    - Ravenswood Ponds R4, R3, S5, R5, Menlo Park, San Mateo County

15. Descriptive Title of Applicant’s Project:
    - SBSPR Project Phase II Ravenswood Ponds: construction of tidal restoration & habitat improvement of 325 acres

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

16. Congressional Districts Of:
- **a. Applicant:** 9
- **b. Program/Project:** 14

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

17. Proposed Project:
- **a. Start Date:** 6/1/2016
- **b. End Date:** 6/1/2018

18. Estimated Funding ($):
- **a. Federal:** 910,652
- **b. Applicant:** 910,652
- **c. State:**
- **d. Local:** 172,500
- **e. Other:**
- **f. Program Income:**
- **g. TOTAL:** 1,993,304

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 4/22/2014
- [ ] 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
- [x] No

21. “By signing this application, I certify that the statements contained in the list of certifications and assurances 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: Samuel

Middle Name:  
* Last Name: Schuchat

Suffix:  
* Title: Executive Officer

* Telephone Number: 510-286-1015  
* Fax Number: 510-286-0470

* Email: sschuchat@scc.ca.gov

* Signature of Authorized Representative:  
* Date Signed: 4/22/2014
# Application for Federal Assistance SF-424

**Type of Submission:**
- [x] Application
- [ ] Preapplication
- [ ] Changed/Corrected Application
- [ ] Continuation
- [ ] Revision
- [ ] New
- [ ] Other (Specify)

**Date Received:**
- Completed by Grant.gov upon submission
- APR 21 2014

**State Use Only:**
- State Application Identifier: S14G8012

**APPLICANT INFORMATION:**

**Legal Name:**
- STATE OF CALIFORNIA

**Employer/Taxpayer Identification Number (EIN/TIN):**
- 34-1697567

**Organizational DUNS:**
- 8083223580000

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

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

**Name and Contact Information of Person to be Contacted on Matters Involving this Application:**
- Prefix: 
- First Name: STEVE
- Middle Name: 
- Last Name: WONG
- Suffix: 

**Title:**
- GRANTS ADMINISTRATOR

**Organizational Affiliation:**
- 

**Telephone Number:**
- 916-445-3694
- Fax Number: 

**Email:**
- STEVE.WONG@WILDLIFE.CA.GOV
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
<th>Version 02</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
<td></td>
</tr>
<tr>
<td>A: State Government</td>
<td></td>
</tr>
<tr>
<td>Types of Applicant 2: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>Types of Applicant 3: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>* Other (specify):</td>
<td></td>
</tr>
<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
<td>FWS</td>
</tr>
<tr>
<td>Fish and Wildlife Service</td>
<td></td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>15.605</td>
</tr>
<tr>
<td>CFDA Title:</td>
<td>Sport Fish Restoration Program</td>
</tr>
<tr>
<td><em>12. Funding Opportunity Number:</em>*</td>
<td>F14AS500033</td>
</tr>
<tr>
<td>*Title:</td>
<td>Rd (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td>STATEWIDE</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>MANAGEMENT OF MARINE SPORTFISH UNDER FEDERAL OR MIXED JURISDICTION</td>
</tr>
</tbody>
</table>

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**: 549,942.00
- **b. Applicant**: 0.00
- **c. State**: 183,314.00
- **d. Local**: 0.00
- **e. Other**: 0.00
- **f. Program Income**: 0.00
- **g. TOTAL**: 733,256.00

**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 04/21/2014.
- [ ] 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 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**: SSMI

- **Telephone Number**: 916-645-3701
- **Fax Number**: 

- **Email**: LISA.BAYSSMILLIFE.CA.GOV

**Signature of Authorized Representative**: Complied by Grant.gov upon submission.

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

Version 02

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

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

3. Date Received:
   - State Clearing House
   - Completed by Grants.gov upon submission

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - 414980048

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name:
   - STATE OF CALIFORNIA

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

   c. Organizational DUNS:
   - 8083223580000

   d. Address:

      * Street1:
      - 1931 9TH STREET
      * Street2:
      * 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:
      - FRST
      Middle Name:
      Last Name:
      - MARCELLANA
      Suffix:
      Title:
      - GRANTS ADMINISTRATOR
      Organizational Affiliation:
      * Telephone Number:
      - 916-445-4658
      Fax Number:
      * Email:
      - FRST.MARCELLANA@WILDLIFE.CA.GOV
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
<th>Version 02</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>A: State Government</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>* Other (specify):</td>
<td></td>
</tr>
<tr>
<td>10. Name of Federal Agency:</td>
<td>Fish and Wildlife Service</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.605</td>
</tr>
<tr>
<td>CPDA Title:</td>
<td>Sport Fish Restoration Program</td>
</tr>
<tr>
<td>* 12. Funding Opportunity Number:</td>
<td>F14AS000033</td>
</tr>
<tr>
<td>* Title:</td>
<td>R9 (CA/NV). Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Trinity and Siskiyou counties.</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>RESOURCE ASSESSMENT AND DEVELOPMENT OF AQUATIC BIODIVERSITY MANAGEMENT PLANS IN THE MARBLE MOUNTAIN WILDERNESS AND TRINITY ALPS WILDERNESS AREAS (NORTHERN REGION)</td>
</tr>
</tbody>
</table>

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   a. Applicant: CA-005
   b. Program/Project: CA-01

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
      142,794.00
   b. Applicant
      0.00
   c. State
      47,598.00
   d. Local
      0.00
   e. Other
      0.00
   f. Program Income
      0.00
   g. TOTAL
      190,392.00

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 04/21/2014.
   □ 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 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:                      * First Name: LISA
Middle Name:                
Last Name:                  BAYS
Suffix:                     

* Title: BSMI

* Telephone Number: 316-445-3761  Fax Number: 

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

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
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

3. Date Received:
   - Complied by Grants.gov upon submission.

4. Applicant Identifier:
   - APR 21 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-1697367

   c. Organizational DUNS:
      8083223580000

   d. Address:
      - Street:
        1931 9TH STREET
      - City:
        SACRAMENTO
      - State:
        CA: California
      - 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: TEST
      - Middle Name:
      - Last Name: MARCELLANA
      - Title: GRANTS ADMINISTRATOR
      - Telephone Number: 916-445-4656
      - Email: TEST.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:
    F14A300033
    * Title:
    88 (CA/WV) 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.):
    Humboldt County

15. Descriptive Title of Applicant's Project:
    HUMBOLDT BAY JUVENILE SALMONIC INVESTIGATIONS

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-01

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

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 02/19/2014.
   □ 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:  
 Middle Name:  
 Last Name:  BAYS
 Suffix:  
 Title:  GIS  
 Telephone Number:  916-445-3701
 Fax Number:  
 Email:  LISA.BAYS@WILDLIFE.CA.GOV

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

* 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:
   California Department of Food and Agriculture

   APR 22 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   13-8506-1499-CA

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:
   State of California

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

* c. Organizational DUNS:
   807487665

d. Address:

   * Street1: 1220 N Street
   * Street2: Room 325
   * City: Sacramento
   * County: Sacramento
   * State: CA

   Division Name:
   Plant Health & Pest Prevention Services

   Province: CA

   Country: USA; UNITED STATES

   Zip / Postal Code: 95814

e. Organizational Unit:

   Department Name:
   California Department of Food and Agriculture

   Division Name:
   Plant Health & Pest Prevention Services

   Title: Staff Environmental Scientist

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

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

   Telephone Number: (916) 403-6660

   Fax Number: (916) 654-0986

   Email: susan.saywer@cdfa.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   10-025
   CFDA Title:
   Plant and Animal Disease, Pest Control and Animal Care

12. Funding Opportunity Number:

   * Title:

13. Competition Identification Number:

   Title:

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

   The states of California, Oregon, Washington and Idaho

15. Descriptive Title of Applicant's Project:

   Regional Strategic Systems for Early Detection of Invasive Species

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-all

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

OR-all, WA-all, ID-all:

17. Proposed Project:
   * a. Start Date: 8/1/2013
   * b. End Date: 7/31/15

18. Estimated Funding ($):
   * a. Federal  $216,194
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  $216,194

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 6/14/2013.
   ☐ 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: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231  Fax Number: (916) 653-0209

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

* Signature of Authorized Representative: Crystal Myers  * Date Signed: 9/16/14
# Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td>11-024</td>
</tr>
<tr>
<td>Application</td>
<td>Continuation</td>
<td></td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Date Received:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>State Use Only:</th>
</tr>
</thead>
</table>

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

8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>State Water Resources Control Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>68-0281986</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>808321913</td>
</tr>
</tbody>
</table>

d. Address:

| Street1: | 1001 I Street |
| Street2: |              |
| City:     | Sacramento   |
| County:   |              |
| State:    | California   |
| Province: |              |
| Country:  | USA: UNITED STATES |
| Zip / Postal Code: | 95814 |

e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Water Resources Control Board</td>
<td>Division of Water Quality</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Kevin</td>
<td>Graves</td>
<td></td>
</tr>
</tbody>
</table>

Title: Supervisory Water Resources Control Engineer/Program Manager

Organizational Affiliation:

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>916-341-5782</td>
<td>916-341-5808</td>
</tr>
</tbody>
</table>

Email: kgraves@waterboards.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:
   - U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   - 66.805

CFDA Title:
- Leaking Underground Storage Tank Trust Fund Corrective Action Program

* 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:

Continued development and implementation of effective regulatory programs for the prevention, detection, and corrective actions against releases from leaking UST (underground storage tank) systems containing petroleum or hazardous substances regulated under the Resources Conservation and Recovery Act (RCRA) Subtitle I.

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

16. Congressional Districts Of:
   * a. Applicant  CA-5
   * b. Program/Project  California - All

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

17. Proposed Project:
   * a. Start Date:  7/1/14
   * b. End Date:  6/30/19

18. Estimated Funding ($):
   * a. Federal  18,500,000
   * b. Applicant
   * c. State  3,185,792
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  21,685,792

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  May 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.) 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: Ms.  * First Name:  Caren
Middle Name: 
* Last Name:  Trgovcich
Suffix: 
* Title:  Chief Deputy Director

*Telephone Number:  916-341-5727  Fax Number:  916-341-5621
*Email:  ctrgovcich@waterboards.ca.gov

* Signature of Authorized Representative:  
* Data Signed:  

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: 04/22/2014  
4. Applicant Identifier:  

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

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

STATE CLEARING HOUSE  

APR 23 2014  

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Barbara Museum of Natural History  

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-1643376  

* c. Organizational DUNS:  
0705948830000  

d. Address:

* Street: 2559 Puesta del Sol  
Street2:  
* City: Santa Barbara  
County/Parish:  
* State: CA: California  
Province:  
* Country: USA: UNITED STATES  
* Zip / Postal Code: 93105-2936  

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

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

Prefix: Ms.  
* First Name: Rebecca  
Middle Name:  
* Last Name: Summers  
Suffix:  

Title: Development Officer  
Organizational Affiliation:  

* Telephone Number: 805-682-4711  
Fax Number:  

* Email: rsummers@sbnature2.org
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>*9. Type of Applicant 1: Select Applicant Type:</td>
<td>H: Nonprofit with 501c3 IRS Status (Other than Institution of Higher Education)</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>* Other (specify):</td>
<td></td>
</tr>
<tr>
<td>*10. Name of Federal Agency:</td>
<td>Department of Commerce</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>11.463</td>
</tr>
<tr>
<td>CFDA Title:</td>
<td>Habitat Conservation</td>
</tr>
<tr>
<td>*12. Funding Opportunity Number:</td>
<td>NOAA-MOS-ORR-2014-2003925</td>
</tr>
<tr>
<td>Title:</td>
<td>FY2014 NOAA Marine Debris Prevention through Education and Outreach</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td>2456859</td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Geographic Focus Marine Debris 2013.docx</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant's Project:</td>
<td>Component A: Marine Debris the Ocean and Me; Component B: The Quasar to Sea Stars Classroom Education Outreach; Component C: Marine Debris Community Outreach</td>
</tr>
</tbody>
</table>

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

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

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
   * 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 04/22/2014.
   No other options.

