Federal Grant Applications

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

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

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

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

*3. Date Received:*

*4. Application Identifier:*

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

**State Use Only:**

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

8. **APPLICANT INFORMATION:**

* a. Legal Name: South Coast Air Quality Management District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 953099419

* c. Organizational DUNS: 025986159

*d. Address:*

Street1: 21865 Copley Drive
Street 2: ____________________________
City: Diamond Bar
County: Los Angeles
State: CA
Province: ____________________________
Country: USA

*Zip/Postal Code: 91765

*e. Organizational Unit:*

Department Name: ____________________________
Division Name: ____________________________
Finance

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

Prefix: ____________________________  First Name: Mary
Middle Name: ____________________________
*Last Name: Leonard
Suffix: ____________________________
Title: Financial Analyst

Organizational Affiliation:
Finance Division

*Telephone Number: 909-396-2780
Fax Number: 909-396-2765
*Email: mleonard@aqmd.gov*
## Application for Federal Assistance SF-424

16. Congressional Districts Of:

* *a. Applicant: CA-024-049  
   *b. Program/Project: CA-024-049

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

17. Proposed Project:

* *a. Start Date: 10/01/2014  
   *b. End Date: 09/30/2015

18. Estimated Funding ($):

| *c. Federal  | $4,897,819.00 | *d. Local  | $3,900,000.00 |
| *b. Applicant | $104,984,794.00 | *e. Other  |  |
| *c. State    |               | *f. Program Income |  |
| *d. Local    |               | *g. TOTAL       | $113,782,613.00 |

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 8/1/2014
- [ ] 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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>*First Name: Barry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midd le Name: R.</td>
<td></td>
</tr>
<tr>
<td>*Last Name: Wallerstein</td>
<td></td>
</tr>
<tr>
<td>Suffix: D. Env.</td>
<td></td>
</tr>
<tr>
<td>*Title: Executive Officer</td>
<td></td>
</tr>
</tbody>
</table>
| *Telephone Number: 909-396-2100  
   *Email: bwallerstein@aqmd.gov
| Fax Number: 909-396-3340

*Signature of Authorized Representative: Barry R. Wallerstein /x/  
Date Signed: 7/11/2017

APPROVED AS TO FORM

KURT R. WAISE, GENERAL COUNSEL

By:  
Date: 2/1/14
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* 1.a. Type of Submission:  
  - Application [X]  
  - Plan  
  - Funding Request  
  - Other  
  * Other (specify)  

* 1.b. Frequency:  
  - Annual [X]  
  - Quarterly  
  - Other  
  * Other (specify)  

* 1.d. Version:  
  - Initial [X]  
  - Resubmission  
  - Revision  
  - Update  

* 2. Date Received:  
  STATE USE ONLY:  
  Completed by Grants.gov upon submission.  

* 3. Applicant Identifier:  

* 4a. Federal Entity Identifier:  

* 4b. Federal Award Identifier:  

* 5. Date Received by State:  

* 6. State Application Identifier:  

1.c. Consolidated Application/Plan/Funding Request?  
[ ] Yes  [ ] No [X] Explanations  

7. APPLICANT INFORMATION:  

* a. Legal Name:  
  Santa Clara Valley Transportation Authority (VTA)  

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  94-2186907  

* c. Organizational DUNS:  
  0922028370000  

d. Address:  

* Street  
  3331 North First Street  

Street2:  

* City  
  San Jose  

County:  

* State  
  CA: California  

Province:  

* Country  
  USA: UNITED STATES  

* Zip / Postal Code:  
  95134-1906  

e. Organizational Unit:  
  Department Name:  
  Division Name:  

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

Prefix:  

* First Name:  
  Mike  

Middle Name:  

* Last Name:  
  Tasosa  

Suffix:  

Title:  
  Senior Transportation Planner  

Organizational Affiliation:  

* Telephone Number:  
  (408) 321-5752  

Fax Number:  
  (408) 955-9765  

* Email:  
  mike.tasosa@vta.org  

Authorized for Local Reproduction  

Standard Form 424 Mandatory (Effective 08/2005)  
Prescribed by OMB Circular A-102
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* 8a. TYPE OF APPLICANT:   
D: Special District Government

b. Additional Description:

* 9. Name of Federal Agency:
DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:
Santa Clara County

12. CONGRESSIONAL DISTRICTS OF:

a. Applicant:  
17

b. Program/Project:  
17

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

13. FUNDING PERIOD:

a. Start Date:  
10/17/2014

b. End Date:  
10/16/2015

14. ESTIMATED FUNDING:

a. Federal ($):  
504,000.00

b. Match ($):  
126,000.00

15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☐ a. This submission was made available to the State under the Executive Order 12372 Process for review on:  
08/01/2014

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

☐ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

16. Is the Applicant Delinquent On Any Federal Debt?
   Yes ☐   No ☒   [Explain] ☐

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

Middle Name: 

* Last Name: Rensi

Suffix: 

* Title: Transportation Planning Manager

Organizational Affiliation:

Santa Clara Valley Transportation Authority (VTA)

* Telephone Number:
  (408) 321-5717

* Fax Number:
  (408) 955-9765

* Email:
  marcella.rensi@vta.org

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

* Date Signed:
  Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.
APPLYING FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: 
- Application [X]
- Plan [ ]
- Funding Request [ ]
- Other [ ]

* Other (specify) [ ]

1.b. Frequency: 
- Annual [X]
- Quarterly [ ]
- Other [ ]

* Other (specify) [ ]

1.d. Version: 
- Initial [X]
- Resubmission [ ]
- Revision [ ]
- Update [ ]

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

2. Date Received by State: 

3. Applicant Identifier: 

4a. Federal Entity Identifier: 

4b. Federal Award Identifier: 

1.c. Consolidated Application/Plan/Funding Request? 
- Yes [ ]
- No [X]

7. APPLICANT INFORMATION:

a. Legal Name: 
Santa Clara Valley Transportation Authority (VTA)

b. Employer/Taxpayer Identification Number (EIN/TIN): 
94-2188907

c. Organizational DUNS: 
0922028370000

RECEIVED

AUG 1 2014

7. APPLICANT INFORMATION:

d. Address: 
- Street1: 3331 North First Street
- Street2: STATE CLEARING HOUSE

City: San Jose

State: CA: California

Country: USA: UNITED STATES

Zip / Postal Code: 95134-1906

e. Organizational Unit:

Department Name: 
Division Name: 

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

Prefix: Mr.

First Name: Mike

Middle Name: 

Last Name: Tasosa

Suffix: 

Title: Senior Transportation Planner

Organizational Affiliation: 

Telephone Number: (408) 321-5752

Fax Number: (408) 955-9765

Email: mike.tasosa@vta.org

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)

Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. Type of Applicant:

D: Special District Government

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

Santa Clara County

12. Congressional Districts of:

* a. Applicant:

17

b. Program/Project:

17

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

13. Funding Period:

a. Start Date:

10/17/2014

b. End Date:

10/16/2015

14. Estimated Funding:

* a. Federal ($):

2,841,120.00

b. Match ($):

710,280.00

* 15. Is submission subject to review by State under Executive Order 12372 process?

