Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse August 16 - 31, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):  

* 3. Date Received:  

* 4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

6. Data Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:  

   * a. Legal Name: Kern-Tulare Water District  

   * b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3702765  

   * c. Organizational DUNS: 037850937000  

   * d. Address:  
     - Street: 3001 California Avenue, Suite 202  
     - City: Bakersfield  
     - County/Parish:  
     - State: CA: California  
     - Province:  
     - Country: USA: UNITED STATES  
     - Zip / Postal Code: 93309-1692  

   * e. Organizational Unit:  

   Department Name:  

   Division Name:  

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

     Prefix: Mr.  
     * First Name: Steven  
     Middle Name: C.  
     * Last Name: Dalke  
     Suffix:  

     Title: General Manager  

   Organizational Affiliation:  

   * Telephone Number: 661-327-3132  

   Fax Number: 661-327-2724  

   * Email: sdalke@kern-tulare.com
Application for Federal Assistance SF-424

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

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

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

* Other (specify):

**10. Name of Federal Agency:**
Natural Resources Conservation Service & Commodity Credit Co

**11. Catalog of Federal Domestic Assistance Number:**
10.930

**CFDA Title:**

**12. Funding Opportunity Number:**
USDA-NRCS-WHQ-RCFP

* Title:
U.S. Department of Agriculture Natural Resources Conservation Service Commodity Credit Corporation Financial Assistance Program Division Programs Deputy Area.

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
Kern-Tulare Water District Oil Field Water Conservation Project.

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

16. Congressional Districts Of:
   * a. Applicant CA-022
   * b. Program/Project CA-022

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

17. Proposed Project:
   * a. Start Date: 11/01/2014
   * b. End Date: 12/31/2017

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>18,480,000.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>25,520,000.00</td>
</tr>
<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>44,000,000.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review by State Under Executive Order 12372 Process?
   - [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/18/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix: Mr.
Middle Name: C.
* Last Name: Dalke
Suffix: 
* Title: General Manager
* Telephone Number: 661-327-3132
Fax Number: 661-327-2724
* Email: steve@kern-tulare.com
* Signature of Authorized Representative: [Signature]
* Date Signed: 08/18/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

State Use Only:

6. Data Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

a. Legal Name:  
Coachella Valley Housing Coalition

b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-3814698

c. Organizational DUNS:  
6132810710000

d. Address:  

- Street: 45701 Monroe St., Ste. G
- City: Indio
- County/Parish: Riverside
- State: CA: California
- Province:  
- Country: USA: UNITED STATES
- Zip / Postal Code: 92201-3964

e. Organizational Unit:

- Department Name:  
- Division Name:  

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

Prefix: Mr.

First Name: John

Middle Name: P.

Last Name: Mealey

Suffix:  

Title: Executive Director

Organizational Affiliation:
Coachella Valley Housing Coalition

- Telephone Number: (760) 347-3157
- Fax Number: (760) 342-6466
- Email: john.mealey@cvhc.org
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
M: Nonprofit with 501(c)3 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:
Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:
10.405 & 10.427
CPDA Title:
Farm Labor Housing Loans and Grants / Rural Rental Assistance Payments

* 12. Funding Opportunity Number:
Section 514 and Section 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.):

* 15. Descriptive Title of Applicant's Project:
Paseo de los Heroes III is an 81 unit project to include 16-2 bd/1ba, 53-3bd/2ba, 11-4bd/2ba units & 1-3bd/2ba managers unit plus a community room, computer lab & fitness room, tot lot, sports court.

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

### 16. Congressional Districts Of:

- **a. Applicant**: 45th
- **b. Program/Project**: 45th

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

### 17. Proposed Project:

- **a. Start Date**: 12/14/2015
- **b. End Date**: 02/14/2017

### 18. Estimated Funding ($) :

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>3,000,000.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>242,704.00</td>
</tr>
<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>850,000.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>16,059,641.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>22,152,345.00</td>
</tr>
</tbody>
</table>

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/15/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [x] Yes
  - [No]

If "Yes", provide explanation and attach.