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

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: Luke
Middle Name: J.
* Last Name: Swetland
Suffix: 

* Title: President & CEO

* Telephone Number: 805-692-4711
Fax Number: 805-569-0937

* Email: lswetland@abnature2.org

* Signature of Authorized Representative: [Signature]
* Date Signed: 04/22/2014
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: 04/23/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

6. APPLICANT INFORMATION:

   a. Legal Name: CSU, Chico Research Foundation

   b. Employer/ Taxpayer Identification Number (EIN/TIN): 89-0365118

   c. Organizational DUNS: 6121771420000

   d. Address:
      - Street: Building 25, CSU Chico
      - City: Chico
      - County/Parish: Butte
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95929-0070

   e. Organizational Unit:
      - Department Name: Center for Economic Development
      - Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - * First Name: Carol
      - Middle Name: 
      - Last Name: Sager
      - Suffix: 
      - Title: Director, Research & Sponsored Programs
      - Organizational Affiliation: 
      - *Telephone Number: 530-898-5700
      - Fax Number: 530-898-6804
      - *Email: csager@csuchico.edu
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant CA-001
   b. Program/Project CA-001

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

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 04/22/2014.
   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 assurances, and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms. If I accept an award, I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

   I AGREE

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

Authorized Representative:

 Prefix: Ms.  First Name: Carol
 Middle Name:  Last Name: Sager
 Suffix: 

 Title: Director, Research & Sponsored Programs
 Telephone Number: 530-898-5700  Fax Number: 530-898-5004
 Email: casager@csuchico.edu

Signature of Authorized Representative:  Date Signed: 04/22/2014
Application for Federal Assistance SF-424

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

2. Type of Application:
   - New

3. Date Received:
   02/03/2014

4. Applicant Identifier:
   06-01759

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

State Use Only:

6. Date Received by State:
   02/03/2014

7. State Application Identifier:
   06-01759

8. APPLICANT INFORMATION:

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

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   68-303606

   c. Organizational DUNS:
   1920708070000

   d. Address:
      - Street 1: P.O. Box 942996
      - City: Sacramento
      - County/Parish: Sacramento
      - State: CA: California
      - Zip / Postal Code: 94296-0001

   e. Organizational Unit:
      - Department Name: California Department of Parks
      - Division Name: Office of Grants & Local Svcs

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - First Name: Viktor
      - Middle Name:
      - Last Name: Patino
      - Suffix:
      - Title: Manager, Office of Grants and Local Services

Organizational Affiliation:

* Telephone Number: 916-651-8598
* Fax Number: 916-653-6511
* Email: Viktor.Patino@parks.ca.gov

RECEIVED APR 23 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

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

**Type of Applicant 2:**

**Type of Applicant 3:**

**Other (specify):**

**10. Name of Federal Agency:**
- US Department of Interior, National Park Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15-916

**CFDA Title:**
- Land and Water Conservation Fund

**12. Funding Opportunity Number:**
- 06-01759

**Title:**
- Lake Del Valle Campground Restrooms

**13. Competition Identification Number:**

**Title:**

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

**GIS Detail - Lake Del Valle State Recreation Area**

**15. Descriptive Title of Applicant's Project:**
- Lake Del Valle Campground Restrooms and ADA Pathways.

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

16. Congressional Districts Of:
   * a. Applicant 13
   * b. Program/Project 15

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

17. Proposed Project:
   * a. Start Date: 06/30/2014
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal 516,129.00
   * b. Applicant
   * c. State 54,194.00
   * d. Local 720,000.00
   * e. Other
   * f. Program Income
   * g. TOTAL 1,290,323.00

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 04/23/2014
   □ 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: Mr.
Middle Name: 
* Last Name: Patino
Suffic:

* Title: Manager

* Telephone Number: (916) 651-8598
Fax Number: 916-653-5651

* Email: Viktor.Patino@parks.ca.gov

* Signature of Authorized Representative: 

* Date Signed: 4/23/2014
# 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:

## 5a. Federal Entity Identifier:

## 5b. Federal Award Identifier:

## 6. Date Received by State:

## 7. State Application Identifier: 01498006

## 8. APPLICANT INFORMATION:

### a. Legal Name:
STATE OF CALIFORNIA

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

### c. Organizational DUNS:
8083223580000

### d. Address:

- **Street1:** 1831 5TH STREET
- **City:** SACRAMENTO
- **State:** CA: California
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95811-7011

### e. Organizational Unit:

- **Department Name:** 95811-7011
- **Division Name:** GRANTS MANAGEMENT BRANCH

### f. Name and Contact Information of Person to be Contacted on Matters Involving This Application:

- **Prefix:**
- **First Name:** STEVE
- **Middle Name:**
- **Last Name:** WONG
- **Suffix:**
- **Title:** Grant Administrator
- **Organizational Affiliation:**

### Telephone Number:
916-445-3525

### Fax Number:

### Email:
KRAKHS,NGUYEN@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:
    15.665

CFDA Title:
   Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   FL4AS00033

* 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.):
   El Dorado, Nevada, Placer, Plumas, Sierra and Yuba Counties

* 16. Descriptive Title of Applicant's Project:
   TECHNICAL GUIDANCE FOR INLAND TROUT FISHERIES ENHANCEMENT

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-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: 129,466.00
   * b. Applicant: 0.00
   * c. State: 43,133.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 172,639.00

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 04/22/2014.
   □ 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:

First Name: Lisa
Last Name: Bays
Title: SSMI
Telephone Number: (916) 465-3701
Email: lisa.bays@wildlife.ca.gov

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

*Applicant Federal Debt Delinquency Explanation*

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424
Version 02

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

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  
F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier:  
G1496039

8. APPLICANT INFORMATION:

* a. Legal Name:  
STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
04-1697567

* c. Organizational DUNS:  
0082223580000

d. Address:

* Street1:  
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:  
PETS

Middle Name:  

* Last Name:  
MARCELLANA

Suffix:  

Title:  
GRANTS ADMINISTRATOR

Organizational Affiliation:

*Telephone Number:  
916-445-4658  
Fax Number:

*Email:  
PETS.MARCELLANA@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

**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):*

**Name of Federal Agency:**
Fish and Wildlife Service

**Catalog of Federal Domestic Assistance Number:**
15.603

**CFDA Title:**
Sport Fish Restoration Program

**Funding Opportunity Number:**
F14AS00033

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

**Competition Identification Number:**

**Title:**

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

**Descriptive Title of Applicant's Project:**
SAN JOAQUIN RIVER SALMON AND WATER QUALITY MODELING SUPPORT

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

16. Congressional Districts Of:
   * a. Applicant: CA-055
   * 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: 201,406.00
   * b. Applicant: 0.00
   * c. State: 67,135.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 268,541.00

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 04/23/2014.
   □ 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: 
Middle Name: 
* Last Name: BAYES
Suffix: 
* Title: SGM
* Telephone Number: 916-443-3701
Fax Number: 
* Email: LISA.BAYES@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Complied by Grants.gov upon submission.  * Date Signed: Complied by Grants.gov upon submission.
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424

* 1. Type of Submission: Preapplication
   ☑ Application
   ☐ Continuation
   ☐ Revision

* 2. Type of Application: ☑ New
   ☐ Continuation
   ☐ Revision
   ☑ Other (Specify)

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

4. Applicant Identifier:
   Foresight Renewable Solutions

5a. Federal Entity Identifier:
   Department of Energy

5b. Federal Award Identifier:
   DE-FG-0000997

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

  * a. Legal Name: Foresight Renewable Solutions, LLC

  * b. Employer/Taxpayer Identification Number (EIN/TIN):
    45-5343454

  * c. Organizational DUNS:
    078481449

  d. Address:
    * Street: 657 Mission St. Suite 504
    Street:
    * City: San Francisco
    County:
    * State: CA: California
    Province:
    * Country: USA: UNITED STATES
    * Zip / Postal Code: 94105

  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: Carlos
    Middle Name: Vicente
    * Last Name: Pineda
    Suffix: 
    Title: CEO
    Organizational Affiliation:

    * Telephone Number: 415-495-0700 ext. 205
    Fax Number: 415-495-0727

    * Email: cpineda@msfr-sol.com
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- [X] Small Business

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

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

* Other (specify):

**10. Name of Federal Agency:**
National Energy Technology Laboratory

**11. Catalog of Federal Domestic Assistance Number:**
SU-122

CFDA Title:
Electricity Delivery and Energy Reliability, Research, Development and Analysis

**12. Funding Opportunity Number:**
DE-FOA-0000997

*Title:
Microgrid Research, Development, and System Design

**13. Competition Identification Number:**

Title:

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

**15. Descriptive Title of Applicant's Project:**
BUILDING AN INTERNET OF ENERGY: RESEARCH, DESIGN, AND TESTING OF A SCALABLE COMMERCIAL MICROGRIDS CONTROLLER AND UTILITY MICROGRID NETWORKS

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

16. Congressional Districts Of:
  * a. Applicant
     CA 12
  * b. Program/Project
     CO 7

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

17. Proposed Project:
  * a. Start Date:
     10/01/2014
  * b. End Date:
     09/30/2016

18. Estimated Funding ($) :

| a. Federal | 1,195,000.00 |
| b. Applicant | 257,000.00 |
| c. State | 60,000.00 |
| d. Local | 11,250.00 |
| e. Other | 62,400.00 |
| f. Program Income | 0.00 |
| g. TOTAL | 1,585,650.00 |

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] This application was made available to the State under the Executive Order 12372 Process for review on
     04/24/2014
   - [ ] Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] 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 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.
Middle Name: Vicente
* Last Name: Pineda
Suffix: 

* Title: CBO

* Telephone Number: 415-495-0760 ext. 205
Fax Number: 415-495-0727

* Email: cpineda@fr-soi.com

* Signature of Authorized Representative: [Signature]
* Data Signed: [Signature]

Authorized for Local Reproduction

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

1. Type of Submission: ☑ Preapplication
☐ Application
☐ Changed/Corrected Application

2. Type of Application: ☑ New
☐ Continuation
☐ Revision

3. Date Received: [Redacted]

4. Applicant Identifier: [Redacted]

5a. Federal Entity Identifier: [Redacted]

5b. Federal Award Identifier: [Redacted]

State Use Only: [Redacted]

6a. Date Received by State: APR 24 2014

7. State Application Identifier: [Redacted]

8. APPLICANT INFORMATION:

9a. Legal Name: Tohachapi Valley Healthcare District

9b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2563734

9c. Organizational DUNS: 07-191-3305

4. Address:

Street 1: 115 West E Street
Street 2: [Redacted]
City: Tohachapi
County: [Redacted]
State: California
Province: USA: UNITED STATES
Country: [Redacted]
Zip / Postal Code: 93561

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

Prefix: [Redacted]
First Name: Evan
Middle Name: [Redacted]
Last Name: Rayner
Suffix: [Redacted]
Title: Chief Executive Officer