X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/01/2014

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

□ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?
   Yes ☐ No ❌ [Explanation]

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

   ** I Agree ❌

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Authorized Representative:

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<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
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<tbody>
<tr>
<td>Ms.</td>
<td>Marcella</td>
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<th>Middle Name:</th>
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<th>* Last Name:</th>
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<tr>
<td>Rensi</td>
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<tr>
<th>Suffix:</th>
<th>* Title:</th>
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<tbody>
<tr>
<td></td>
<td>Transportation Planning Manager</td>
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Organizational Affiliation:

[Santa Clara Valley Transportation Authority (VTA)]

<table>
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<tr>
<th>* Telephone Number:</th>
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<tr>
<td>(408) 321-5717</td>
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<tr>
<th>* Email:</th>
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<tbody>
<tr>
<td><a href="mailto:marcella.rensi@vta.org">marcella.rensi@vta.org</a></td>
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<tr>
<th>* Signature of Authorized Representative:</th>
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<td>Completed by Grants.gov upon submission.</td>
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Attach supporting documents as specified in agency instructions.
# Application for Federal Assistance SF-424

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

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

**3. Date Received:**
- [ ] Completed by Grants.gov upon submission.
- [ ] Rejected 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:** County of San Luis Obispo

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-600939

**c. Organizational DUNS:** 118245060

**d. Address:**
- **Street 1:** County Government Center, Room 206
- **City:** San Luis Obispo
- **State:** CA
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 93408

**e. Organizational Unit:**
- **Department Name:** Department of Public Works
- **Division Name:** Utilities Division

**f. Name and contact information of person to be contacted on matters involving this application:**
- **Prefix:** Mr.
- **First Name:** Jeff
- **Middle Name:**
- **Last Name:** Lee
- **Suffix:**
- **Title:** Project Manager

**Organizational Affiliation:**
- **Utilities Division**

**Telephone Number:** (805) 781-1043

**Fax Number:** (805) 788-2182

**Email:** jlee@co.slo.ca.us
Application for Federal Assistance SF-424

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

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

Add Attachments  Delete Attachments  View Attachments

17. Proposed Project:
   * a. Start Date: 08-01-2012
   * b. End Date: 12-31-2015

18. Estimated Funding ($):

   * a. Federal  $500,000.00
   * b. Applicant
   * c. State  $1,479,750.00
   * d. Local  $8,250.00
   * e. Other
   * f. Program Income
   * g. TOTAL  $1,988,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   True  No

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 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: Mr.  * First Name: Dave
Middle Name: 
* Last Name: Flynn
Suffix: 
* Title: Interim Director, Department of Public Works

*Telephone Number:  (805) 781-5252  Fax Number:  (805) 788-2182
*Email: dflynn@co.slo.ca.us

* 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

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

**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:* Monterey Bay Unified Air Pollution Control District

*b. Employer/Taxpayer Identification Number (EIN/TIN):* 94-2301821

*c. Organizational DUNS:* 125-103-275

**d. Address:**

- **Street:** 24580 Silver Cloud Court
- **City:** Monterey
- **County:** Monterey
- **State:** CA
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 93940

**e. Organizational Unit:**

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
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**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></th>
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<tbody>
<tr>
<td>Mrs.</td>
<td>Joyce</td>
<td></td>
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<table>
<thead>
<tr>
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<th></th>
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<tr>
<td>Gluffe</td>
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<table>
<thead>
<tr>
<th>Title:</th>
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<tbody>
<tr>
<td>Administrative Services Manager</td>
<td></td>
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</table>

**Organizational Affiliation:**

Monterey Bay Unified Air Pollution Control District

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>831-647-9411, ext 229</td>
<td>831-647-8501</td>
</tr>
</tbody>
</table>

*Email:* jgluffe@mbuapcd.org
## Application for Federal Assistance SF-424

### 9. Type of Applicant 1: Select Applicant Type:
- D. Special District Government

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

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

* Other (specify):

### 10. Name of Federal Agency:
- EPA Region IX

### 11. Catalog of Federal Domestic Assistance Number:
- 66.001

**CFDA Title:**
- Air Pollution Control Program Support (105)

### 12. Funding Opportunity Number:
- Section 105

* Title:

#### Clean Air Act

### 13. Competition Identification Number:

**Title:**

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

- San Benito, Santa Cruz, and Monterey Counties

* 15. Descriptive Title of Applicant's Project:
- Basin Wide Pollution Program

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

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

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

17. Proposed Project:
   * a. Start Date: 10/1/2014
   * b. End Date: 9/30/2015

18. Estimated Funding ($):
   * a. Federal $291,475
   * b. Applicant $2,780,172
   * c. State $1,691,000
   * d. Local
   * e. Other $283,814
   * f. Program Income
   * g. TOTAL $5,046,461

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 7/31/2014.
   ☐ 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: Mr.
First Name: Richard
Middle Name: A
Last Name: Stedman
SUFFIX: 
Title: Air Pollution Control Officer
Telephone Number: 831-647-9411, ext 206
Fax Number: 831-647-8501
Email: rstedman@mbuapcd.org

Signature of Authorized Representative: [Signature]
Date Signed: 7/29/14
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: 

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: Peoples' Self-Help Housing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2750154

* c. Organizational DUNS: 09-841-4412

d. Address:

* Street1: 1633 Empio Street

Street2: 

* City: San Luis Obispo

County: San Luis Obispo

* State: California

Province: 

* Country: USA

* Zip / Postal Code: 93401

e. Organizational Unit:

Department Name: 

Division Name: 

N/A

N/A

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

Prefix: Mr.

* First Name: Mark

Middle Name: 

* Last Name: Wilson

Suffix: 

Title: Senior Project Manager

Organizational Affiliation: Peoples' Self-Help Housing Corporation, Senior Project Manager

* Telephone Number: (805) 540-2460

Fax Number: (805) 544-1901

* Email: markw@phinc.org
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
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<td><strong>8. Type of Applicant 1: Select Applicant Type:</strong></td>
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<td>O. Not for Profit Organization</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>USDA Rural Development</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>Section 515 Multi-Family Housing</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>City of Paso Robles, San Luis Obispo County, California</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>Acquisition and rehabilitation of Creston Gardens Apartments, an expiring use Section 515 multi-family affordable housing project located in Paso Robles, CA.</td>
</tr>
<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

16. Congressional Districts Of:
   a. Applicant: 24
   b. Program/Project: 24

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

17. Proposed Project:
   a. Start Date: 09/30/2014
   b. End Date: 10/31/2016

18. Estimated Funding ($):
   a. Federal: 5,747,500.00
   b. Applicant: 249,995.00
   c. State: 
   d. Local: 
   e. Other: 4,437,715.00
   f. Program Income: 141,448.00
   g. TOTAL: 10,576,658.00

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 07/24/2014
   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 in attachment.)
   a. 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: Mr. * First Name: Kenneth
Middle Name: 
Last Name: Trigueiro
Suff: 

*Title: Executive Vice-President / CFO

*Telephone Number: (805) 540-2453 Fax Number: (805) 544-1901

*Email: kenneth@psnhc.org

*Signature of Authorized Representative: [Signature]  * Date Signed: July 28, 2014
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission:
   □ Application
   □ Plan
   □ Funding Request
   □ Other
   * Other (specify)

1.b. Frequency:
   □ Annual
   □ Quarterly
   □ Other
   * Other (specify)

1.c. Consolidated Application/Plan/Funding Request?
   Yes □ No X

1.d. Version:
   □ Initial
   □ Resubmission
   □ Revision
   □ Update

2. Date Received:
   08/04/2014

3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

5. Date Received by State:

6. State Application Identifier:

7. APPLICANT INFORMATION:

a. Legal Name:
   San Francisco Municipal Transportation Agency

b. Employer/Taxpayer Identification Number (EIN/TIN):
   941160893

c. Organizational DUNS:
   956617435

d. Address:
   * Street:
     1 South Van Ness Avenue, 8th floor

   * City:
     San Francisco

   * State:
     CA: California

   * Country:
     USA: UNITED STATES

   * Zip / Postal Code:
     94103

e. Organizational Unit:

   Department Name:
   Capital Procurement & Management

   Division Name:
   Finance & IT

g. Name and contact information of person to be contacted on matters involving this submission:

   Prefix: Mr.
   * First Name:
     Joel

   Middle Name:
   C.