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

- [x] **I AGREE

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

### Authorized Representative:

- **Prefix**: Mr.
- **First Name**: Pedro
- **Middle Name**: S.G.
- **Last Name**: Rodrigues
- **Suffix**:

- **Title**: Chief Financial Officer
- **Telephone Number**: (760) 347-3157
- **Fax Number**: (760) 342-6466
- **Email**: pedro.rodrigue@ovhc.org

- **Signature of Authorized Representative**: [Signature]
- **Date Signed**: 08/15/2014
APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED
   August 8, 2014

1. TYPE OF SUBMISSION:
   ☑ Construction
   ☐ Preapplication
   ☐ Construction
   ☐ Non-Construction
   ☐ Non-Construction

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier CA-57-X073-01

5. APPLICANT INFORMATION

Legal Name:
San Mateo Transit District

Address (give city, county, State, and zip code):
1250 San Carlos Blvd.
San Carlos, CA 94070

Organizational Unit:
Development

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

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   9 4 2 3 2 5 9 7 6

STATE CLEARING HOUSE
AUG 19 2014

RECEIVED

7. TYPE OF APPLICATION: (enter appropriate letter in box)
   ☑ G
   ☐ A
   ☐ B
   ☐ C
   ☐ D
   ☐ E
   ☐ F
   ☐ G
   ☐ H
   ☐ I
   ☐ J
   ☐ K
   ☐ L
   ☐ M
   ☐ N
   ☐ O
   ☐ P
   ☐ Q
   ☐ R
   ☐ S
   ☐ T
   ☐ U
   ☐ V
   ☐ W
   ☐ X
   ☐ Y
   ☐ Z
   ☐ Other

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

8. TYPE OF APPLICATION:
   ☑ New
   ☑ Continuation
   ☑ Revision

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

9. NAME OF FEDERAL AGENCY:
   Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    2 0 5 2 1

   TITLE: FTA Section 5317 New Freedom Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    Peninsula Rides Implementation & Development
    Peninsula Rides Mobility Management Activities
    Peninsula Rides Operating Activities

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

13. PROPOSED PROJECT
    Start Date 7/1/12
    Ending Date 12/31/15
    a. Applicant 12 & 14
    b. Project 12 & 14

14. CONGRESSIONAL DISTRICTS OF:

15. ESTIMATED FUNDING:
    a. Federal $314,126
    b. Applicant
    c. State
    d. Local $117,532
    e. Other
    f. Program Income
    g. TOTAL $431,658

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   ☑ YES.
   ☐ NO.

   a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
   DATE 08/11/14
   b. No.

   ☐ PROGRAM IS NOT COVERED BY E. O. 12372
   ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   ☑ Yes 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.
   a. Type Name of Authorized Representative
   b. Title Executive Officer, Planning and Development
   c. Telephone Number (650) 508-6228
   d. Signature of Authorized Representative
   e. Date Signed 8/14/2014

Authorized for Local Reproduction

Previous Edition Usable

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission: Application
* 1.b. Frequency: Annual

* 1.d. Version: Initial

* 2. Date Received: 08/01/2014

STATE USE ONLY:

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 ☒

[Explanations]

AUG 19 2014

7. APPLICANT INFORMATION:

*a. Legal Name: STATE CLEARING HOUSE

San Diego Metropolitan Transit System

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

95-3041463

*c. Organizational DUNS:

153682703

d. Address:

*Street1: 1255 Imperial Avenue, Suite 1000

*Street2:

*City: San Diego

*County:

*State: CA: California

*Province:

*Country: USA: UNITED STATES

*Zip / Postal Code:

92101-7490

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: Gordon

Middle Name:

* Last Name: Meyer

Suffix:

Title: Capital Grants Analyst

Organizational Affiliation:

*Telephone Number: 619-595-1014

Fax Number: 619-230-6720

*Email: gordon.meyer@sdmts.com

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:

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

10. Catalog of Federal Domestic Assistance Number:

   CFDA Title:

11. Areas Affected by Funding:

   CA-049, CA-050, CA-051, CA-052, CA-053

12. CONGRESSIONAL DISTRICTS OF:

   a. Applicant: CA-053

   b. Program/Project: CA-053

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

13. FUNDING PERIOD:

   a. Start Date: 09/01/2014
   b. End Date: 04/01/2016

14. ESTIMATED FUNDING:

   a. Federal ($): 22,000,000.00
   b. Match ($): 5,500,000.00

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: 07/30/2014
   □ 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]  
**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 [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:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Paul</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Suffix:</th>
<th>* Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Executive Officer</td>
</tr>
</tbody>
</table>

**Organizational Affiliation:**


**Telephone Number:**

619-557-4583

**Fax Number:**

619-234-3172

**Email:**

paul.jabloniski@admnts.com

**Signature of Authorized Representative:**

Gordon Meyer

**Date Signed:**

08/01/2014

Attach supporting documents as specified in agency instructions.