Organizational Affiliation: [Redacted]

Telephone Number: (661) 823-3000
Fax Number: (661) 823-3082
Email: erayner@tvhd.org
Application for Federal Assistance SF-424

6. Type of Applicant 1 - Select Applicant Type:
   Healthcare district

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

   * NGMS Agency  USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

   * 10,766

   CFDA Title:

   Community Facilities Loan Program

12. Funding Opportunity Number:

   * LBL-SP424 FAMILY-ALL FORMS

   Title:

   MB-SP424 FAMILY-ALL FORMS

13. Competition Identification Number:

   Title:

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

   City of Tehachapi, California

* 15. Descriptive Title of Applicant's Project:

   New Hospital Construction

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


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

17. Proposed Project:
   ☐ a. Start Date: 3-1-13 ☐ b. End Date: 12-31-15

18. Estimated Funding ($):

   ☐ a. Federal: $12,941,000
   ☐ b. Applicant: $66,763,000
   ☐ c. State
   ☐ d. Local
   ☐ e. Other: $5,000,000
   ☐ f. Program Income
   ☐ g. TOTAL: $85,704,000

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 ☐ 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 omissions may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21A, Section 1901)

   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: Raymer
   Suffix:
   Title: Chief Executive Officer
   Telephone Number: (661) 823-3000 Fax Number: (661) 823-3082
   Email: oraymer@tvhd.org
   Signature of Authorized Representative:
   Date Signed: 3/17/14

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
Applicant Federal Debt Delinquency Explanation

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

The District has never been delinquent on any federal debt.
Application for Federal Assistance SF-424

[Form fields filled in with information]

8. APPLICANT INFORMATION:
   a. Legal Name: Campovale Community Service District
   b. Employer/Taxpayer Identification Number (EIN/TIN): 12-3456789
   c. Organizational DUNS: 987654321

9. Address:
   Street 1: PO BOX 923
   Street 2: 1535 School Street
   City: Campovale
   County/Parish: Yuba
   State: CA
   Province: USA
   Country: UNITED STATES
   Zip / Postal Code: 95922

10. Organizational Unit:
    Department Name: Water
    Division Name:

11. Name and contact information of person to be contacted on matters involving this application:
    Prefix: MR.
    Middle Name: J
    * Last Name: Richardson
    Suffix: 
    Title: Trustee Board Member
    Organizational Affiliation:
    * Telephone Number: 530-228-3478
    * Email: dicken@yestmail.com

OMB Number: 4540-0004
Expiration Date: 03/31/2012
## Application for Federal Assistance SF-424

### 9. Type of Applicant 1 - Select Applicant Type:
- Public Body
- Type of Applicant 2 - Select Applicant Type:
- Type of Applicant 3 - Select Applicant Type: *Other (specify):

### 10. Name of Federal Agency:

### 11. Catalog of Federal Domestic Assistance Number:
- 10.760
- CPDA Title:
- Water and Waste Disposal Loan and Grant Program

### 12. Funding Opportunity Number:

### 13. Competition Identification Number:

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

### 16. Descriptive Title of Applicant's Project:
- Water System Improvement 2014

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 (in):**
- **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 13372 Process?**
- [ ] a. This application was made available to the State under the Executive Order 13372 Process for review.
- [ ] b. Program is subject to E.O. 13372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 13372.

**20. Is the Applicant Delegated Any Federal Debt? (If "Yes", provide explanation.)**
- [ ] Yes [ ] No

If "Yes", provide explanation and exact:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and assurances and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)*

**22. 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:**

<table>
<thead>
<tr>
<th>Prefix: MRS</th>
<th>* First Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Title: Board President**

**Telephone Number: (239) 289-3479**

**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

**Version 02**

<table>
<thead>
<tr>
<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>3. Date Received:</th>
<th>4. Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Preapplication</td>
<td>□ New</td>
<td></td>
<td>CA-90-Y416-03</td>
</tr>
<tr>
<td>✓ Application</td>
<td>□ Continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S.a. Federal Entity Identifier:</th>
<th>S.b. Federal Award Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1685</td>
<td></td>
</tr>
</tbody>
</table>

**State Use Only:**

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APR 2 4 2014</td>
</tr>
</tbody>
</table>

### APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Redondo Beach</td>
<td>95-6000767</td>
<td>074151986</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street: 415 Diamond Street</td>
</tr>
<tr>
<td>City: Redondo Beach</td>
</tr>
<tr>
<td>County: Los Angeles County</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA</td>
</tr>
<tr>
<td>Zip/Postal Code: 90277</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Community Services Department</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
<tr>
<td>Transit Division</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Joyce</td>
<td>Rooney</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transit Operations and Transportation Facilities Manager</td>
</tr>
</tbody>
</table>

**Organizational Affiliation:**

| Municipal local government |

**Telephone Number:** (310) 318-0610, ext. 2670  **Fax Number:** (310) 798-8273

**Email:** joyce.rooney@redondo.org
## Application for Federal Assistance SF-424

**Version 02**

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 Transit Administration

11. Catalog of Federal Domestic Assistance Number:  
    20.507

   CFDA Title:  
   Federal Transit - Formula Grants

*12. Funding Opportunity Number: 20.507 Federal Transit Formula Grant

*Title:  
   Bus Bench and Shelter Replacement Project Phase 2

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    City of Redondo Beach, in Los Angeles County, California

*15. Descriptive Title of Applicant's Project:  
   Requesting an increase in FTA Transit Enhancement funding to continue with the City of Redondo Beach's Bus Bench and Shelter Replacement Project Phase 2.

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

16. Congressional Districts Of:
*a. Applicant
36th Congressional District
*b. Program/Project:
36th Congressional District

Attach an additional list of Program/Project Congressional Districts if needed.
37th Congressional District

17. Proposed Project:

*a. Start Date: 6/30/2014
*b. End Date: 6/30/2015

18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$1,575,046.00</td>
</tr>
<tr>
<td>Applicant</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$515,403.00</td>
</tr>
<tr>
<td>Program Income</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$2,090,449.00</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 4/24/14
☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Ms.
*First Name: Joyce

Middle Name:

*Last Name: Rooney

Suffix:

*Title: Transit Operations and Transportation Facilities Manager

*Telephone Number: (310) 318-0610, ext. 2670
Fax Number: (310) 798-8273
*Email: joyce.rooney@redondo.org

*Signature of Authorized Representative: [Signature]
Date Signed: 4/24/14
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 21, 2014
3. DATE RECEIVED BY STATE
4. DATE RECEIVED BY FEDERAL AGENCY

1. TYPE OF SUBMISSION:
   - [ ] Construction
   - [X] Non-Construction

Preapplication
   - [ ] Construction
   - [ ] Non-Construction

5. APPLICANT INFORMATION

Legal Name: San Mateo Transit District
Address (give city, county, State, and zip code):
1250 San Carlos Blvd.
San Carlos, CA 94070

Organizational Unit: Development
Name and telephone number of person to be contacted on matters involving this application (give area code)
Rebecca Arthur (650) 508-6368

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   - 94-2325976

7. TYPE OF APPLICATION:
   - [X] New
   - [ ] Continuation
   - [ ] Revision

If Revision, enter appropriate letter(s) in box(es)
   - [ ] A. Increase Award
   - [ ] B. Decrease Award
   - [ ] C. Increase Duration
   - [ ] D. Decrease Duration
   - [X] Other (specify):

8. TYPE OF APPLICATION:

   - A. State
   - B. County
   - C. Municipal
   - D. Township
   - E. Interstate
   - F. Intermunicipal
   - G. Special District

9. NAME OF FEDERAL AGENCY:

   - Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    - FTA Section 5307 Program
    - 20-507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    - Replacement of 19 2007 Cutaway Buses
    - ADA Operating Subsidy
    - Advanced Communications System Upgrades

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
    - San Mateo County

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:
    - a. Applicant: 12 & 14
    - b. Project: 12 & 14

15. ESTIMATED FUNDING:
   - a. Federal: $5,496,956
   - b. Applicant: $0
   - c. State: $653,154
   - d. Local: $638,056
   - e. Other: $0
   - f. Program Income: $0
   - g. TOTAL: $6,788,166

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   - a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
     - DATE: 04/22/14
   - b. No.
     - [X] PROGRAM IS NOT COVERED BY E. O. 12372
     - [ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   - [X] Yes
   - [ ] 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. Name of Authorized Representative: April Chan
   b. Title: Executive Officer, Planning and Development
   c. Telephone Number: (650) 508-6226
   d. Signature of Authorized Representative
   e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preapplication</td>
</tr>
<tr>
<td>Application</td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Type of Application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X New</td>
</tr>
<tr>
<td>Continuation</td>
</tr>
<tr>
<td>Revision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Date Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by Grants.gov upon submission.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ArtS DaVinci</td>
</tr>
</tbody>
</table>

**State Use Only:**

<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5b. Federal Award Identifier:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. State Application Identifier:</th>
</tr>
</thead>
</table>

8. **APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>River Springs Charter School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-5065467</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9284183050000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>43466 Business Park Drive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temecula</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County/Parish:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA: California</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA: UNITED STATES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zip / Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>92590-5526</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Department Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Division Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prefix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casquejo Johnston</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suffix:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organizational Affiliation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>951-203-8892</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fax Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>* Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:luz.johnston@riverspringscharter.org">luz.johnston@riverspringscharter.org</a></td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- G: Independent School District

**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 Education

**11. Catalog of Federal Domestic Assistance Number:**
- 84.351

**CPDA Title:**
- Arts in Education

**12. Funding Opportunity Number:**
- ED-GRANTS-022514-001

**Title:**
- Office of Innovation and Improvement (OII): Arts in Education Model Development and Dissemination Program CPDA Number 84.351D

**13. Competition Identification Number:**
- 84-351D2014-1

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- ArTS: Dissemination of the DaVinci Academy Arts Integration Model

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: 07/21/2014
   * b. End Date: 07/30/2018

18. Estimated Funding ($):
   * a. Federal
      795,261.00
   * b. Applicant
      0.00
   * c. State
      0.00
   * d. Local
      0.00
   * e. Other
      0.00
   * f. Program Income
      0.00
   * g. TOTAL
      795,261.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ✗ a. This application was made available to the State under the Executive Order 12372 Process for review on 04/28/2014
   ☐ 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:  Or.  * First Name: Lu
Middle Name:  
* Last Name: Casquejo Johnston
Suff:  

* Title: Site Director, Lake Elsinore and Murrieta

* Telephone Number: 951-203-8892  Fax Number:  

* Email: 1us.johnston@riverspringscharter.org

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Submission</td>
<td>Preapplication</td>
</tr>
<tr>
<td>Type of Application</td>
<td>New</td>
</tr>
<tr>
<td>Revision, select appropriate letter(s)</td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>Date Received</td>
<td></td>
</tr>
<tr>
<td>Applicant Identifier</td>
<td></td>
</tr>
<tr>
<td>Federal Entity Identifier</td>
<td></td>
</tr>
<tr>
<td>Federal Award Identifier</td>
<td>B-13-06-0510</td>
</tr>
<tr>
<td>Date Received by State</td>
<td></td>
</tr>
<tr>
<td>State Application Identifier</td>
<td></td>
</tr>
<tr>
<td>Applicant Information</td>
<td></td>
</tr>
<tr>
<td>Legal Name</td>
<td>City of Bakersfield</td>
</tr>
<tr>
<td>Employer/Taxpayer Identification</td>
<td>95-6000672</td>
</tr>
<tr>
<td>Identification Number (EIN/TIN)</td>
<td></td>
</tr>
<tr>
<td>Organizational DUNS</td>
<td>02-8514136</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Street 1</td>
<td>1600 Truxtun Avenue</td>
</tr>
<tr>
<td>Street 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Bakersfield</td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>Zip / Postal Code</td>
<td>93301-0000</td>
</tr>
<tr>
<td>Organizational Unit</td>
<td></td>
</tr>
<tr>
<td>Department Name</td>
<td>Community Development</td>
</tr>
<tr>
<td>Division Name</td>
<td>Economic Development</td>
</tr>
<tr>
<td>Name and contact information</td>
<td></td>
</tr>
<tr>
<td>Prefix</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Ryan</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Bland</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Community Development Coordinator</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(661) 326-3765</td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:rbland@bakersfieldcity.us">rbland@bakersfieldcity.us</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency: U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
   14.218