   Last Name:
   Goldberg

   Title:
   Manager, Capital Procurement & Management

   Suffix:

   Telephone Number:
   415-701-6499

   Fax Number:

   * Email:
     joel.goldberg@sfmta.com

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Standard Form 424 Mandatory (Effective 08/2006)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

*8a. TYPE OF APPLICANT:
   B: County Government

* Other (specify):

b. Additional Description:

*9. Name of Federal Agency:
   DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:
   CFDA Title:

11. Areas Affected by Funding:
   City and County of San Francisco

12. CONGRESSIONAL DISTRICTS OF:
   a. Applicant:
   b. Program/Project:
   12, 14

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

13. FUNDING PERIOD:
   a. Start Date: 10/31/2014
   b. End Date: 12/31/2015

14. ESTIMATED FUNDING:
   a. Federal ($):
   9,964,800.00
   b. Match ($):
   2,491,200.00

*15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?
   X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by State for review.
   □ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No X

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

** I Agree X

** This 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: Leda

Middle Name: 

* Last Name: Young

Suffix: * Title: Principal Grants Analyst

Organizational Affiliation: 

* Telephone Number: 415-701-4336

* Fax Number: 415-701-4734

* Email: Leda.young@sfmta.com

* Signature of Authorized Representative: Leda Young

* Date Signed: 08/04/2014

Attach supporting documents as specified in agency instructions.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1.a. Type of Submission: [X] Application
    [ ] Plan
    [ ] Funding Request
    [ ] Other
* Other (specify)

1.b. Frequency: [X] Annual
    [ ] Quarterly
    [ ] Other
* Other (specify)

1.c. Consolidated Application/Plan/Funding Request? [X] Yes
    [ ] No

1.d. Version:
    [X] Initial
    [ ] Resubmission
    [ ] Revision
    [ ] Update

2. Date Received: 08/04/2014

3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

5. Date Received by State:

6. State Application Identifier:

7. APPLICANT INFORMATION:

    a. Legal Name:

        Alameda-Contra Costa Transit District

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

        94-1692636

    c. Organizational DUNS:

        043206231

    d. Address:

        * Street1: 1600 Franklin St
        * City: Oakland
        * State: CA: California
        * Country: USA: UNITED STATES
        * Zip / Postal Code: 94612-2558

    e. Organizational Unit:

        Department Name:
        Division Name:

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

        Prefix: * First Name: Chris
        Last Name: Andrichak
        Suffix: "
        Title: Senior Analyst, Capital Planning & Grants

        * Telephone Number: 510-891-4855
        Fax Number:
        * Email: candrichak@actransit.org

Authorized for Local Reproduction
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:
   D: Special District Government

* Other (specify):

b. Additional Description:
   California Transit District

* 9. Name of Federal Agency:
   DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

   CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:
   a. Applicant:
   b. Program/Project:

   CA13

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

13. FUNDING PERIOD:
   a. Start Date:
      01/01/2015
   b. End Date:
      12/31/2016

14. ESTIMATED FUNDING:
   a. Federal ($):
      5,969,603.00
   b. Match ($):
      1,492,400.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?
   X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/05/2014
   b. Program is subject to E.O. 12372 but has not been selected by State for review.
   c. Program is not covered by E.O. 12372.
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

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

** I Agree ☒

** This list of certifications and assurances, or an internal 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>* First Name:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>David</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Suffix:</th>
<th>* Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Manager</td>
</tr>
</tbody>
</table>

Organizational Affiliation:

* Telephone Number:
  510-891-4075

* Fax Number:
  510-891-7175

* Email:
  darmijo@actransit.org

* Signature of Authorized Representative:
  Christopher Andrichak

* Date Signed:
  08/04/2014

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

<table>
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<tr>
<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>If Revision, select appropriate letter(s):</th>
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<tr>
<td>☑ Application</td>
<td>☑ New</td>
<td>A</td>
</tr>
<tr>
<td>☐ Preapplication</td>
<td>☐ Continuation</td>
<td>* Other (Specify)</td>
</tr>
<tr>
<td>☐ Changed/Corrected Application</td>
<td>☑ Revision</td>
<td>A</td>
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</table>

<table>
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<th>3. Date Received:</th>
<th>4. Application Identifier:</th>
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<tbody>
<tr>
<td></td>
<td>STATE CLEARING HOUSE</td>
</tr>
</tbody>
</table>

5a. Federal Entity Identifier: 201-3-06-0191-013  
5b. Federal Award Identifier:  

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

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>County of Plumas</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-6000528</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>01-099-7419</td>
</tr>
</tbody>
</table>

d. Address:

| Street 1: | 198 Andy's Way |
| Street 2: |                |
| City:     | Quincy         |
| County:   | Plumas         |
| State:    | California     |
| Province: |                |
| Country:  | USA            |
| Zip/ Postal Code: | 95971 |

e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Facility Services</td>
<td>Airports</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>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Sawchuk</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th>Facility Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Affiliation:</td>
<td>Plumas County, Department of Facility Services, Airports Division</td>
</tr>
</tbody>
</table>

| Telephone Number: | 530-283-6070 |
| Fax Number: | 530-283-6103 |
| Email: | DonySawchuk@countyofplumas.com |
Application for Federal Assistance SF-424

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

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

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

* Other (specify):

10. Name of Federal Agency:
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.):
Gansner Field, Quincy, Plumas County, California

* 15. Descriptive Title of Applicant’s Project:
Gansner Field, Quincy, Plumas County, California: Engineering Design: Update Airfield Lighting, Reconstruct Runway 6-24 and Cross Taxiways A, B, C, and D; Construction: Equipment Maintenance Building

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

16. Congressional Districts Of: CA-004

* a. Applicant CA-004
* b. Program/Project: CA-004

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

17. Proposed Project:

* a. Start Date: 2014
* b. End Date: 2014

18. Estimated Funding ($):

*a. Federal $187,200.00
*b. Applicant $11,440.00
*c. State $9,360.00
*d. Local $0.00
*e. Other $0.00
*f. Program Income $0.00
*g. TOTAL $208,000.00

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 5-21-2014
☐ 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, ☑ 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. (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: Dony
Middle Name: 

Last Name: Sawchuk

Suffix: 

Title: Director, Facilities and Airports

*Telephone Number: 530-283-6070 Fax Number: 530-283-6103

*Email: DonySawchuk@countyofplumas.com

*Signature of Authorized Representative: 

Date Signed: August 6, 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

3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

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

8. APPLICANT INFORMATION:

   a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494
   c. Organizational DUNS: 0471200840000

   d. Address:
      - Street 1: 1850 RESEARCH PARK DRIVE
      - Street 2: SUITE 300
      - City: DAVIS
      - County: YOLO
      - State: CA
      - Province: 
      - Country: U.S.A.
      - Zip/Postal Code: 95618-6153

   e. Organizational Unit:
      - Department Name: SPONSORED PROGRAMS OFFICE
      - Division Name: OFFICE OF RESEARCH

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: 
      - Middle Name: 
      - Last Name: SISSAC
      - Suffix: 
      - Title: CONTRACTS AND GRANTS ANALYST
      - Organizational Affiliation: 