[Add Attachments]  [Remove Attachments]  [View Attachments]
**Application for Federal Assistance SF-424**

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

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

5a. Federal Entity Identifier: 5b. Federal Award Identifier: RECEIVED AUG 19 2014

**State Use Only:**

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

**APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name: The Regents of the University of California</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN): 946036494</td>
</tr>
<tr>
<td>c. Organizational DUNS: 047120084</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street: Office of Research, Sponsored Programs</td>
</tr>
<tr>
<td>Street2: 1850 Research Park Drive, Suite 300</td>
</tr>
<tr>
<td>City: Davis</td>
</tr>
<tr>
<td>County: Yolo</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code: 95618-5153</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Name: Plant Pathology</td>
</tr>
<tr>
<td>Division Name: College of Agriculture &amp; Environmental Sciences</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix: Mrs.</th>
<th>* First Name: Marque-Diane</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Vasser</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

Title: Contracts and Grants Analyst

Organizational Affiliation:

Office of Research, Sponsored Programs

<table>
<thead>
<tr>
<th>* Telephone Number: 530-754-8280</th>
<th>Fax Number:</th>
</tr>
</thead>
</table>

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   - USDA, APHIS, PPQ

11. Catalog of Federal Domestic Assistance Number:
   - 10.025

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

12. Funding Opportunity Number:
   - 14-8505-1779

   * Title:
   - To Develop and optimize bioassays (seed inoculations to indicator plants) for detecting infectious CGMMV in cucurbit seeds.

13. Competition Identification Number:

   Title:

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

15. Descriptive Title of Applicant's Project:
   - To Develop and optimize bioassays (seed inoculations to indicator plants) for detecting infectious CGMMV in cucurbit seeds.

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

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

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

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

18. Estimated Funding ($):
   * a. Federal 79,000
   * b. Applicant 0
   * c. State 0
   * d. Local 0
   * e. Other 0
   * f. Program Income 0
   * g. TOTAL 79,000

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 8/19/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 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 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: Mrs.  * First Name: Marque-Diane
Middle Name:  
* Last Name: Vassar
Suffix:  

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-5290  Fax Number: 

* Email: mvdvassar@ucdavis.edu

* Signature of Authorized Representative: [Signature]  Signed: August 17, 2014
### Application for Federal Assistance SF-424