CFDA Title:
   CDBG Entitlement Grant

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   City of Bakersfield, California

*15. Descriptive Title of Applicant's Project:
   This program is designed to address local needs of low- and moderate-income residents, upgrade the physical environment, and provide for a viable urban community
Applicant for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: 21st and 23rd
   *b. Program/Project: 21st and 23rd

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: $7,000.00
   *g. TOTAL: $3,208,247.00

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 04/25/2014
   [ ] 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 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:

*First Name: Alan
Last Name: Tandy

*Title: City Manager

*Telephone Number: (661) 326-3765

*Email: atandy@bakersfieldcity.us

*Signature of Authorized Representative: 04/29/2014

Authorized for Local Reproduction

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

<table>
<thead>
<tr>
<th>Version 02</th>
</tr>
</thead>
</table>

*Applicant Federal Debt Delinquency Explanation*

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

N/A
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: April 25, 2014

5. APPLICANT INFORMATION

Legal Name: ANTELOPE VALLEY TRANSIT AUTHORITY

Address (give city, county, State, and zip code): 42210 6TH ST WEST
LANCASTER CA 93534

8. TYPE OF APPLICATION:

☑ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award  B. Decrease Award  C. Increase Duration
D. Decrease Duration  Other(Specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State   H. Independent School Dist.  N
B. County   I. State Controlled Institution of Higher Learning
C. Municipal  J. Private University
D. Township  K. Indian Tribe
E. Interstate  L. Individual
F. Intermunicipal  M. Profit Organization
G. Special District  N. Other (Specify)  Joint Powers Auth.

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-507

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

ANTELOPE VALLEY PORTION OF THE NORTHERN LOS ANGELES

13. PROPOSED PROJECT

Start Date 10/1/14  Ending Date 12/30/17

a. Applicant  25

14. CONGRESSIONAL DISTRICTS OF:

b. Project

15. ESTIMATED FUNDING:

a. Federal  $21,467,484
b. Applicant  $3,987,398
c. State  $0
d. Local  $0
e. Other  $0
f. Program Income  $0
g. TOTAL  $25,454,882

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes  ☑ No

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. Type Name of Authorized Representative
JUDY VACCARO-FRY

b. Title
GRANTS ADMINISTRATOR

c. Telephone Number
(661) 729-2234

d. Signature of Authorized Representative

☑ Yes If "Yes," attach an explanation.

☑ No

APR 25 2014

RECEIVED

OMA Approval No. 0348-0043

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
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. Date Received:  
04/28/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
F14AS00033

State Use Only:

6. Date Received by State:

7. State Application Identifier:
C1490015

8. APPLICANT INFORMATION:

* a. Legal Name:  
STATE OF CALIFORNIA

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

* c. Organizational DUNS:
808323580000

d. Address:

* Street1:  
1831 5TH STREET  
Street2:  

* 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:  
STEVE  

Middle Name:

* Last Name:  
WONG  

Suffix:

Title:  
GRANTS ADMINISTRATOR  

Organizational Affiliation:

* Telephone Number:  
916-445-3094  
Fax Number:  
916-327-6320

* Email:  
steve.wong@wildlife.ca.gov
### Application for Federal Assistance SF-424

**Version 02**

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

10. Name of Federal Agency:
    - Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    - 15.605

12. Funding Opportunity Number:
    - F14AS00033

13. Comptition Identification Number:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    - Santa Barbara, Ventura, Los Angeles, Orange, and San Diego Counties

15. Descriptive Title of Applicant's Project:
    - MANAGEMENT OF MARINE SPORT FISH: ESSENTIAL FISHERY INFORMATION

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         541,726.00
   * b. Applicant       0.00
   * c. State           180,575.00
   * d. Local           0.00
   * e. Other           0.00
   * f. Program Income  0.00
   * g. TOTAL           722,301.00

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 04/23/2014.
   * 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 herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award; I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)
   * I AGREE

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

Authorized Representative:
Prefix:           * First Name: LISA
Middle Name:     
Last Name:       BAYS
Suffix:          
Title:           SBKI
Telephone Number: 916-445-3701
Fax Number:     
Email:           LISA.BAYS@WILDLIFE.CA.GOV
Signature of Authorized Representative: Lisa Bays
Date Signed: 04/23/2014
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. Date Received:
   - APR 28 2014

4. Applicant Identifier:
   - STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - F14AP000033

6. Date Received by State:

7. State Application Identifier:
   - GL495040

8. APPLICANT INFORMATION:

   a. Legal Name:
      - STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 34-1697567

   c. Organizational DUNS:
      - 8093223560000

   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:
      - MARCELLANA
      - Suffix:
      - Title:
      - GRANTS ADMINISTRATOR
      - Organizational Affiliation:
      - Telephone Number:
        - 916-445-4658
      - Fax Number:
      - *Email:
        - PETS.MARCELLANA@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

**8. Type of Applicant 1: Select Applicant Type:**
- A: State Government

**9. Type of Applicant 2: Select Applicant Type:** (Blank)

**10. Type of Applicant 3: Select Applicant Type:** (Blank)

* Other (specify): (Blank)

**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:**
- F11AB000033

* Title:
- H3 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:** (Blank)

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- SAN JOAQUIN, STANISLAUS, AND MERCEDE COUNTIES.

**15. Descriptive Title of Applicant’s Project:**
- SAN JOAQUIN RIVER BASIN FALL-RUN CHINOOK SALMON TELEMETRY AND PHYSIOLOGY STUDY

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-011

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 (S):

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

   155,349.00
   0.00
   51,783.00
   0.00
   0.00
   0.00
   207,132.00

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

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

   [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
Suffic:                     

* Title: SSI

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

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

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

* Date Signed: Completed 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
   - Application
   - Changed/Corrected Application

2. Type of Application:
   - New

3. Date Received:
   - APR 28 2014

4. Applicant Identifier:
   - STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - F14AS00033

6. Date Received by State:

7. State Application Identifier:
   - 01498013

8. APPLICANT INFORMATION:

   a. Legal Name:
      - STATE OF CALIFORNIA

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

   c. Organizational DUNS:
      - 8083223580000

   d. Address:
      - 1831 9TH STREET
      - SACRAMENTO, CA: California
      - USA: UNITED STATES
      - 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: STEVZ
      - Middle Name: ____________________________
      - Last Name: WONG
      - Suffix: ____________________________

      - Title: GRANTS ADMINISTRATOR

      - Organizational Affiliation: ____________________________

      - Telephone Number: 916-445-3694
      - Fax Number: 916-327-6320

      - Email: steve.wong@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:
    P14AS00033
    * Title:
    R8 (CA/EV) 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.): Statewide

15. Descriptive Title of Applicant's Project:
    Management of Marine Sport Fish: California Recreational Fisheries Survey (CRFS)

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-01

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   2,308,306.00
   * b. Applicants   0.00
   * c. State   769,435.00
   * d. Local   0.00
   * e. Other   0.00
   * f. Program Income   0.00
   * g. TOTAL   3,077,741.00

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  04/24/2014
   □ 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, frivolous, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, 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:  ISSII

Telephone Number:  916-465-3701  Fax Number:  916-327-8320

Email:  lisa.bays@wildlifec.ca.gov

Signature of Authorized Representative:  [Signature]  Date Signed:  [Signature]

Authorized for Local Reproduction

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

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

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

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
3-06-0097

5b. Federal Award Identifier:
STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of San Mateo, California

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000532

*c. Organizational DUNS:
073132177

d. Address:

*Street 1: 620 Airport Way, Suite 10

Street 2:

*City: San Carlos

County:

*State: CA

Province:

*Country: USA

*Zip / Postal Code: 94070

e. Organizational Unit:

Department Name: Department of Public Works
Division Name: Airports Division (Half Moon Bay Airport)

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

Prefix: Ms.

Middle Name: 

*First Name: Gretchen

*Last Name: Kelly

Suffix: 

Title: Airports Division Manager

Organizational Affiliation:

*Telephone Number: 650-573-3700

Fax Number: 650-726-2014

*Email: gkelly@smc.gov.org
**Application for Federal Assistance SF-424**

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

*Type of Applicant 2: Select Applicant Type:*

*Type of Applicant 3: Select Applicant Type:*

*Other (Specify)*

*10. Name of Federal Agency:*
   - Federal Aviation Administration

*11. Catalog of Federal Domestic Assistance Number:*
   - 20.106

*CFDA Title:*
   - Airport Improvement Program

*12. Funding Opportunity Number:*

*Title:*

*13. Competition Identification Number:*

*Title:*

*14. Areas Affected by Project (Cities, Counties, States, etc.):*
   - San Mateo County and the State of California

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

1. Taxiway B Culvert Repair (Design)
2. Replacement Windsock (Design)
3. Replacement Fencing at South Perimeter (Design)
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: No. 14
   *b. Program/Project: No. 12

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

17. Proposed Project:
   *a. Start Date: June 2014
   *b. End Date: June 2016

18. Estimated Funding ($):
   *a. Federal
   $74,154
   *b. Applicant
   $4,531
   *c. State
   $3,708
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
   $82,993

*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 4/28/14
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E. O. 12372

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

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

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

Authorized Representative:

Prefix: Mr.  *First Name: James
Middle Name: G.
*Last Name: Porter
Suffix:  

*Title: Director of Public Works

*Telephone Number: 650-599-1421  Fax Number: 650-728-2014

*Email: jporter@somogov.org

*Signature of Authorized Representative:  *Date Signed: 4/23/14
**Application for Federal Assistance SF-424**

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

2. Type of Application:  
   - New

3. Date Received: 

4. Applicant Identifier: 

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

- 5b. Federal Award Identifier: APR 28 2014

- State Clearing House

8. APPLICANT INFORMATION:

   a. Legal Name: State Water Resources Control Board

   b. Employer/Taxpayer Identification Number (EIN/TIN):  
      68-0281086

   c. Organizational DUNS:  
      805321913

   d. Address:
      - Street1: 1001 I Street
      - City: Sacramento
      - State: California
      - County: 
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95814

   e. Organizational Unit:
      - Department Name: State Water Resources Control Board
      - Division Name: Division of Water Quality

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - * First Name: Steve
      - Middle Name: 
      - * Last Name: Fagundes
      - Suffix: 
      - Title: Chief, NPS Program Implementation Unit
      - Organizational Affiliation: 
      - * Telephone Number: 916-341-5487
      - Fax Number: 916-341-5608
      - * Email: steve.fagundes@waterboards.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:
U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.480
CFDA Title:
Nonpoint Source Implementation Grants

* 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:
The Implementation and coordination of activities and projects related to the Clear Water Act, Section 319(h) for funding non-point source management projects.