   *Telephone Number: 530-754-8094
   *Fax Number: 530-752-0333
   *Email: VSIISSAC@UCDAVIS.EDU

RECEIVED AUG 07 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:
   - Select One -
   - H. Public/State Controlled Institution of Higher Education

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

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

*Other (specify):*

10. Name of Federal Agency:
    **ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

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:*
    **USDA-GRANTS-032414-001**
    **NATIONAL CLEAN PLANT NETWORK REQUEST FOR APPLICATIONS**

13. Competition Identification Number:
    Title:

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

15. Descriptive Title of Applicant’s Project:

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

16. Congressional Districts Of: **CA-003**

*a. Applicant* **CA-003**

*b. Program/Project:* **CA-003**

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

17. Proposed Project:

*a. Start Date: 07/28/2014*  
*b. End Date: 07/27/2015*

18. Estimated Funding ($):

*a. Federal*  
*b. Applicant* $1,159,000.00  
*c. State*  
*d. Local*  
*e. Other*  
*f. Program Income*  
*g. TOTAL* $1,159,000.00

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 07/24/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372

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

- [ ] Yes  
- [x] No

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

*Middle Name:

*Last Name: DYE-HIXENBAUGH*

*Suffix:

*Title: CONTRACTS AND GRANTS OFFICER*

*Telephone Number: 530-754-8034*  
*Fax Number: 530-752-0333*

*Email: CDDYE@UCDAVIS.EDU*

*Signature of Authorized Representative:*

*Date Signed: 7/24/2014*
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

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

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

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

*4. Applicant Identifier: [ ]

*5. Federal Entity Identifier: [ ]

*6. Federal Award Identifier: [ ]

AUG 07 2014

STATE CLEARING HOUSE

604591925

8. APPLICANT INFORMATION:

*a. Legal Name: [The Regents of the University of California]

*b. Employer/Taxpayer Identification Number (EIN/TIN): 04-6036494

*c. Organizational DUNS:

*d. Address: [Office of Contracts and Grants]

Street1: 2801 Second Street

City: Davis

County/Parish: Yolo

State: CA

Province:

Country: USA: UNITED STATES

Zip / Postal Code: 95618-7774

e. Organizational Unit: UC ANR

Department Name: College of Natural Resources

Division Name: Center for Forestry

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

Prefix: [ ]

First Name: John

Middle Name: R.

Last Name: Shelly

Suffix: Ph.D

Title: Cooperative Extension Advisor

Organizational Affiliation:

*Telephone Number: (510) 865-3491

Fax Number: [ ]

*Email: jmsolley@berkeley.edu
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

- Public State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify): 

10. Name of Federal Agency:

- USDA Forest Service, Pacific SW Regions (R05)

11. Catalog of Federal Domestic Assistance Number:

- 10,672

CFDA Title:

**SPEA Economic Action Program**

12. Funding Opportunity Number:

* Title:

**Woody Biomass Utilization**

13. Competition Identification Number:

* Title:

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

- State of California

15. Descriptive Title of Applicant's Project:

* Retaining and Expanding Wood Utilization and Biomass Energy Infrastructure, and Assessing Forest Products Life Cycle and Infrastructure Impacts on Green House Gas Emissions in California

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

17. Proposed Project:
   a. Start Date: 09/01/2014  
   b. End Date: 08/31/2016  

18. Estimated Funding ($):
   a. Federal 75,534.  
   b. Applicant 30,214.  
   c. State 0  
   d. Local 0  
   e. Other 0  
   f. Program Income 0  
   g. TOTAL 105,748.  

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 8/7/2014  
   - 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 1091)

   ** 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:  Rose  
Suffix:  
Title:  Contracts and Grants Analyst  
Telephone Number:  650-763-1276  
Fax Number:  
Email: krose@ucanr.edu  

Signature of Authorized Representative:  
Date Signed: 8-7-14
### APPLICATION FOR
FEDERAL ASSISTANCE

#### Legal Name
Los Angeles County Metropolitan Transportation Authority

#### Address (give city, state, and zip code):
One Gateway Plaza
Los Angeles, California 90012-2952

#### Employer Identification Number (EIN):
95 - 440 01975

#### Type of Application:
- [X] New

#### Areas Affected by Project (cities, counties, states, etc.):
County of Los Angeles, CA

#### Proposed Project

<table>
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<th>Start Date</th>
<th>Ending Date</th>
<th>Applicant</th>
<th>Project</th>
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#### Estimated Funding

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#### Is the Application Subject to Review by State Executive Order 12272 Process?

- [X] Yes
- [ ] No

#### Is the Applicant Delinquent on Any Federal Debt?

- [ ] Yes
- [X] 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

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<tr>
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<td>Frank Flores</td>
</tr>
<tr>
<td>Title</td>
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<td>Telephone number</td>
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#### Phone Number
(213) 922-4894

#### State Chartered Transit District

Federal Transit Administration

#### Descriptive Title of Applicants Project:
Section 5307 Urbanized Area Formula Program – CMAQ CA-95-X255

#### Date Submitted
08/07/14

#### Date Received by State
State Application Identifier

#### Date Received by Federal Agency
Federal Identifier

#### OMB Approval No.
0348-0043

#### NAME AND TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (GIVE AREA CODE)
Anne M. Flores
(213) 922-4894

#### RECEIVED
AUG 1 1 2014

#### STATE CLEARING HOUSE

#### Type of Applicant:
- [X] N State Chartered Transit District

#### Catalog of Federal Domestic Assistance Number
20507

#### Type of Submission:
- [ ] Application
- [ ] Construction
- [X] Non-Construction

#### Name of Federal Agency
Los Angeles County Metropolitan Transportation Authority

#### Date Received by Federal Agency
Federal Identifier

#### Organizational Unit:
Regional Grants Management
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

**1. a. Type of Submission:**
- X Application
- Plan
- Funding Request
- Other
- *Other (specify)*

**1. b. Frequency:**
- X Annual
- Quarterly
- Other
- *Other (specify)*

**1. d. Version:**
- Initial
- Resubmission
- Revision
- Update

**2. Date Received:**

**STATE USE ONLY:**

**3. Applicant Identifier:**

**4a. Federal Entity Identifier:**

**4b. Federal Award Identifier:**

**1. c. Consolidated Application/Plan/Funding Request?**
- Yes
- No
- X [Explanation:]

**7. APPLICANT INFORMATION:**

**a. Legal Name:**
Los Angeles County Metropolitan Transportation Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
95-4401975

**c. Organizational DUNS:**
044055523

**d. Address:**

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

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Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:
   E: Regional Organization

* Other (specify):

b. Additional Description:
   Transportation Planning Agency/Transit Operator

* 9. Name of Federal Agency:
   DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

   CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:
   * a. Applicant:
      CA-037
   b. Program/Project:

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

13. FUNDING PERIOD:
   a. Start Date: 02/27/2015
   b. End Date: 09/30/2016

14. ESTIMATED FUNDING:
   * a. Federal ($):
      9,299,970.00
   b. Match ($):
      16,500,015.00

16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?
   X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014
   b. Program is subject to E.O. 12372 but has not been selected by State for review.
   c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?
Yes ☐ No ☒ [Explaination: ]

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

** I Agree ☒

** This 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: Ashad  

Middle Name:  

* Last Name: Hamideh  

Suffix:  

* Title: Transportation Planning Manager  

Organizational Affiliation:  

* Telephone Number:  213-922-4299  

* Fax Number:  213-922-2476  

* Email: hamideha@metro.net  

* Signature of Authorized Representative: Ashad Hamideh  

* Date Signed: 08/04/2014  

Attach supporting documents as specified in agency instructions.
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