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

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

**3. Date Received:**  

**4. Applicant Identifier:**  

**5a. Federal Entity Identifier:**  

**5b. Federal Award Identifier:**  

**Received**  
AUG 19 2014

**STATE CLEARING HOUSE**

**6a. Legal Name:**  
Peoples' Self-Help Housing Corporation

**6b. Employer/Taxpayer Identification Number (EIN/TIN):**  
95-2750134

**6c. Organizational DUNS:**  
[Redacted]

**d. Address:**  
1533 Empleo St.  
San Luis Obispo, CA: California  
Zip / Postal Code: 93401

**e. Organizational Unit:**  

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

**Prefix:**  Mr.  
**First Name:** Morgan

**Middle Name:**  
**Last Name:** Benevedo

**Title:** Project Manager

**Organizational Affiliation:**  
Peoples' Self Help Housing Corporation

**Telephone Number:** 805-540-2473  
**Fax Number:** 805-544-1901

**Email:** morgem@pshhc.org
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>*9. Type of Applicant 1: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>4: Nonprofit with 501(c) 3a Status (Other than Institution of Higher Education)</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td></td>
</tr>
<tr>
<td>* Other (specify):</td>
<td></td>
</tr>
<tr>
<td>*10. Name of Federal Agency:</td>
<td></td>
</tr>
<tr>
<td>Dept. of Agriculture</td>
<td></td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td></td>
</tr>
<tr>
<td>10.405 &amp; 10.427</td>
<td></td>
</tr>
<tr>
<td>CFDA Title:</td>
<td></td>
</tr>
<tr>
<td>Farm Labor Housing Loans and Grants</td>
<td></td>
</tr>
<tr>
<td>*12. Funding Opportunity Number:</td>
<td></td>
</tr>
<tr>
<td>514/516</td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td></td>
</tr>
<tr>
<td>Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing</td>
<td></td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td></td>
</tr>
<tr>
<td>Areas Affected by Project.pdf:</td>
<td></td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant's Project:</td>
<td></td>
</tr>
<tr>
<td>Los Adobes de Maria III</td>
<td></td>
</tr>
</tbody>
</table>

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: 12/01/2015
   * b. End Date: 11/01/2017

18. Estimated Funding ($):
   * a. Federal 15,062,554.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 15,062,554.00

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

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

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

Authorized Representative:

Prefix: Mr.
Middle Name:
* Last Name: Powler
Suffix:
* Title: President & CEO
* Telephone Number: 805-871-3088
Fax Number: 805-544-1901
* Email: johnfpahhc.org

* Signature of Authorized Representative: [Signature]
* Date Signed: 8/17/11
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

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: Vista Montana Phase II, LP

   b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0953529

   c. Organizational DUNS: 1389261430000

   d. Address:
      - Street1: 16933 W. Bernardo Drive, Suite 238
      - City: San Diego
      - County/Parish: San Diego
      - State: CA: California
      - Province:
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 92127-1636

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

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

   - Prefix:
   - * First Name: Matt
   - Middle Name:
   - Last Name: Grosz
   - Suffix:

   - Title: Chief Investment Officer

   - Organizational Affiliation:
     - Chelsea Investment Corporation (Developer)

   - * Telephone Number: 760-456-6000 x117
   - Fax Number: 760-456-6001
   - * Email: mgrosz@chelseainvestco.com
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   M: Nonprofit with 501(c)3 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:
   USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
   10.405 & 10.427
   CPDA Title:
   10.405: Farm Labor Housing Loans and Grants
   10.427: Rural Rental Assistance Payments

* 12. Funding Opportunity Number:
   * Title:
   Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2014

13. Competition Identification Number:
   N/A
   Title:
   N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Coachella, Riverside County, CA

* 15. Descriptive Title of Applicant's Project:
   Vista Montana Apartments - Phase II (New Multifamily Affordable Housing Project)

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

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

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

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

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

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

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

21. "I certify that the statements contained in the list of certifications and assurances, or an Internet site where you may obtain this list, are contained in the application, or agency specific instructions.

   " [ ] I AGREE

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

Authorized Representative:

* Last Name: Arroyo
* Title: Executive Vice President
* Telephone Number: 518-675-6582
* Fax Number: 518-675-6102

Signature of Authorized Representative: 

Date Signed: [ ]
<table>
<thead>
<tr>
<th>Sources</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal LIHTC Equity</td>
<td>16,788,366</td>
</tr>
<tr>
<td>Perm Loan</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Deferred Developer Fee</td>
<td>880,001</td>
</tr>
<tr>
<td><strong>Total Sources</strong></td>
<td><strong>20,668,367</strong></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

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

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

* 3. Date Received:  

4. Applicant Identifier:

Ss. Federal Entity Identifier:  

6b. Federal Award Identifier:  

* 8. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

a. Legal Name: Jepacanda, LP

b. Employer/Taxpayer Identification Number (EIN/TIN): 45-2956670

c. Organizational DUNS: 1355261480009

d. Address:

Street1: 16995 West Bernardo Drive, Suite 238

Street2:  

City: San Diego

County/Parish: San Diego County

State: California

Province:  

Country: United States

Zip / Postal Code: 92127-1609

e. Organizational Unit:

Department Name:  

Division Name:  

Pacific Southwest CDC

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

Prefix: Mr.  