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

16. Congressional Districts Of:
   * a. Applicant: CA-5
      * b. Program/Project: California - All

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

17. Proposed Project:
   * a. Start Date: 7/1/14
   * b. End Date: 6/30/19

18. Estimated Funding ($):
   * a. Federal: $8,107,000
   * b. Applicant: 
   * c. State: 5,688,566
   * d. Local: 
   * e. Other: 
   * f. Program Income: 
   * g. TOTAL: 13,795,566

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 29, 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
   [x] Yes  [ ] No

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

   [ ] ** I AGREE

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

Authorized Representative:

Prefix: Ms.  * First Name: Caren
Middle Name:

* Last Name: Trgovcich
Suffix: 

*Title: Chief Deputy Director

* Telephone Number: 916-341-5727  Fax Number: 916-341-5621

* Email: ctrgovcich@waterboards.ca.gov

* Signature of Authorized Representative:  * Date Signed: 4/30/14
# Application for Federal Assistance SF-424

**Version 02**

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

**2. Type of Application**
- ☒ New
- ☐ Continuation
- ☐ Revision
- ☐ 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:** Enki Technology, Inc.

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

**c. Organizational DUNS:**

**d. Address:**

- **Street 1:** 2192 Bering Drive
- **City:** San Jose
- **County:** Santa Clara
- **State:** CA
- **Province:**
- **Country:** US
- **Zip / Postal Code:** 95131

**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:** Brenor
- **Middle Name:**
- **Last Name:** Brophy
- **Suffix:**

**Title:** CTO

**Organizational Affiliation:**

Enki Technology, Inc.

**Telephone Number:** 408-823-6566  
**Fax Number:** 408-740-3511

**Email:** bb@enkitech.com
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
R. Small Business

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

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

*Other (Specify)*

**10 Name of Federal Agency:**
Department of Energy

**11. Catalog of Federal Domestic Assistance Number:**
81.087

CFDA Title:
Renewable Energy Research and Development

**12 Funding Opportunity Number:**
DE-FOA-0001018

*Title:
Solar Manufacturing Technology 2 (SolarMat 2)*

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
San Jose, California; Milpitas, California, Santa Clara County, California,

**15. Descriptive Title of Applicant’s Project:**
Integrated Glass Coating Manufacturing Line
16. Congressional Districts Of:
   *a. Applicant: CA-017
   *b. Program/Project: CA-017

17. Proposed Project:
   *a. Start Date: 10/1/2014
   *b. End Date: 09/30/2016

18. Estimated Funding ($):
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*a. Federal</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>*b. Applicant</td>
<td>$2,006,005</td>
</tr>
<tr>
<td>*c. State</td>
<td>0</td>
</tr>
<tr>
<td>*d. Local</td>
<td>0</td>
</tr>
<tr>
<td>*e. Other</td>
<td>0</td>
</tr>
<tr>
<td>*f. Program Income</td>
<td>0</td>
</tr>
<tr>
<td>*g. TOTAL</td>
<td>$4,006,005</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 04/29/14
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
   - ☑ Yes
   - ☐ No

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

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

Authorized Representative:

Prefix: Mr
Middle Name: 
*First Name: Brenor

*Last Name: Brophy
Suffix: 

*Title: CTO

*Telephone Number: 408-823-6566
Fax Number: 408-740-3511

*Email: bb@enkittech.com

*Signature of Authorized Representative: 

*Date Signed: 04/29/14
Application for Federal Assistance SF-424

Version 02

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

2. Type of Application:  
   - New

3. Date Received:  
   - APR 29 2014

4. Applicant Identifier:  
   - Foresight Renewable Solutions

5a. Federal Entity Identifier:  
   - Department of Energy

5b. Federal Award Identifier:  
   - DE-POA-0000997

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:  
   - Foresight Renewable Solutions, LLC

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 45-5343454

c. Organizational DUNS:
   - 078483449

d. Address:
   - 657 Mission St. Suite 504
   - San Francisco
   - CA: California
   - USA: UNITED STATES
   - 94105

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:  
     - Mr.
   - Middle Name:  
     - Vicente
   - Last Name:  
     - Pineda
   - Suffix:
   - Title:  
     - CEO

Organizational Affiliation:

* Telephone Number:  
   - 415-495-0700 ext. 205

* Fax Number:  
   - 415-495-0727

* Email:  
   - opineda@fr-sol.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:
   - X: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    - National Energy Technology Laboratory

11. Catalog of Federal Domestic Assistance Number:
    - 81.122

CFDA Title:
    - Electricity Delivery and Energy Reliability, Research, Development and Analysis

12. Funding Opportunity Number:
    - DE-FOA-0000397

* Title:
    - Microgrid Research, Development, and System Design

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant’s Project:
    - BUILDING AN INTERNET OF ENERGY: RESEARCH, DESIGN, AND TESTING OF A SCALABLE COMMERCIAL MICROGRIDS CONTROLLER AND UTILITY MICROGRID NETWORKS

Attach supporting documents as specified in agency instructions.

[Add Attachments] [Delete Attachments] [View Attachments]
16. Congressional Districts Of:
- Applicant: CA 12
- Program/Project: CO 7

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

17. Proposed Project:
- Start Date: 10/01/2014
- End Date: 09/30/2016

18. Estimated Funding ($) :
- Federal: 1,195,000.00
- Applicant: 287,000.00
- State: 60,000.00
- Local: 11,250.00
- Other: 62,400.00
- Program Income: 0.00
- TOTAL: 1,585,650.00

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 04/24/2014
   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.)
   [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 216, 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.

Author: 
Prefix: Mr.
Middle Name: Vicente
Last Name: Pineda
Title: CEO
Telephone Number: 415-495-0700 ext. 205
Fax Number: 415-495-0727
Email: cpineda@fr-sol.com
Signature of Authorized Representative: Completed by Grants.gov upon submission.
Date Signed: Completed by Grants.gov upon submission.
Application for Federal Assistance SF-424

*1. Type of Submission:
☐ Preapplication
☒ Application
☐ Changed/Corrected Application

2. Type of Application:
☒ New
☐ Continuation
☐ Revision
* If Revision, select appropriate letter(s):

*3. Date Received: 04/08/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:
GeoMechanics Technologies

State Use Only:
5. Date Received by State:

7. State Application Identifier:

b. APPLICANT INFORMATION:

* a. Legal Name: GeoMechanics Technologies

* b. Employer/Taxpayer Identification Number (EIN/TIN):
□ 05 44 06 01 15

* a. Organizational DUNS:
549008386

d. Address:
* Street1: 103 E Lemon Ave
Street2: Suite 200
* City: Monrovia
County: Los Angeles
* State: California
Province:
* Country: United States of America
* Zip / Postal Code: 91016

e. Organizational Unit:
Department Name:
Division Name:

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

Title: President
Organizational Affiliation: GeoMechanics Technologies

* Telephone Number: (626) 305-8460
Fax Number: (626) 305-8452
* Email: mbruno@geomechanics.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:
   - N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
  - Small Business

10. Name of Federal Agency:
    - Geothermal Technologies Office (GTO)

11. Catalog of Federal Domestic Assistance Number:
    - 01087

    CFDA Title:

12. Funding Opportunity Number:
    - DE-EE0000842

    * Title:
    - Integrated enhanced geothermal systems (EGS) research and development

13. Competition Identification Number:
    - 0842-1574

    Title:

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

15. Descriptive Title of Applicant's Project:
    - Integration of Advanced Surface Deformation Measurements with 3D Geomechanical Inversion Simulation to Assess Subsurface Pressure Change and Heat Flow in Geothermal Operations

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

18. Congressional Districts Of:
   a. Applicant  CA-032
   b. Program/Project

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

17. Proposed Project:
   a. Start Date: 10/01/2014
   b. End Date: 09/30/2017

18. Estimated Funding ($):
   a. Federal 1,909,532.00
   b. Applicant 927,297.00
   c. State
   d. Local
   e. Other
   f. Program Income
   g. TOTAL 2,836,829.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. [ ] This application was made available to the State, local, or the Executive Order (EO 12372) Process for Review.
   b. [ ] Program is subject to EO 12372 but has not been selected by the State for review.
   c. [ ] Program is not covered by EO 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)
   [ ] 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: Dr.
Middle Name: S.
* Last Name: Bruno
Suffix: 

* Title: President

* Telephone Number: (828) 305-8460
* Fax Number: (828) 305-8462

* Email: mbbruno@geomechanicalasch.com

* Signature of Authorized Representative: 

* Date Signed: 04/30/2014
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>*1. Type of Submission:</th>
<th>*2. Type of Application:</th>
<th>* If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Preapplication</td>
<td>□ Continuation</td>
<td></td>
</tr>
<tr>
<td>✓ Application</td>
<td>□ Revision</td>
<td></td>
</tr>
<tr>
<td>□ Changed/Corrected Application</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06-01758</td>
</tr>
</tbody>
</table>

**State Use Only:**

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/03/2014</td>
<td>SAI - Exempt</td>
</tr>
</tbody>
</table>

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>*a. Legal Name:</th>
<th>California Department of Parks and Recreation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>*c. Organizational DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>66-0303606</td>
<td>1720708070000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Ms.</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Taillon</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Associate Park and Recreation Specialist</td>
</tr>
<tr>
<td>Organizational Affiliation: California Department of Parks and Recreation</td>
</tr>
<tr>
<td>*Telephone Number: 916-654-8666</td>
</tr>
<tr>
<td>*Email <a href="mailto:Cristelle.Taillon@parks.ca.gov">Cristelle.Taillon@parks.ca.gov</a></td>
</tr>
</tbody>
</table>
### 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:**
- National Park Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.916

**CFDA Title:**
- Outdoor Recreation, Acquisition, Development and Planning

**12. Funding Opportunity Number:**

**Title:**
- Land and Water Conservation Fund

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- 06-81204

**15. Descriptive Title of Applicant’s Project:**
- Casa Verde Park - Trails and Playgrounds
- City of Union City

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

16. Congressional Districts Of:
   - Applicant: CA-003
   - Program/Project: CA-015

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

17. Proposed Project:
   - Start Date: 06/02/2014
   - End Date: 06/30/2017

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>268,817.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>18,817.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>250,000.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>537,634.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - ☒ This application was made available to the State under the Executive Order 12372 Process for review on 04/28/2014.
   - ☐ Program is subject to E.O. 12372 but has not been selected by the State for review.
   - ☐ 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: Ms. | First Name: Jean |
| Middle Name: | |
| Last Name: Lacher | |
| Title: Chief, Office of Grants and Local Services | |
| Telephone Number: 916-651-8587 | Fax Number: |
| Email: Jean.Lacher@parks.ca.gov | |
| Signature of Authorized Representative: Jean Lacher | Date Signed: 4-29-14 |
Application for Federal Assistance SF-424

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

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

*3. Date Received:  
-  

4. Applicant Identifier:  
- N/A

5a. Federal Entity Identifier:  
-  

5b. Federal Award Identifier:  
- 06-01770

State Use Only:

6. Date Received by State:  
- 06/03/2014

7. State Application Identifier:  
- SAI-Exempt

8. APPLICANT INFORMATION:

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

*b. Employer/Taxpayer Identification Number (EIN/TIN):  
- 68-0303606

*c. Organizational DUNS:  
- 172070870000

d. Address:

* Street1:  
- PO Box 942896

Street2:  
-  

* City:  
- Sacramento

County/Parish:  
-  

* State:  
- CA: California

Province:  
-  

* Country:  
- USA: UNITED STATES

* Zip / Postal Code:  
- 94286-0001

e. Organizational Unit:

Department Name:  
- Parks and Recreation

Division Name:  
- Grants and Local Services

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

Prefix:  
- Ma.