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**2. Date Received:**

09/04/2014

**State Use Only:**

3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

**1.c. Consolidated Application/Plan/Funding Request?**

Yes [ ] No [x] [Explain: ]

**7. APPLICANT INFORMATION:**

**a. Legal Name:**

Los Angeles County Metropolitan Transportation Authority

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

95-4401975

**c. Organizational DUNS:**

044055523

**d. Address:**

* Street1:*

One Gateway Plaza

* Street2:*

**e. Address:**

* City:*

Los Angeles

* County:*

**f. Address:**

* State:*

CA: California

* Province:*

**Country:**

USA: UNITED STATES

* Zip / Postal Code:*

90012

**o. Organizational Unit:**

Department Name:

Division Name:

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

* Prefix:*

* First Name:*

Ashad

* Middle Name:*

**Suffix:**

* Last Name:*

Hamideh

**Title:**

**Organizational Affiliation:**

* Telephone Number:*

213-922-4299

Fax Number:

* Email:*

hamideh@metro.net

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)

Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:

E: Regional Organization

* Other (specify):

b. Additional Description:

Transportation Planning Agency/Transit Operator

* 9. Name of Federal Agency:

DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-034

b. Program/Project:

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

13. FUNDING PERIOD:

a. Start Date:

03/01/2015

b. End Date:

04/01/2016

14. ESTIMATED FUNDING:

* a. Federal ($):

1,600,000.00

b. Match ($):

400,000.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☐ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014

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

☐ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?
   Yes ☐ No ☒ Explanation

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

** I Agree ☒

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<tr>
<td>* Signature of Authorized Representative:</td>
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<tr>
<td>* Date Signed:</td>
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Attach supporting documents as specified in agency instructions.

[Add Attachments]  [Delete Attachments]  [View Attachments]
# APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

## 1.a. Type of Submission:
- [X] Application
- [ ] Plan
- [ ] Funding Request
- [ ] Other

## 1.b. Frequency:
- [X] Annual
- [ ] Quarterly
- [ ] Other

## 1.d. Version:
- [X] Initial
- [ ] Resubmission
- [ ] Revision
- [ ] Update

## 2. Date Received:
08/05/2014

## STATE USE ONLY:

## 3. Applicant Identifier:

## 4a. Federal Entity Identifier:

## 4b. Federal Award Identifier:

## 1.c. Consolidated Application/Plan/Funding Request?
- [X] Yes
- [ ] No

## 7. APPLICANT INFORMATION:

### *a. Legal Name:*

Los Angeles County Metropolitan Transportation Authority

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

95-4401975

### *c. Organizational DUNS:

044055523

### d. Address:

<table>
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APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:
   E: Regional Organization

* Other (specify):

b. Additional Description:
   Transportation Planning Agency/Transit Operator

* 9. Name of Federal Agency:
   DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:

   CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:
   * a. Applicant:
      CA-034
   b. Program/Project:

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

13. FUNDING PERIOD:
   a. Start Date: 03/01/2015
   b. End Date: 10/01/2018

14. ESTIMATED FUNDING:
   * a. Federal ($):
      2,744,000.00
   b. Match ($):
      686,000.00

15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?
   x a. This submission was made available to the State under the Executive Order 12372 Process for review on: 08/04/2014
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APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

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Yes ☐ No ☒ Explanation

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

** I Agree ☒

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Authorized Representative:

Prefix: 

* First Name: Ashad

Middle Name:

* Last Name: Hamideh

Suffix: 

* Title: Transportation Planning Manager

Organizational Affiliation:

* Telephone Number: 213-922-4299

* Fax Number: 213-922-2476

* Email: hamideh@metro.net

* Signature of Authorized Representative: Ashad Hamideh

* Date Signed: 08/05/2014

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

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1.c. Consolidated Application/Plan/Funding Request?  
Yes ☐  No X ☒  Explanation: [ ]

7. APPLICANT INFORMATION:

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<tr>
<th>Email: <a href="mailto:hamecha@metro.net">hamecha@metro.net</a></th>
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</table>
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* **8a. TYPE OF APPLICANT:**
  
  E: Regional Organization

* **Other (specify):**

  
  b. Additional Description:
  Transportation Planning Agency/Transit Operator

* **9. Name of Federal Agency:**
  DOT/Federal Transit Administration

10. **Catalog of Federal Domestic Assistance Number:**
  
  CFDA Title:
  
  11. **Areas Affected by Funding:**
  
  
  12. **CONGRESSIONAL DISTRICTS OF:**
   
   a. Applicant:
   CA-044

   b. Program/Project:

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

13. **FUNDING PERIOD:**
   
   a. Start Date:
   05/01/2015

   b. End Date:
   12/31/2017

14. **ESTIMATED FUNDING:**
   
   a. Federal ($):
   9,818,000.00

   b. Match ($):
   15,660,000.00

15. **IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**
   
   □ a. This submission was made available to the State under the Executive Order 12372 Process for review on:
   08/04/2014

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

   □ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?
   Yes ☐ No ☒ Explanation

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

   ** I Agree ☒

   ** This 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>* First Name:</th>
<th>Ashad</th>
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<tbody>
<tr>
<td></td>
<td>Middle Name:</td>
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</tr>
<tr>
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<td>Hamideh</td>
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<td></td>
<td>* Title:</td>
<td>Transportation Planning Manager</td>
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Organizational Affiliation:

* Telephone Number:
   213-922-4299

* Fax Number:
   213-922-2476

* Email:
   hamideha@metro.net

* Signature of Authorized Representative:
   Ashad Hamideh

* Date Signed:
   08/04/2014

Attach supporting documents as specified in agency instructions.

[Buttons: Add Attachments, Delete Attachments, View Attachments]
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:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   14-0100-1721-CA

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   * a. Legal Name: REGENTS OF THE UNIVERSITY OF CALIFORNIA

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     946036494

   * c. Organizational DUNS:
     0471200840000

   d. Address:
      - * Street1: 1850 RESEARCH PARK DRIVE, SUITE #300
      - Street2:
      - * City: DAVIS
      - County/Parish:
      - * State: CA: California
      - Province:
      - * Country: USA: UNITED STATES
      - * Zip / Postal Code: 95618-6153

   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: Jinger
   - Middle Name:
   - * Last Name: Snyder
   - Suffix:
   - Title: CONTRACTS AND GRANTS ANALYST
   - Organizational Affiliation:

   * Telephone Number: 530-752-3767
   - Fax Number: 530-752-0333

   * Email: jssnyder@ucdavis.edu
Application for Federal Assistance SF-424

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

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Selected Applicant Type:

Type of Applicant 3: Selected Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA APHIS

11. Catalog of Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

10.025

* Title:

Minimizing socio-political impacts to maximize cost-effective control of emerging plant pests

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Minimizing socio-political impacts to maximize cost-effective control of emerging plant pests.