First Name: Matt

Middle Name:  

Last Name: Gross

Suffix:  

Title: Chief Investment Officer

Organizational Affiliation:

Chelsea Investment Corporation, Developer

* Telephone Number: (760) 456-6000 x117  
Fax Number: (760) 456-6001

* Email: mgross@chelseainvestco.com
**Application for Federal Assistance SF-424**

* 9. Type of Applicant 1: Select Applicant Type:
   - Nonprofit with 501(c)3 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:
   - Rural Housing Service, Department of Agriculture

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

CFDA Title:

10.405: Farm Labor Housing Loans and Grants
10.427: Rural Rental Assistance Payments

* 12. Funding Opportunity Number:

* Title:
   - Notice of Funding Availability (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2014

13. Competition Identification Number:
   - N/A

* Title:
   - N/A

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

* 15. Descriptive Title of Applicant's Project:
   - Jacaranda Apartments (new affordable multifamily apartment construction; 42 units)

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

16. Congressional Districts Of:
   * a. Applicant: CA-052
   * b. Program/Project: CA-051

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

17. Proposed Project:
   * a. Start Date: 12/01/2015
   * b. End Date: 09/01/2016

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

   See Attached

19. Is Application Subject to Review By State Under Executive Order 12372 Process? (Mark one)
   x a. This application was made available to the State under the Executive Order 12372 Process for review on 08/19/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix: Mr.  * First Name: Juan
Middle Name: P.
* Last Name: Arroyo
Suffix: 

* Title: Executive VP, Pacific Southwest CDC

* Telephone Number: (858) 675-0306  Fax Number: (858) 675-0703

* Email: jparroyo@pdwcc.org

* Signature of Authorized Representative: [Signature]  * Date Signed: 8-14-2014
18. Estimated Funding

<table>
<thead>
<tr>
<th>Sources</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Credit Equity</td>
<td>12,358,850</td>
</tr>
<tr>
<td>AHP</td>
<td>0</td>
</tr>
<tr>
<td>USDA 514</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Deferred Developer Fee</td>
<td>690,664</td>
</tr>
<tr>
<td>Other Gap Source</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Sources</strong></td>
<td><strong>15,049,514</strong></td>
</tr>
</tbody>
</table>

Jacaranda Heber SF 424 Attachment
### Application for Federal Assistance SF-424

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

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

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

<table>
<thead>
<tr>
<th>6a. Date Received by State:</th>
<th>7a. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. APPLICANT INFORMATION:

- **a. Legal Name:** The University Corporation
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 55-1992732
- **c. Organizational DUNS:** 0557523310000

<table>
<thead>
<tr>
<th>9a. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street1: 18111 Nordhoff Street</td>
</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City: Northridge</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>State: CA: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA: UNITED STATES.</td>
</tr>
<tr>
<td>Zip / Postal Code: 91330-8232</td>
</tr>
</tbody>
</table>

- **d. Organizational Unit:** Social and Behavioral Sciences

- **e. Department Name:** Geography
- **f. Division Name:** Social and Behavioral Sciences

<table>
<thead>
<tr>
<th>10. 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>First Name: Scott</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Perez</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Director, Research &amp; Sponsored Projects</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Organizational Affiliation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>California State University, Northridge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. *Telephone Number: 818-677-2901</th>
<th>Fax Number: 818-677-4691</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>13. *Email: <a href="mailto:scott.perez@csun.edu">scott.perez@csun.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Federal Assistance SF-424</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>H: Public/State Controlled Institution of Higher Education</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>S: Hispanic-serving Institution</td>
</tr>
<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>X: Other (specify)</td>
</tr>
<tr>
<td>* Other (specify)*:</td>
</tr>
<tr>
<td>AANAPISI</td>
</tr>
<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
</tr>
<tr>
<td>U. S. Geological Survey</td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
</tr>
<tr>
<td>15.808</td>
</tr>
<tr>
<td><strong>CFOA Title:</strong></td>
</tr>
<tr>
<td>U.S. Geological Survey_ Research and Data Collection</td>
</tr>
<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
</tr>
<tr>
<td>G14AS00003</td>
</tr>
<tr>
<td>* Title:*</td>
</tr>
<tr>
<td>USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch</td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
</tr>
<tr>
<td>G14AS00003</td>
</tr>
<tr>
<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>Add Attachment</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>USGS - NHD Topography Update Pilot Project</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant: 30
   * b. Program/Project: 30