* First Name:  
- Melinda

Middle Name:  
-  

Last Name:  
- Steinert

Suffix:  
-  

Title:  
- Associate Park and Recreation Specialist

Organizational Affiliation:  
- California Department of Parks and Recreation

* Telephone Number:  
- 916-651-7744

Fax Number:  
-  

* Email:  
- Melinda.Steinert@parks.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:
   National Park Service

11. Catalog of Federal Domestic Assistance Number:
   15.916
   CFDA Title:
   Outdoor Recreation_Acquisition, Development and Planning

* 12. Funding Opportunity Number:

* Title:
   Land and Water Conservation Fund

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   06-12524

* 15. Descriptive Title of Applicant's Project:
   Ryno Park Playground
   City of Ceres

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-010

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>268,817.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>22,204.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>295,000.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>586,021.00</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 04/28/2014
   - [x] 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 21, Section 1001)

   ** I AGREE

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

Authorized Representative:

Prefix: Ms.
First Name: Jean
Middle Name: 
Last Name: Lacher
Suffix: 
Title: Chief, Office of Grants and Local Services
Telephone Number: 916-651-8597
Fax Number: 
Email: Jean.Lacher@parks.ca.gov

Signature of Authorized Representative: Jean A. Lacher
* Date Signed: 4-29-14
Application for Federal Assistance SF-424

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

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

3. Date Received: ____________________________

4. Applicant Identifier: ________________________
   - N/A

5a. Federal Entity Identifier: ___________________
   - 66-0303606

5b. Federal Award Identifier: ___________________
   - 06-01768

State Use Only:

6. Date Received by State: ______/____/____
   - 04/03/2014

7. State Application Identifier: ______________________
   - SAI-Exempt

8. APPLICANT INFORMATION:

   a. Legal Name: California Department of Parks and Recreation

   b. Employer/Taxpayer Identification Number (EIN/TIN): 66-0303606

   c. Organizational DUNS: 1720708070000

   d. Address:
      - Street: P.O. Box 94296
      - Street2: ______________________
      - City: Sacramento
      - County/Parish: ______________________
      - State: CA: California
      - Province: ______________________
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 94296-0001

   e. Organizational Unit:
      - Department Name: Parks and Recreation
      - Division Name: Grants and Local Services

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - First Name: Melinda
      - Middle Name: ______________________
      - Last Name: Steinert
      - Suffix: ______________________
      - Title: Associate Park and Recreation Specialist
      - Organizational Affiliation: California Department of Parks and Recreation
      - Telephone Number: 916-651-7744
      - Fax Number: ______________________
      - Email: Melinda.Steinert@parks.ca.gov

RECEIVED
APR 3 0 2014
STATE CLEARING HOUSE
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:

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:
Outdoor Recreation_Acquisition, Development and Planning

* 12. Funding Opportunity Number:

* Title:
Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

06-48354

* 15. Descriptive Title of Applicant's Project:

Tuolumne River Regional Park Gateway Development
City of Modesto

Attach supporting documents as specified in agency instructions.
15. Congressional Districts Of:
   * a. Applicant CA-003
   * b. Program/Project CA-010

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):
   * a. Federal 485,011.00
   * b. Applicant 33,951.00
   * c. State 0.00
   * d. Local 451,050.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 970,022.00

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 04/28/2014.
   - [ ] 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: Ms.
Middle Name: 
* Last Name: Lacher
Suffix: 

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597
Fax Number: 

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

* Signature of Authorized Representative: Jean Lacher
* Date Signed: 4-29-14
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: N/A

4. Applicant Identifier: N/A

5a. Federal Entity Identifier: N/A

5b. Federal Award Identifier: 06-01760

6. Date Received by State: 04/03/2014

7. State Application Identifier: SA1-Exempt

8. APPLICANT INFORMATION:
   a. Legal Name: California Department of Parks and Recreation
   b. Employer/Taxpayer Identification Number (EIN/TIN): 58-0303606
   c. Organizational DUNS: 1720708070000
   d. Address:
      - Street: P.O. Box 942896
      - City: Sacramento
      - State: CA
      - Country: USA
      - Zip/Postal Code: 94296-0001

9. Organizational Unit:
   - Department Name: Parks and Recreation
   - Division Name: Grants and Local Services

10. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Ms.
   - First Name: Cristelle
   - Last Name: Taillon
   - Title: Associate Park and Recreation Specialist
   - Organization: California Department of Parks and Recreation
   - Telephone Number: 916-654-8686
   - *Email: Cristelle.Taillon@parks.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:
    National Park Service

11. Catalog of Federal Domestic Assistance Number:
    15.916

CFDA Title:
    Outdoor Recreation_Acquisition, Development and Planning

12. Funding Opportunity Number:

* Title:
    Land and Water Conservation Fund

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    06-21796

* 15. Descriptive Title of Applicant's Project:
    Uniting the Hillside Natural Areas
    City of El Cerrito

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-011

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

**17. Proposed Project:**
- *a. Start Date:* 06/02/2014
- *b. End Date:* 06/30/2017

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>270,457.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>18,932.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>251,525.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>540,914.00</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 04/28/2014
- ☐ 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:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Ms.</th>
<th>* First Name: Jean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Lacher</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Title:</th>
<th>Chief, Office of Grants and Local Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Telephone Number:</td>
<td>916-851-8597</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:jean.lacher@parks.ca.gov">jean.lacher@parks.ca.gov</a></td>
</tr>
</tbody>
</table>

* Signature of Authorized Representative: Jean Lacher  
* Date Signed: 4-29-14
## 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:**
   - 04/30/2014

4. **Applicant Identifier:**
   - GeoMechanics Technologies

5a. **Federal Entity Identifier:**
   - [ ] 84908556

5b. **Federal Award Identifier:**
   - GeoMechanics Technologies

**Applicant Information:**

- **Legal Name:** GeoMechanics Technologies
- **Employer/Taxpayer Identification Number (EIN/TIN):** 854466510
- **Organizational DUNS:** 84908556

**Address:**

- **Street:** 103 E Lemon Ave
- **City:** Monrovia
- **County:** Los Angeles
- **State:** California
- **Province:**
- **Country:** United States of America
- **Zip / Postal Code:** 91516-0118

**Organizational Unit:**

- **Department Name:** Division Name:

**Name and Contact Information of Person to be Contacted on Matters Involving this Application:**

- **Prefix:** Dr.
- **First Name:** Michael
- **Middle Name:**
- **Last Name:** Bruno
- **Suffix:**

- **Title:** President

**Organizational Affiliation:**

GeoMechanics Technologies

**Telephone Number:** (828) 305-8450

**Fax Number:** (828) 305-8452

**Email:** mbruno@geomechanicstechnologies.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   N. Other (Specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Small Business

10. Name of Federal Agency:

   Geothermal Technologies Office (GTO)

11. Catalog of Federal Domestic Assistance Number:

   919187

   CFDA Title:

* 12. Funding Opportunity Number:

   DE-EE0000842

* Title:

   Integrated enhanced geothermal systems (EGS) research and development

13. Competition Identification Number:

   0842-1574

   Title:

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

   

   * 15. Descriptive Title of Applicant's Project:

   Integration of Advanced Surface Deformation Measurements with 3D Geomechanical Inversion Simulation to Assess Subsurface Pressure Change and Heat Flow in Geothermal Operations

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

16. Congressional Districts Of:
   * a. Applicant: CA-032
   * b. Program/Project: 

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/30/2017

18. Estimated Funding ($):
   * a. Federal: 1,809,632.00
   * b. Applicant: 927,297.00
   * c. State: 
   * d. Local: 
   * e. Other: 
   * f. Program Income: 
   * g. TOTAL: 2,836,829.00

19. Is Application Subject to Review By State Under Executive Order 12272 Process?
   x a. This application was made available to the state under Executive Order 12272. 

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)
   x 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 21A, Section 1001)

   ** I AGREE

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

Authorized Representative:

Prefix: Dr.
Middle Name: S.
Last Name: Bruno
Suffix: 

Title: President

Telephone Number: (828) 305-8460  
Fax Number: (828) 305-8460

Email: msbruno@gseomachinistech.com

Signature of Authorized Representative: [Signature]
* Date Signed: 04/30/2014
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

10.763

CPDA Title:

EMERGENCY AND URGENT COMMUNITY WATER ASSISTANT GRANT

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

MOUNTAIN CREEK, SHASTA COUNTY, CA

* 16. Descriptive Title of Applicant's Project:

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

16. Congressional District 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. States
   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.

☐ 19. "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)

** 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: D.
Last Name:
Suffix:

* Title:

* Telephone Number:
Fax Number: (530) 275-3043

* 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

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Preapplication</td>
<td>O New</td>
<td>04/28/2014</td>
<td></td>
</tr>
<tr>
<td>● Application</td>
<td>O Continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Changed/Corrected Application</td>
<td>O Revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Enterprises, Inc. on behalf of CSU Sacramento

b. Employer/Taxpayer Identification Number (EIN/TIN): 941337634
c. Organizational DUNS: 029031796

d. Address:

<table>
<thead>
<tr>
<th>Street1:</th>
<th>Street2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000 J Street</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento</td>
<td>Sacramento</td>
<td>CA, California</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province:</th>
<th>Country:</th>
<th>Zip / Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USA, UNITED STATES</td>
<td>95819-6111</td>
</tr>
</tbody>
</table>

e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Natural Sciences &amp; Mathematics</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mathew</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td>Schmidt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suffix:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>Assistant Professor</td>
</tr>
</tbody>
</table>

| Organizational Affiliation: | California State University, Sacramento |

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 278-7581</td>
<td></td>
</tr>
</tbody>
</table>

| Email: |  |
|-------| |
| schmidtmc@SacLink.csus.edu |  |

Funding Opportunity Number:  Received Date: Time Zone: GMT-8
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   ○ Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
   CSU Sacramento auxiliary org

10. Name of Federal Agency:
    Geological Survey

11. Catalog of Federal Domestic Assistance Number:
    15.808
    CFDA Title:
    U.S. Geological Survey, Research and Data Collection

12. Funding Opportunity Number:
    G11AS00056
    * Title:
    Cooperative Ecosystem Studies Unit, Californian CESU

13. Competition Identification Number:
    G14AS00058
    Title:

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

15. Descriptive Title of Applicant's Project:
    Socio-ecological Vulnerability to Coastal Change Hazards along the Northeastern U.S. Coast

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

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

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

17. Proposed Project:
   * a. Start Date: 06/01/2014
   * b. End Date: 12/31/2014

18. Estimated Funding ($):
   * a. Federal 22,000.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 22,000.00

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 04/24/2014.
   • 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 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: Mr
Middle Name: 
* Last Name: Earwicker
Suffix: 
* Title: Assistant Vice President
* Telephone Number: 916-278-3669
* Fax Number: 916-278-8163
* Email: david.earwicker@csus.edu
* Signature of Authorized Representative: David Earwicker
* Date Signed: 04/24/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Preapplication</td>
<td>☑ New</td>
<td></td>
<td>S/A</td>
</tr>
<tr>
<td>☐ Application</td>
<td>☐ Continuation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>06-01762</td>
</tr>
</tbody>
</table>