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-003
   * 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: 09/30/2015

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

   99,500.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/29/2014.
   □ 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 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: Snyder
SUFFIX: 
* Title: Contracts and Grants Analyst

* Telephone Number: 530-752-3767
Fax Number: 
* Email: jsnyder@ucdavis.edu

* Signature of Authorized Representative: 
* Date Signed: 08/07/2014
**Application for Federal Assistance SF-424**

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

**State Use Only:**

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

**APPLICANT INFORMATION:**

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<tr>
<td>* b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>95-2750154</td>
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<td>* c. Organizational DUNS:</td>
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<th>d. Address:</th>
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<td>* Street1: 3533 Kemplo St.</td>
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<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City:       San Luis Obispo</td>
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<tr>
<td>County/Parish: San Luis Obispo</td>
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<td>* State: CA: California</td>
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<td>Province:</td>
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<td>* Country: USA: UNITED STATES</td>
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<tr>
<td>* Zip / Postal Code: 93401</td>
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<td>Division Name: n/a</td>
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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Benevado</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Project Manager</td>
</tr>
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</table>

**Organizational Affiliation:**

Peoples' Self Help Housing Corporation  

<table>
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<tr>
<th>* Telephone Number:</th>
<th>805-540-2475</th>
<th>Fax Number:</th>
<th>805-544-1901</th>
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<tbody>
<tr>
<td>* Email:</td>
<td><a href="mailto:morgen@pshhc.org">morgen@pshhc.org</a></td>
<td></td>
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</tr>
</tbody>
</table>
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:
- Dept. of Agriculture

11. Catalog of Federal Domestic Assistance Number:
- 10.405 & 10.427

CFDA Title:
- Farm Labor Housing Loans and Grants

12. Funding Opportunity Number:
- 514/516

* Title:
- Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing

13. Competition Identification Number:

Title:

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

Areas Affected by Project.pdf

* 15. Descriptive Title of Applicant’s Project:
- Los Mobes de Maria III

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

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

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

17. Proposed Project:
   * a. Start Date: 12/01/2016
   * b. End Date: 11/01/2017

18. Estimated Funding ($):

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

15,048,709.00

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 8-1-14.
   ☐ 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 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 1091)

   ☐ 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: John
Middle Name:
* Last Name: Fowler
Suffix:

* Title: President & CEO

* Telephone Number: 805-971-3088  Fax Number: 805-544-1901

* Email: john@public.org

* Signature of Authorized Representative: [Signature]

* Date Signed: 8/8/19
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):

RECEIVED

* 3. Date Received:  
☐ Completed by Grantee upon submission.

4. Applicant Identifier:  
AUG 13 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:

6. Date Received by State:  

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:  
Mendocino Community Health Clinic, Inc

b. Employer/Taxpayer Identification Number (EIN/TIN):  
68-0259045

c. Organizational DUNS:  
08-387-0196

d. Address:

Street 1:  
333 Laws Avenue

Street 2:  

City:  
Ukiah

County/Parish:  
Mendocino

State:  
California

Province:  

Country:  
USA: UNITED STATES

Zip / Postal Code:  
95482-0540

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:  
Linnea

Middle Name:  
Joan

* Last Name:  
Hunter

Suffia:  

Title:  
COO

Organizational Affiliation:

* Telephone Number:  
(707) 472-4511

Fax Number:  
(707) 468-0174

* Email:  
jhunter@mchcinc.org

OMB Number: 4040-0004  
Expiration Date: 03/31/2012
### Application for Federal Assistance SF-424

#### 9. Type of Applicant 1 - Select Applicant Type:
- [ ] Nonprofit

#### 10. Name of Federal Agency:
- United States Department of Agriculture

#### 11. Catalog of Federal Domestic Assistance Number:
- 10.766

#### 12. Funding Opportunity Number:

#### * Title:
- USDA Community Facilities Grant Application

#### 13. Competition Identification Number:

#### Title:

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

#### * 15. Descriptive Title of Applicant's Project:
- Hillside Health Center Community Facilities Equipment Grant

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

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

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

17. Proposed Project:
   * a. Start Date: 01-01-2015
      * b. End Date: 12-31-2015

18. Estimated Funding ($) :
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
      * g. TOTAL: $70,136.00

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 07-24-2014
   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 ☐ 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: Linnea
Middle Name: Joan  * Last Name: Hunter
Title: Chief Executive Officer
Telephone Number: (707) 472-4511  Fax Number: (707) 468-0174
Email: lhunter@stchinc.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:**
- [x] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

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

**3. Date Received:**
AUG 13 2014

**4. Applicant Identifier:**
State Clearing House

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

- **a. Legal Name:** Toiyabe Indian Health Project, Inc.

- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-2538049

- **c. Organizational DUNS:** 09-881-5727

**9. Address:**
- **Street 1:** 52 Ti Su Lane
- **City:** Bishop
- **State:** California
- **Zip/Postal Code:** 93514

**10. Organizational Unit:**

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

**Title:** Owner Representative

**Organizational Affiliation:**

**Telephone Number:** (916) 949-0224
**Fax Number:**

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

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* Other (specify):  

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* USDA Rural Development Community Facilities  

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* 10.766  

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Community Facilities Loans and Grants  

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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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Bishop Paiute Tribe Reservation  

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Toiyabe Replacement Clinic Project  

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

16. Congressional Districts Of:
   a. Applicant: CA8 
   b. Program/Project: CA8 

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

17. Proposed Project:
   a. Start Date: 08/13/2014 
   b. End Date: 12/31/2015 

18. Estimated Funding ($):
   a. Federal: $12,587,095.00 
   b. Applicant: $300,000.00 
   c. State: 
   d. Local: 
   e. Other: 
   f. Program Income: 
   g. TOTAL: $13,387,095.00 

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 08-13-2014 . 
   b. Program is subject to E.O. 12372 but has not been selected by the State for review. 
   c. Program is not covered by E.O. 12372. 

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

If "Yes", provide explanation and attach: 

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances in this document 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 of agency specific instructions.

Authorized Representative:

Prefix: Mr. 
First Name: David 
Middle Name: 
Last Name: Lent 
Suffix: 

Title: Chief Executive Officer 

Telephone Number: (760) 873-8454 
Fax Number: (760) 873-3935 

Email: david.lent@toiyabe.us 

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

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<th>7. State Application Identifier:</th>
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**APPLICANT INFORMATION:**

| a. Legal Name: | The Regents of the University of California |

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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<th>d. Address:</th>
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<tbody>
<tr>
<td>1850 Research Perk Drive, STE 300</td>
</tr>
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<table>
<thead>
<tr>
<th>City:</th>
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<tbody>
<tr>
<td>Davis</td>
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**Name and contact Information of person to be contacted on matters involving this application:**

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<table>
<thead>
<tr>
<th>First Name:</th>
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<tbody>
<tr>
<td>Jinger</td>
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<table>
<thead>
<tr>
<th>Middle Name:</th>
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<table>
<thead>
<tr>
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<tbody>
<tr>
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<table>
<thead>
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<tbody>
<tr>
<td>Contracts and Grants Analyst</td>
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**Organizational Affiliation:**

| Office of Research, Sponsored Programs |

<table>
<thead>
<tr>
<th>Telephone Number:</th>
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<tbody>
<tr>
<td>530-752-3767</td>
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<table>
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<th>Fax Number:</th>
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<td>530-752-0333</td>
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<table>
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<th>Email:</th>
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<tbody>
<tr>
<td><a href="mailto:ORSPO-TeamA-Proposals-US@au3.ucdavis.edu">ORSPO-TeamA-Proposals-US@au3.ucdavis.edu</a></td>
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### Application for Federal Assistance SF-424

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<th>6. Type of Applicant 1: Select Applicant Type:</th>
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<tr>
<td>Phytophthora wildland monitoring and diagnostics for California</td>
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<table>
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<tr>
<th>13. Competition Identification Number:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<td>Humboldt County, Del Norte County, Monterey County, Mendocino County</td>
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<th>* 15. Descriptive Title of Applicant’s Project:</th>
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<tr>
<td>Phytophthora wildland monitoring and diagnostics for California</td>
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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