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

17. Proposed Project:
   * a. Start Date: 06/01/2014
   * b. End Date: 11/30/2014

18. Estimated Funding ($):

   * a. Federal: 50,000.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 50,000.00

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

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

   If "Yes", provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements
    herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to
    comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims
    may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 41, Section 1501)

   ** 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: Ir.
Middle Name: 
Last Name: Perez
Suffix: 
Title: Director, Research & Sponsored Projects

* Telephone Number: 818-667-2901 Fax Number: 818-677-4691

Email: scott.perez@csun.edu

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

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

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

* 3. Date Received:  
   -  
4. Applicant Identifier:  
   - California Department of Food and Agriculture

5a. Federal Entity Identifier:  
   -  
5b. Federal Award Identifier:  
   - 14-8506-0572-CA

State Use Only:

6. Date Received by State:  
   - 6/15/2014
7. State Application Identifier:  
   -  

8. APPLICANT INFORMATION:
   
   * a. Legal Name:  
   -  

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

   * c. Organizational DUNS:  
   - 807487685

   d. Address:  
   - Street: 1220 N Street
   - Street2: Room 325
   - City: Sacramento
   - County:  
   - State: CA
   - Province:  
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95814-5603

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

   f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:  
   - * First Name: Duane
   - Middle Name:  
   - * Last Name: Schnabel
   - Suffix:  
   - Title: Branch Chief
   - Organizational Affiliation:  

   * Telephone Number: 916-654-0312
   * Fax Number: 916-654-0986
   * Email: duane.schnabel@cdfa.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

* 12. Funding Opportunity Number:

   * Title:

13. Competition Identification Number:

   Title:

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

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

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

16. Congressional Districts Of:
   * a. Applicant  CA-3rd
   * b. Program/Project  Statewide

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

17. Proposed Project:
   * a. Start Date: 7/1/2014  
   * b. End Date: 8/30/2015

18. Estimated Funding ($):
   * a. Federal  1,330,995
   * b. Applicant  0
   * c. State  0
   * d. Local  0
   * e. Other  0
   * f. Program Income  0
   * g. TOTAL  1,330,995

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 7/2/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix:  
* First Name:  Crystal

Middle Name:  

* Last Name:  Myers

Suffix:  

* Title:  Federal Funds Manager

* Telephone Number:  916-403-6653  Fax Number:  

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

* Signature of Authorized Representative:  
* Date Signed:  8/21/14
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
   - Other (Specify)

3. Date Received:

4. Applicant Identifier:
   8CA14100

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

8. APPLICANT INFORMATION:
   a. Legal Name: California Department of Forestry and Fire Protection
   b. Employer/Taxpayer Identification Number (EIN/TIN): 88-0306069
   c. Organizational DUNS: 792358695
   d. Address:
      - Street1: 1416 Ninth Street
      - Street2: P.O. Box 944246
      - City: Sacramento
      - County: Sacramento
      - State: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 94244-2460
   e. Organizational Unit:
      - Department Name: California Department of Forestry & Fire Protection
      - Division Name: Resource Management
   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - First Name: Stella
      - Middle Name: 
      - Last Name: Chan
      - Suffix: 
      - Title: Federal Grants Manager
      - Organizational Affiliation: 
      - Telephone Number: 916-653-7811
      - Fax Number: 916-653-8957
      - Email: Stella.Chan@fire.ca.gov
Application for Federal Assistance SF-424

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

   Type of Applicant 2: Select Applicant Type:

   Type of Applicant 3: Select Applicant Type:

   * Other (specify):

* 10. Name of Federal Agency:
   United States Department of Agriculture, U.S. Forest Service

11. Catalog of Federal Domestic Assistance Number:
   10.675

   CFDA Title:
   Urban & Community Forestry

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

   Title:

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

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

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

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

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

17. Proposed Project:
   * a. Start Date: 7/1/2014
   * b. End Date: 6/30/16

18. Estimated Funding ($):
   * a. Federal $880,000
   * b. Applicant
   * c. State $890,000
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $1,770,000