**State Use Only:**

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/03/2014</td>
<td>SAI-Exempt</td>
</tr>
</tbody>
</table>

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>California Department of Parks and Recreation</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>88-0303606</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>172070870000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street1: PO Box 942896</td>
</tr>
<tr>
<td>*City: Sacramento</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>*State: CA: California</td>
</tr>
<tr>
<td>*Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>*Zip / Postal Code: 94296-0001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name: Parks and Recreation</td>
</tr>
<tr>
<td>Division Name: Grants and Local Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Ms.</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Sims</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Associate Park and Recreation Specialist</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>* Telephone Number: 916-651-7739</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email: <a href="mailto:Karen.Sims@parks.ca.gov">Karen.Sims@parks.ca.gov</a></td>
</tr>
</tbody>
</table>
**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:
National Park Service

11. Catalog of Federal Domestic Assistance Number:
15.916

CFDA Title:
Outdoor Recreation_Acquisition, Development and Planning

*12. Funding Opportunity Number:

* Title:
Land and Water Conservation Fund

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Pantera Park Trail Access Development
City of Diamond Bar

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-039

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):
   * a. Federal  125,266.00
   * b. Applicant  0.00
   * c. State  18,568.00
   * d. Local  246,961.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  390,815.00

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 04/28/2014.
   □ 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 215, Section 1001)

   ✓ ** I AGREE

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

Authorized Representative:

Prefix:  Ms.
First Name: Jean
Middle Name:
Last Name: Lacher
Suffix:  
Title: Chief, Office of Grants and Local Services

Telephone Number: 916-651-8597  Fax Number:  
Email: Jean.Lacher@parks.ca.gov

Signature of Authorized Representative:  
Date Signed: 4-29-14
**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:  
  - S/A  
  - Federal Entity Identifier:  
  - Federal Award Identifier:  
  - 06-01772  

**State Use Only:**

- Date Received by State: 04/03/2014  
- State Application Identifier: SAI-Exempt  

**APPLICANT INFORMATION:**

- a. Legal Name: California Department of Parks and Recreation  
- b. Employer/Taxpayer Identification Number (EIN/TIN):  
  - 58-0306066  
- c. Organizational DUNS:  
  - 1720708070000  

- d. Address:  
  - Street1: PO Box 942896  
  - City: Sacramento  
  - State: CA, California  
  - Zip/Postal Code: 94286-0001  

- e. Organizational Unit:  
  - Department Name: Parks and Recreation  
  - Division Name: Grants and Local Services  

- f. Name and contact information of person to be contacted on matters involving this application:  
  - Prefix: Ms.  
  - First Name: Melinda  
  - Middle Name:  
  - Last Name: Steinert  
  - Title: Associate Park and Recreation Specialist  

**Organizational Affiliation:**  
- California Department of Parks and Recreation  

- *Telephone Number: 916-651-7744  
- Fax Number:  
- Email: Melinda.Steinert@parks.ca.gov
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A: State Government</td>
</tr>
</tbody>
</table>

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

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

| **Other (specify):** |

<table>
<thead>
<tr>
<th><strong>10. Name of Federal Agency:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>National Park Service</td>
</tr>
</tbody>
</table>

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

| 15.916                        |

**CFDA Title:**

- Outdoor Recreation_Acquisition, Development, and Planning

<table>
<thead>
<tr>
<th><strong>12. Funding Opportunity Number:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and Water Conservation Fund</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13. Competition Identification Number:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Title:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>016 - 83612</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>15. Descriptive Title of Applicant's Project:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Reinway Avenue Recreational Park &amp; Trailhead</td>
</tr>
<tr>
<td>City of Waterford</td>
</tr>
</tbody>
</table>

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-010

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):
   * a. Federal 236,640.00
   * b. Applicant 0.00
   * c. State 16,565.00
   * d. Local 220,075.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 473,280.00

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 04/28/2014
   - 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 1004)
   - ** 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.
Middle Name: 
* Last Name: Lacher
Suff: 
* Title: Chief, Office of Grants and Local Services
* Telephone Number: 916-651-8597
Fax Number: 
* Email: Jean.Lacher@parks.ca.gov

* Signature of Authorized Representative: [Signature]
* Date Signed: 4-29-14
# Application for Federal Assistance SF-424

**Type of Submission:**
- [X] Application
- [ ] Preappplication
- [ ] Changed/Corrected Application

**Date Received:**
- 04/03/2014

**Federal Entity Identifier:**
- N/A

**Federal Award Identifier:**
- 06-01764

**State Use Only:**
- 04/03/2014
- EAI-Exempt

**Applicant Information:**

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

**Employer/Taxpayer Identification Number (EIN/TIN):**
- 68-0303606

**Organizational DUNS:**
- 1720706070000

**Address:**
- PO Box 942896
- Sacramento
- CA: California
- USA: UNITED STATES
- 94296-0001

**Organizational Unit:**
- Park and Recreation
- Grants and Local Services

**Contact Information:**

**Prefix:**
- Ms.

**First Name:**
- Melinda

**Middle Name:**
- 

**Last Name:**
- Steinert

**Suffix:**
- 

**Title:**
- Associate Park and Recreation Specialist

**Organizational Affiliation:**
- California Department of Parks and Recreation

**Telephone Number:**
- 916-651-7744

**Fax Number:**
- 

**Email:**
- Molinda.Steinert@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:**

National Park Service

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

15.916

CFDA Title:

Outdoor Recreation_Acquisition, Development and Planning

**12. Funding Opportunity Number:**

* Title:

Land and Water Conservation Fund

**13. Competition Identification Number:**

Title:

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

04-13284

* 15. Descriptive Title of Applicant's Project:

Veteran's Memorial Park Amphitheater Development
City of Chowchilla

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-016

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

17. Proposed Project:
- *a. Start Date:* 06/02/2014  
- *b. End Date:* 06/30/2017

18. Estimated Funding ($):
- *a. Federal* 80,645.00
- *b. Applicant* 0.00
- *c. State* 5,645.00
- *d. Local* 75,000.00
- *e. Other* 0.00
- *f. Program Income* 0.00
- *g. TOTAL* 161,290.00

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 04/28/2014.
- ☐ 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 21, 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:  Na.  
First Name: Jean

Middle Name:  
Last Name: Lacher

SUFFIX:  
Title: Chief, Office of Grants and Local Services

Telephone Number: 916-651-8597  
Fax Number:  
Email: Jean.Lacher@paars.ca.gov

Signature of Authorized Representative: Jean A. Lacher  
Date Signed: 4-29-14
# Application for Federal Assistance SF-424

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

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

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

**3. Date Received:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Data Received by State:**

**7. State Application Identifier:**

8. **APPLICANT INFORMATION:**

**a. Legal Name:**

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

**c. Organizational DUNS:**

**d. Address:**

**Street:**

**City:**

**County/Parish:**

**State:**

**Province:**

**Country:**

**Zip / Postal Code:**

**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:**

**Fax Number:**

**Email:**

**OMB Number:** 4040-0004

**Expiration Date:** 8/31/2016

**RECEIVED**

**APR 30 2014**

**STATE CLEARING HOUSE**

- California Department of Parks and Recreation
- 68-0303606
- 1720708070000
- P.O. Box 942896
- Sacramento
- CA: California
- USA: UNITED STATES
- 94296-0001
- Parks and Recreation
- Grants and Local Services
- Ms.
- Melinda
- Steinert
- Associate Park and Recreation Specialist
- California Department of Parks and Recreation
- 916-551-7744
- Melinda Steinert@parks.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:
National Park Service

11. Catalog of Federal Domestic Assistance Number:
15.926

CFDA Title:
Outdoor Recreation_Acquisition, Development and Planning

* 12. Funding Opportunity Number:

* Title:
Land and Water Conservation Fund

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
06-08100

* 15. Descriptive Title of Applicant's Project:
The Tracks at Brea Trail Development
City of Brea

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

16. Congressional Districts Of:
   * a. Applicant: CA-033
   * b. Program/Project: CA-039

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):
   * a. Federal: 537,635.00
   * b. Applicant: 0.00
   * c. State: 37,635.00
   * d. Local: 500,000.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 1,075,270.00

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 04/28/2014
   ☐ 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: Ms.
   First Name: Jean
   Middle Name: 
   Last Name: Lacher
   Suffix: 
   Title: Chief, Office of Grants and Local Services
   Telephone Number: 916-651-8587
   Fax Number: 
   Email: Jean.Lacher@parks.ca.gov
   Signature of Authorized Representative: [Signature]
   Date Signed: 4-30-14
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:  06-01761

State Use Only:

6. Date Received by State: 04/03/2014

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

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

*b. Employer/Taxpayer Identification Number (EIN/TIN):  88-0303606

*c. Organizational DUNS:  172070870000

d. Address:

*Street1:  PO Box 942896

Street2:  

*City:  Sacramento

County/Parish:  

*State:  CA: California

Province:  

*Country:  USA: UNITED STATES

*Zip / Postal Code:  94296-0001

e. Organizational Unit:

Department Name:  Parks and Recreation

Division Name:  Grants and Local Services

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

Prefix:  Mr.  
* First Name:  Bill

Middle Name:  

*Last Name:  Meyer

SUFFIX:  

Title:  Associate Park and Recreation Specialist

Organizational Affiliation:  California Department of Parks and Recreation

*Telephone Number:  916-651-1406

Fax Number:  

*Email:  Bill.Meyer@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:
   - National Park Service

**11. Catalog of Federal Domestic Assistance Number:**
   - 15.916

**CFDA Title:**
   - Outdoor Recreation_Acquisition, Development and Planning

**12. Funding Opportunity Number:**

**Title:**
   - Land and Water Conservation Fund

13. Competition Identification Number:

**Title:**

14. Areas Affected by Project (Cities, Counties, States, etc.):
   - 06-60242

* 15. Descriptive Title of Applicant's Project:
   - Mueller Park Beautification
   - City of Reedley

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-022

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($): 
   * a. Federal 106,141.00
   * b. Applicant 0.00
   * c. State 7,430.00
   * d. Local 98,711.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 212,282.00

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 04/29/2014.
   □ 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 21, Section 1001)

   □ I AGREE

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

Authorized Representative:

Prefix:  Ms.  * First Name: Jean
Middle Name:
* Last Name: Lacher
Suffix: 

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597  Fax Number: 

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

* Signature of Authorized Representative: Jean Lacher  * Date Signed: 4-29-14
Application for Federal Assistance SF-424

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

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

* 3. Date Received:  
   [ ]

4. Applicant Identifier:  
   [ ]

5a. Federal Entity Identifier:  
   [ ]

5b. Federal Award Identifier:  
   [ ] 06-01769

State Use Only:

6. Date Received by State:  [ ] 04/03/2014

7. State Application Identifier:  [ ] SAI-Exempt

8. APPLICANT INFORMATION:

  a. Legal Name:  [ ] California Department of Parks and Recreation

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

  c. Organizational DUNS:  [ ] 1720708070000

  d. Address:

     * Street1:  PO Box 942896

     * City:  Sacramento

     * State:  CA: California

     * Country:  USA: UNITED STATES

     * Zip / Postal Code:  94296-0001

  e. Organizational Unit:

     Department Name:  Parks and Recreation

     Division Name:  Grants and Local Services

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

     Prefix:  [ ] Ma.