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

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

18. Estimated Funding ($):
   - a. Federal  104,595.00
   - b. Applicant:  0
   - c. State:  0
   - d. Local:  0
   - e. Other:  0
   - f. Program Income:  0
   - g. TOTAL:  104,595

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 07/17/2014.
   - 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.)
    - 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:
- * First Name: Jinger
- Middle Name:
- * Last Name: Snyder
- Suffix:
- * Title: Contracts and Grants Analyst
- Telephone Number: 530-752-3767
- Fax Number: 530-752-0333
- Email: jsnyder@ucdavis.edu
- Signature of Authorized Representative:
- Date Signed: 7-17-14
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   □ Application
   □ Pre-application
   □ Construction
   □ Non-Construction
   □ Construction
   □ Non-Construction

2. DATE SUBMITTED
   8/9/2014
   Applicant Identifier
   1615

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier

5. APPLICANT INFORMATION

   Legal Name: Southern California Association of Governments
   Organizational DUNS: 075318620000
   Address: 818 W. 7th Street, Los Angeles, CA 90017
   City: Los Angeles
   County: Los Angeles
   State: CA
   Zip Code: 90017
   Country: U.S.A.
   Email: hernandez@scag.ca.gov
   Phone Number (give area code): 213.236.1897
   Fax Number (give area code): 213.236.1800

   6. EMPLOYER IDENTIFICATION NUMBER (EIN):
      95-2409649

   8. TYPE OF APPLICATION:
      □ Now
      □ Continuation
      □ Revision
      (See back of form for description of letters.)

   12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
      Los Angeles, Riverside and San Bernardino Counties

   14. CONGRESSIONAL DISTRICTS OF:
      a. Applicant 21, 23-45, an d 48
      b. Project 21, 23-45, an d 48

   16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
      a. Yes. □
      b. No. □
      OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

   17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
      □ Yes If “Yes” attach an explanation. □ 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.

   Fax: 213.236.1800
   Date Signed: 8/8/2014

   Authorized for Local Reproduction
**Application for Federal Assistance SF-424**

**Version 02**

<table>
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<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
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<td>[ ] Changed/Corrected Application</td>
<td>[ ] Revision</td>
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**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**AUG 14 2014**

**STATE CLEARING HOUSE**

**6. Date Received by State:**

**7. State Application Identifier:**

**91498025**

**8. APPLICANT INFORMATION:**

**a. Legal Name:**

**STATE OF CALIFORNIA**

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

**94-1597567**

**c. Organizational DUNS:**

**808323580000**

**AUG 14 2014**

**STATE CLEARING HOUSE**

**d. Address:**

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<tr>
<td>County:</td>
</tr>
<tr>
<td>State: CA: California</td>
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<tr>
<td>Province:</td>
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<td>Country: USA: UNITED STATES</td>
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<tr>
<td>Zip / Postal Code: 95811-7011</td>
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**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: 

* Téléphone Number: 916-445-3694
Fax Number: 916-327-6320

* Email: steve.wong@wildlife.ca.gov
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<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>15.605</td>
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<td>Sport Fish Restoration Program</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>F14HS00033</td>
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<td>* Title:</td>
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<tr>
<td>R5 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>Statewide</td>
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<td><strong>16. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>CENTRAL VALLEY FISHERY RESOURCE ASSESSMENT AND MONITORING</td>
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</table>

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

**Version 02**

16. Congressional Districts Of:

- **a. Applicant:** CA-006
- **b. Program/Project:** CA-all

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

17. Proposed Project:

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

18. Estimated Funding (F):

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<tr>
<td>Other</td>
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<tr>
<td>Program Income</td>
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<td><strong>TOTAL</strong></td>
<td>1,750,009.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- **X** b. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2014.
- **No** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- **No** c. Program is not covered by E.O. 12372.

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

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

Explain:

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 1061)

- **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:** Blaine
- **Middle Name:**
- **Last Name:** Nickens
- **Suffix:**
- **Title:** SSM II
- **Telephone Number:** (916) 445-9300
- **Fax Number:** 916-327-5320
- **Email:** blaine.nickens@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)

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

<table>
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<tr>
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<th>2. Type of Application:</th>
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<td>Preapplication</td>
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<td>Application</td>
<td>Continuation</td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
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If Revision, select appropriate letter(s):
- Other (Specify)

3. Date Received:
- Completed by grantee: [ ]
- Received by grantee: [ ]
- Application submitted: [ ]

4. Applicant Identifier:
- RECENTED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
- AUG 14 2014

State Use Only:

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

- a. Legal Name: Uncharted Shores Academy

- b. Employer/Taxpayer Identification Number (EIN/TIN):
  - 20-8281038

- c. Organizational DUNS:
  - 938183444

- d. Address:
  - Street 1: 330 E Street
  - City: Crescent City
  - County/Parish: [ ]
  - State: California
  - Province: [ ]
  - Country: USA: UNITED STATES
  - Zip / Postal Code: 95531

- 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: Margie
  - Middle Name: [ ]
  - Last Name: Rouge
  - Suffix: [ ]
  - Title: Executive Director
  - Organizational Affiliation: Uncharted Shores Academy
  - Telephone Number: (707) 454-9828
  - Fax Number: 707-454-1428
  - Email: margierouge@shoresacademy.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:  
   - Non-profit

   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:
   
   CFDA # 10.766

   CFDA Title:

   **Community Facilities Loans and Grants**

12. Funding Opportunity Number:

13. Competition Identification Number:

   Title:

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

   **Del Norte County**

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

   **Uncharted Shores Academy Campus Construction**

   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: September 2014
- b. End Date: Aug 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? **Yes**

   a. This application was made available to the State under the Executive Order 12372 Process for review on 8/15/14.
   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.) **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)

**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: Margie

Middle Name: 

* Last Name: Rouge

Suffix: 

* Title: Executive Director

* Telephone Number: (707) 954-6797

Fax Number: 707-484-1426

* Email: margie.rouge@shoresacademy.com

* Signature of Authorized Representative: **Margie Rouge**

**Date Signed:** 8-14-14
Application for Federal Assistance SF-424

1. Type of Submission: Application
2. Type of Application: New

3. Date Received: 
4. Applicant Identifier: 

5a. Federal Entity Identifier: 
5b. Federal Award Identifier: AUG 14 2014

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

8. APPLICANT INFORMATION:

a. Legal Name: City of Livingston

b. Employer/Taxpayer Identification Number (EIN/TIN): 546002960

c. Organizational DUNS: 159904762

d. Address:

Street1: 1416 C Street
City: Livingston
County: Merced
State: CA
Province: 
Country: United States
Zip / Postal Code: 95334

e. Organizational Unit:

Department Name: Livingston Police Department
Division Name: 

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

Prefix: Mrs. 
First Name: Deanna
Middle Name: 
Last Name: Soria
Suffix: 
Title: Communications / Records Manager

Organizational Affiliation:
Livingston Police Department

Telephone Number: (209) 394-5581 Fax Number: (209) 394-1195

Email: dsoria@livingstonpd.org
## Application for Federal Assistance SF-424

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

- B. Municipal

### 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:

```
107686
```

CFDA Title:

Community Facilities Grant Program

### 12. Funding Opportunity Number:

### *Title:

### 13. Competition Identification Number:

### Title:

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

City of Livingston

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

Purchase of marked emergency vehicles for the police department.