     Middle Name:  [ ]

     * Last Name:  Steinert

     Suffix:  [ ]

     Title:  Associate Park and Recreation Specialist

     Organizational Affiliation:  California Department of Parks and Recreation

     * Telephone Number:  916-651-7744  
     Fax Number:  [ ]

     * Email:  Melinda.Steinert@parks.ca.gov
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. State Government</td>
</tr>
</tbody>
</table>

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

<table>
<thead>
<tr>
<th>10. Name of Federal Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Park Service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Catalog of Federal Domestic Assistance Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.916</td>
</tr>
</tbody>
</table>

CPDA Title:

Outdoor Recreation_Acquisition, Development and Planning

<table>
<thead>
<tr>
<th>12. Funding Opportunity Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and Water Conservation Fund</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Competition Identification Number:</th>
</tr>
</thead>
</table>

Title:

<table>
<thead>
<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 - 51140</td>
</tr>
</tbody>
</table>

* 15. Descriptive Title of Applicant's Project:

Newman Skate Plaza  
City of Newnan

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-010

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):
   * a. Federal 186,356.00
   * b. Applicant 0.00
   * c. State 13,045.00
   * d. Local 173,311.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 372,712.00

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 04/28/2014.
   □ 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: Ms.
Middle Name: 
* Last Name: Lacher
Suffix: 

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597  Fax Number: 
* Email: Jean.Lacher@parks.ca.gov

* Signature of Authorized Representative: Jean Lacher  * Date Signed: 4-27-14
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:  
   N/A

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  
   06-01771

State Use Only:  
6. Date Received by State:  
   04/03/2014

7. State Application Identifier:  
   SAI-Exempt

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
   68-0303606

* c. Organizational DUNS:  
   1720708070000

d. Address:  
   P.O. Box 912896
   Sacramento
   CA: California
   USA: UNITED STATES
   54296-0001

e. Organizational Unit:
   Department Name:  
   Parks and Recreation
   Division Name:  
   Grants and Local Services

f. Name and contact information of person to be contacted on matters involving this application:
   Prefix:  
   Ms.
   * First Name:  
   Melinda
   Middle Name:  
   
   * Last Name:  
   Steinert
   Suffix:  
   
   Title:  
   Associate Park and Recreation Specialist

Organizational Affiliation:  
California Department of Parks and Recreation

* Telephone Number:  
   916-651-7744
   Fax Number:  

* Email:  
   Melinda.Steinert@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:**

National Park Service

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

15.916

**CPDA Title:**

Outdoor Recreation Acquisition, Development and Planning

**12. Funding Opportunity Number:**

*Title:*

Land and Water Conservation Fund

**13. Competition Identification Number:**

Title:

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

06-34904

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

Seventh Street Park Acquisition
City of Hughson

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-010

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

17. Proposed Project:
   a. Start Date:  06/02/2014
   b. End Date:  06/30/2017

18. Estimated Funding ($):

   a. Federal  368,280.00
   b. Applicant  0.00
   c. State  25,780.00
   d. Local  342,500.00
   e. Other  0.00
   f. Program Income  0.00
   g. TOTAL  736,560.00

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  04/28/2014
   [ ] 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:  Ms.
First Name:  Jean
Middle Name:  
Last Name:  Lacher
SUFFIX:  

Title:  Chief, Office of Grants and Local Services

* Telephone Number:  316-651-8597  Fax Number:  
* Email:  Jean.Lacher@parks.ca.gov

* Signature of Authorized Representative:  
* Date Signed:  4-29-14
Application for Federal Assistance SF-424

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

* 3. Date Received: N/A

5a. Federal Entity Identifier: N/A
5b. Federal Award Identifier: 06-01766

State Use Only:
6. Date Received by State: 04/03/2014
7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation
* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0303606
* c. Organizational DUNS: 1720708070000

*d. Address:*

| Street1: | P.O. Box 942996 |
| Street2: | |
| City: | Sacramento |
| County/Parish: | |
| State: | CA: California |
| Province: | |
| Country: | USA: UNITED STATES |
| Zip / Postal Code: | 94296-0001 |

e. Organizational Unit:

Department Name: Parks and Recreation
Division Name: Grants and Local Services

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

Prefix: Ms.
First Name: Natalie
Middle Name: 
Last Name: Bee
Suffix: 
Title: Associate Park and Recreation Specialist
Organizational Affiliation: California Department of Parks and Recreation

* Telephone Number: 916-651-0564
Fax Number: 
Email: Natalie.Bee@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:**
- National Park Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.916

**CFDA Title:**
- Outdoor Recreation_Acquisition, Development and Planning

**12. Funding Opportunity Number:**

**Title:**
- Land and Water Conservation Fund

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- 06-67000

**15. Descriptive Title of Applicant's Project:**
- Noe Valley Town Square Park Development  
  - City and County of San Francisco RPD

*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-012

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* a.</td>
<td>Federal</td>
</tr>
<tr>
<td>* b.</td>
<td>Applicant</td>
</tr>
<tr>
<td>* c.</td>
<td>State</td>
</tr>
<tr>
<td>* d.</td>
<td>Local</td>
</tr>
<tr>
<td>* e.</td>
<td>Other</td>
</tr>
<tr>
<td>* f.</td>
<td>Program Income</td>
</tr>
<tr>
<td>* g.</td>
<td>TOTAL</td>
</tr>
</tbody>
</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 04/28/2014.
   - [ ] 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. ** I AGREE

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

Authorized Representative:

Prefix: Ms.
First Name: Jean
Middle Name: 
Last Name: Lacher
Suffix: 

Title: Chief, Office of Grants and Local Services

Telephone Number: 916-651-8597
Fax Number: 

Email: Jean.Lacher@parks.ca.gov

Signature of Authorized Representative: [Signature]
Date Signed: 4-29-14
### Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of Submission:</td>
<td>Preapplication, Application, Changed/Corrected Application</td>
</tr>
<tr>
<td>2. Type of Application:</td>
<td>New, Continuation, Revision, Other (Specify)</td>
</tr>
<tr>
<td>3. Date Received:</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Applicant Identifier:</td>
<td></td>
</tr>
<tr>
<td>5a. Federal Entity Identifier:</td>
<td></td>
</tr>
<tr>
<td>5b. Federal Award Identifier:</td>
<td>06-01767</td>
</tr>
<tr>
<td>6. Date Received by State:</td>
<td>04/03/2014</td>
</tr>
<tr>
<td>7. State Application Identifier:</td>
<td>SAI-Exempt</td>
</tr>
<tr>
<td>8. APPLICANT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>a. Legal Name:</td>
<td>California Department of Parks and Recreation</td>
</tr>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>68-0303806</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>1720708070000</td>
</tr>
<tr>
<td>d. Address:</td>
<td></td>
</tr>
<tr>
<td>Street1:</td>
<td>P.O. Box 942896</td>
</tr>
<tr>
<td>Street2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Sacramento</td>
</tr>
<tr>
<td>County/Parish:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>CA: California</td>
</tr>
<tr>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>94296-0001</td>
</tr>
<tr>
<td>e. Organizational Unit:</td>
<td></td>
</tr>
<tr>
<td>Department Name:</td>
<td>Parks and Recreation</td>
</tr>
<tr>
<td>Division Name:</td>
<td>Grants and Local Services</td>
</tr>
<tr>
<td>f. Name and contact information of person to be contacted on matters involving this application:</td>
<td></td>
</tr>
<tr>
<td>Prefix:</td>
<td>Mr.</td>
</tr>
<tr>
<td>* First Name:</td>
<td>Luan</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Rubin</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Associate Park and Recreation Specialist</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
<td>California Department of Parks and Recreation</td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>916-651-8573</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:Luan.Aubin@parks.ca.gov">Luan.Aubin@parks.ca.gov</a></td>
</tr>
</tbody>
</table>
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:
    National Park Service

11. Catalog of Federal Domestic Assistance Number:
    15.916
    CFDA Title:
    Outdoor Recreation_Acquisition, Development and Planning

12. Funding Opportunity Number:

* Title:
    Land and Water Conservation Fund

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    06- 68266

* 15. Descriptive Title of Applicant's Project:
    San Miguel Community Park Development
    County of San Luis Obispo

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-024

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 06/30/2017

18. Estimated Funding ($) :

   * a. Federal  537,635.00
   * b. Applicant  0.00
   * c. State  37,635.00
   * d. Local  500,000.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  1,075,270.00

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 04/28/2014.
   ☐ 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 215, Section 1001)

   ☒ I AGREE

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

Authorized Representative:

Prefix:  Ms.  * First Name: Jean
Middle Name:  
* Last Name: Lacher
Suffic:  
* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597  Fax Number: 

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

* Signature of Authorized Representative:  

* Date Signed: 4-29-14
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>* 2. Type of Application:</th>
<th>* If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Preapplication</td>
<td>☒ New</td>
<td>☐ Continuation</td>
</tr>
<tr>
<td>☒ Application</td>
<td></td>
<td>☐ Revision</td>
</tr>
<tr>
<td>☐ Changed/Corrected Application</td>
<td></td>
<td>☐ Other (Specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>006-01773</td>
</tr>
</tbody>
</table>

State Use Only:

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/03/2014</td>
<td>SAI-Exempt</td>
</tr>
</tbody>
</table>

8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>California Department of Parks and Recreation</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>68-0303606</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>1720708070000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Street1: P.O. Box 942896</td>
</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>* City:      Sacramento</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>* State:      CA: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>* Country:    USA: UNITED STATES</td>
</tr>
<tr>
<td>* Zip / Postal Code: 94296-0001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name:        Parks and Recreation</td>
</tr>
<tr>
<td>Division Name:          Grants and Local Services</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Middle Name:</th>
<th>* Last Name:</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Stephanie</td>
<td></td>
<td>Schiechl</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th>Associate Park and Recreation Specialist</th>
</tr>
</thead>
</table>

Organizational Affiliation:

<table>
<thead>
<tr>
<th>California Department of Parks and Recreation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>* Telephone Number: 916-651-8580</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email: <a href="mailto:Stephanie.Schiechl@parks.ca.gov">Stephanie.Schiechl@parks.ca.gov</a></td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 9. Type of Applicant 1: Select Applicant Type:</td>
<td>A: State Government</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>* Other (specify):</td>
<td></td>
</tr>
<tr>
<td>* 10. Name of Federal Agency:</td>
<td>National Park Service</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.916</td>
</tr>
<tr>
<td>CFDA Title:</td>
<td>Outdoor Recreation Acquisition, Development and Planning</td>
</tr>
<tr>
<td>* 12. Funding Opportunity Number:</td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td>Land and Water Conservation Fund</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>06-49138</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>Arroyo Vista Recreational Trail Development</td>
</tr>
<tr>
<td></td>
<td>City of Moorpark</td>
</tr>
</tbody>
</table>

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-026

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

17. Proposed Project:
   - *a. Start Date*: 06/02/2014
   - *b. End Date*: 06/30/2017

18. Estimated Funding ($):

   - *a. Federal*: 537,635.00
   - *b. Applicant*: 0.00
   - *c. State*: 52,688.00
   - *d. Local*: 700,000.00
   - *e. Other*: 0.00
   - *f. Program Income*: 0.00
   - *g. TOTAL*: 1,290,323.00

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 04/28/2014.
   - ☐ 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 21B, 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**: Mrs.

**First Name**: Jean

**Middle Name**: 

**Last Name**: Lacher

**Suffix**: 

**Title**: Chief, Office of Grants and Local Services

**Telephone Number**: 916-651-8597

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

**Signature of Authorized Representative**: Jean Lacher

**Date Signed**: 4-29-14