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

16. Congressional Districts Of:
   * a. Applicant 18th
   * b. Program/Project 18th

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

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

18. Estimated Funding ($):

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<td>* d. Local</td>
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<tr>
<td>* e. Other</td>
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<td>* f. Program Income</td>
<td>96,302.89</td>
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<tr>
<td>* g. TOTAL</td>
<td>96,302.89</td>
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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 06/05/2014.
   □ 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   Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1061)

   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: Jose  
Middle Name: Antonio  
* Last Name: Ramirez  
Suffix:  

* Title: City Manager  
* Telephone Number: (209) 394-8041  
Fax Number:  
* Email: citymanager@livingstoncity.com  
* Signature of Authorized Representative:  
* Date Signed: 08/05/2014
Application for Federal Assistance SF-424

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

2. Type of Application:  
   - *  

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: 5355 Avenida Maria, L.F.  

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

   c. Organizational DUNS:  

   d. Address:  
   - Street1: 5947 Variel Avenue  
   - Street2:  
   - City: Woodland Hills  
   - County/Parish:  
   - State: CA: California  
   - Province:  
   - Country: USA: UNITED STATES  
   - Zip / Postal Code: 91367  

   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: Harst  
   - Suffix:  
   - First Name: Justin  
   - Title: Executive Vice President  
   - Organizational Affiliation:  

   * Telephone Number: 818-905-2430  
   * Fax Number: 818-905-2440  
   * Email: hhardt@corpooffices.org
**Application for Federal Assistance SF-424**

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

*Other*

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

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

**Other (specify):**

Limited Partnership nonprofit Managing General Partner

**10. Name of Federal Agency:**

Rural Housing Services, USDA

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

10.405 & 10.427

**CFDA Title:**

**12. Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

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

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

See attached description.

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-027
   * b. Program/Project: CA-023

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

17. Proposed Project:
   * a. Start Date: 09/15/2015
   * b. End Date: 09/15/2016

18. Estimated Funding ($):
   * a. Federal: 3,000,000.00
   * b. Applicant: 1,291,920.00
   * c. State: 
   * d. Local: 
   * e. Other: 19,337,916.00
   * f. Program Income: 
   * g. TOTAL: 23,629,936.00

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 08/14/2014.
   - 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 [x]

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: Justin
Middle Name: 
* Last Name: Hardt
SUFFIX: 

* Title: Executive Vice President

* Telephone Number: 818-905-2430
Fax Number: 818-905-2440

* Email: thardt@corpoffices.org

* Signature of Authorized Representative: [Signature]
* Date Signed: 08/14/2014
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):

RECEIVED
AUG 15 2014

STATE CLEARING HOUSE

*3. Date Received:

4. Application Identifier:
Southern California Regional Rail Authority

SA. Federal Entity Identifier:
5802

*5b. Federal Award Identifier:
FTA Section 5309

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Southern California Regional Rail Authority

b. Employer/Taxpayer Identification Number (EIN/TIN):
93-4351663

c. Organizational DUNS:
8361404750000

d. Address:

*Street1: One Gateway Plaza, 12th Floor
Street 2:
*City: Los Angeles
County:
*State: California
Province:
Country: USA

Zip/Postal Code: 90012

e. Organizational Unit:

Department Name: Grants & Planning
Division Name: Planning & Development

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

Prefix:
Middle Name:
*Last Name: Sakoda
Suffix:

Title: Planning Manager
Organizational Affiliation:

*Telephone Number: (213) 452-0264
Fax Number: (213) 452-0422

*Email: sakodak@scra.net
### Application for Federal Assistance SF-424

**Version 02**

9. Type of Applicant 1: Select Applicant Type:  
   - D. Special District Government

   Type of Applicant 2: Select Applicant Type:  
   - 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:  

   *Title:* Urbanized Area Formula

13. Competition Identification Number:  

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
    Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

15. Descriptive Title of Applicant’s Project:  
    Rehabilitation of Metrolink track and structures.

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

16. Congressional Districts Of:
   22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42
   *a. Applicant
   Southern California Regional Rail
   *b. Program/Project:
      Annual Metrolink Rehabilitation

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

17. Proposed Project:
   *a. Start Date: 2/1/2015
   *b. End Date: 3/31/2017

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
      $1,391,782.00

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

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

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

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

Authorized Representative:
Prefix: Mr.
Middle Name: P.
Last Name: DePallo

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258
*Email: depallom@scra.net
*Signature of Authorized Representative: [Signature]
Date Signed: 8-15-14
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:*
Completed by Grants.gov upon submission.

*4. Applicant Identifier:*
AUG 15 2014

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*
STATE CLEARING HOUSE

P14AB00033

*6. Data Received by State:*

*7. State Application Identifier:*
C1698021

*8. APPLICANT INFORMATION:*

**a. Legal Name:**
STATE OF CALIFORNIA

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

**c. Organizational DUNS:**
8083223580000

**d. Address:**

- Street: 1831 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: PETE
Middle Name: 
Last Name: MARCELLANA
Suffix: 
Title: GRANTS ADMINISTRATOR
Organizational Affiliation: 

*Telephone Number: 916-445-4658 Fax Number:  
*Email: PETE.MARCELLANA@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   [5.605]

   CFDA Title:
   Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   FI425D00033

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

13. Competition Identification Number:

   Title:

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

* 15. Descriptive Title of Applicant's Project:
   SALMON AND STEELHEAD MONITORING IN THE KLAMATH RIVER BASIN

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

18. 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 ($):

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<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>430,424.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
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<td>c. State</td>
<td>150,141.00</td>
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<td>d. Local</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
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<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>600,565.00</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 02/13/2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

☐ Yes  ☒ No  Explanation:

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

☒ ☐ I AGREE

** The list of certifications and assurances, or an internal 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:  BSOI
* Telephone Number: 916-445-5701
Fax Number:  
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

Standard Form 444 (Revised 10/2003)
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:

4. Application Identifier:
   Southern California Regional Rail Authority
   RECI EVED

5a. Federal Entity Identifier:
    5802

*5b. Federal Award Identifier:
    FTA Section 5307

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   * a. Legal Name: Southern California Regional Rail Authority

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     93-4351663

   * c. Organizational DUNS:
     8361404750000

   * d. Address:
     - Street1: One Gateway Plaza, 12th Floor
     - City: Los Angeles
     - County: California
     - State: California
     - Province: USA
     - Zip/Postal Code: 90012

   * e. Organizational Unit:
     - Department Name: Grants & Planning
     - Division Name: Planning & Development

   * f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: 
     - Middle Name: 
     - Last Name: Sakoda
     - Suffix: 
     - Title: Planning Manager

   * Telephone Number: (213) 452-0264

   * Email: sakodak@scrca.net
   Fax Number: (213) 452-0422
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: D. Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20.507

CFDA Title:

Federal Transit Formula Grants

*12. Funding Opportunity Number:

*Title: Urbanized Area Formula

13. Competition Identification Number:

Title:

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

Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

*15. Descriptive Title of Applicant's Project:

Rehabilitation of rolling stock.

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

**Version 02**

### 16. Congressional Districts

* 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

#### *a. Applicant*
- Southern California Regional Rail

#### *b. Program/Project:*
- Annual Metrolink Rehabilitation

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

### 17. Proposed Project:

#### *a. Start Date: 1/2/2015*

#### *b. End Date: 7/31/2016*

### 18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$2,739,372.00</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></td>
</tr>
<tr>
<td>Program Income</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$2,739,372.00</strong></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.)

- [ ] 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 and conditions. 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:** Michael
- **Middle Name:** P.
- **Last Name:** DePallio
- **Suffix:**
- **Title:** Chief Executive Officer
- **Telephone Number:** (213) 452-0258
- **Fax Number:**
- **Email:** depallio@socta.net
- **Signature of Authorized Representative:**

**Date Signed:** 7-28-14