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   R a. This application was made available to the State under the Executive Order 12372 Process for review on 8/22/14.
   □ 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.)
    Applicant Federal Debt Delinquency Explanation
    □ Yes  R 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: Shintaku
* Last Name: Shintaku
Suffix: 

* Title: Deputy Director For Resource Management

* Telephone Number: 916-653-4298
Fax Number: 

* Email: Duane.Shintaku@fire.ca.gov

* Signature of Authorized Representative: [Signature]
* Date Signed: 12/14
Application for Federal Assistance SF-424

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

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

* 3. Date Received: [ ]

* 4. Applicant Identifier: [ ]

* 5. State Use Only: [ ]

* 6. Federal Entity Identifier: [ ]

* 6b. Federal Award Number: [ ]

* 6c. Federal Award DEPT#: [ ]

* 6d. Federal Award CLEARING HOUSE: [ ]

State Use Only:

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

8. APPLICANT INFORMATION:

* a. Legal Name: Coachella Valley Housing Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3814898

* c. Organizational DUNS: 6132810700000

* d. Address:

   Street 1: 45701 Monroe Street, Suite G

   Street 2: [ ]

   * City: Indio

   * County: Riverside

   * State: CA

   * Province: [ ]

   * Country: USA; UNITED STATES

   * Zip / Postal Code: 92201

* e. Organizational Unit: [ ]

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

   Prefix: Mr.

   Middle Name: [ ]

   * First Name: John

   * Last Name: Mealey

   Suffix: [ ]

   Title: Executive Director

Organizational Affiliation:

Coachella Valley Housing Coalition

* Telephone Number: (760) 347-3157  Fax Number: (760) 342-6466

* Email: john.mealey@cvhc.org
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   Nonprofit with 501c3 IRS Status

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   NGMS Agency USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
   10.405 & 10.427
   CFDA Title:
   Farm Labor Housing Loan and Grant/ Rural Rental Assistance Payments

* 12. Funding Opportunity Number:
   MBL-SF424 FAMILY-ALL FORMS

* Title:
   MBL-SF424 FAMILY-ALL FORMS
   Section 514 Farm Labor (PLL) Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   Villa Hermosa Apartments, Phase III is a 68 unit farmworker development with a mix of: 4 -1bd/1ba, 32 - 2bd/1ba, 24 - 3bd/2ba, and 8 - 4bd/2ba. One of the 3bd/2ba is a managers unit. Ample space is provided for recreation and gathering.

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

### 16. Congressional District Where:
- **a. Applicant:** 16th
- **b. Program/Project:** 16th

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

### 17. Proposed Project:
- **a. Start Date:** 11-01-2015
- **b. End Date:** 02-01-2017

### 18. Estimated Funding ($):
- **a. Federal:** $3,000,000.00
- **b. Applicant:** $250,000.00
- **c. State:** $22,332,516.00
- **d. Local:** $216,581,707.00
- **e. Other:** 
- **f. Program Income:**
- **g. TOTAL:** $222,064,223.00

### 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: [Blank]
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

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

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

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

### Authorized Representative:
- **Prefix:** Mr.
- **First Name:** John
- **Middle Name:** F.
- **Last Name:** Mealey
- **Suffix:**
- **Title:** Executive Director
- **Telephone Number:** (760) 347-3157
- **Fax Number:** (760) 342-6466
- **Email:** john.mealey@cvhc.org
- **Signature of Authorized Representative:** [Signature]
- **Date Signed:** 06-20-2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-1 02
**Application for Federal Assistance SF-424**

**Version 02**

*1. Type of Submission

☐ Preapplication

☐ Application

☑ Changed/Corrected Application

*2. Type of Application

☐ New

☐ Continuation

☑ Revision

*If Revision, select appropriate letter(s):

B- Decrease Award

* Other (Specify)

B- Decrease Award

*3. Date Received:

4. Application Identifier:

AUG 22 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

SA

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: VSISSAC@UCDAVIS.EDU*
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
</tr>
<tr>
<td>- Select One -</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
</tr>
<tr>
<td>- Select One -</td>
</tr>
<tr>
<td>*Other (specify):</td>
</tr>
<tr>
<td>*10. Name of Federal Agency:</td>
</tr>
<tr>
<td>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
</tr>
<tr>
<td>10.025</td>
</tr>
<tr>
<td>CFDA Title:</td>
</tr>
<tr>
<td>PLANT AND ANIMAL DISEASE, PEST CONTROL, AND ANIMAL CARE</td>
</tr>
<tr>
<td>*12. Funding Opportunity Number:</td>
</tr>
<tr>
<td>*Title:</td>
</tr>
<tr>
<td>USDA-GRANTS-032414-001</td>
</tr>
<tr>
<td>NATIONAL CLEAN PLANT NETWORK REQUEST FOR APPLICATIONS</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>NATIONWIDE</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant’s Project:</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: CA-003
    *a. Applicant
    *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 $1,159,000.00
    *b. Applicant
    *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 ☐ No

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

☑ **I AGREE

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

Authorized Representative:
 Prefix: *First Name: CHRIS
 Middle Name:
 *Last Name: DYE-HIXENBAUGH
 Suffix:
 *Title: CONTRACTS AND GRANTS OFFICER
 *Telephone Number: 530-754-3034
 *Fax Number: 530-752-0333
 *Email: CDDYE@UCDAVIS.EDU
 *Signature of Authorized Representative: [Signature]
 Date Signed: 07/24/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:  

4. Applicant Identifier:  

6a. Federal Entity Identifier:  

6b. Federal Award Identifier:  

STATE CLEARING HOUSE  

7. State Application Identifier:  

8. APPLICANT INFORMATION:  

  a. Legal Name: 5355 Avenida Maria, L.P.  

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

  c. Organizational DUNS: TBD  

  d. Address:  
   - Street: 5347 Varial Avenue  
   - City: Woodland Hills  
   - State: CA, California  
   - 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:  

   - First Name: Justin  
   - Last Name: Hardt  
   - Title: Executive Vice President  
   - Telephone Number: 818-905-2430  
   - Fax Number: 818-905-2440  
   - Email: jhardt@corporoffices.org
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   - [ ] Nonprofit Managing General Payment

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 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.):
   - Atascadero, CA

* 16. Descriptive Title of Applicant's Project:
   - See attached description.

Attach supporting documents as specified in agency instructions.
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 1,190,469.00
   * c. State
   * d. Local
   * e. Other 19,337,916.00
   * f. Program Income
   * g. TOTAL 23,528,327.00

19. Is Application Subject to Review By State Under Executive Order 13372 Process?
   ☑ a. This application was made available to the State under the Executive Order 13372 Process for review on 08/22/2014
   ☐ b. Program is subject to E.O. 13372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 13372.

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

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

   ☑ I AGREE

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

Authorized Representative:

Prefix:    * First Name: Justin
Middle Name: 
Last Name: Hardy
Suffix: 
Title: Executive Vice President

* Telephone Number: 818-905-2430   Fax Number: 818-905-2440
* Email: jhardy@corpoffices.org

* Signature of Authorized Representative:   * Date Signed: 08/22/2014
Application for Federal Assistance SF-424

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

2. Type of Application: * New
   Continuation
   Revision

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: 228 E. Aviation Rd., LP

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

   d. Address:

      Street1: 5947 Varial Avenue
      Street2:
      City: Woodland Hills
      County/Parish:
      State: CA; California
      Province:
      Country: USA; UNITED STATES
      Zip / Postal Code: 91367

   c. Organizational DUNS:

   d. Organizational Unit:

      Department Name:
      Division Name:

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

   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: jhardt@corpooffices.org
**Application for Federal Assistance SF-424**

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

```
Limited Partnership or Nonprofit Housing General Partner
```

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*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.):*

```
Fairbanks, AK
```

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

See attached description.

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

16. Congressional Districts Of:
   * a. Applicant: CA-027
   * b. Program/Project: CA-049

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

Add Attachment  Delete Attachment  View Attachment

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  1,051,631.00
   * c. State
   * d. Local
   * e. Other  12,055,229.00
   * f. Program Income
   * g. TOTAL  16,107,060.00

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 8/22/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

Add Attachment  Delete Attachment  View Attachment

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

   ☑ ** I AGREE

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

Authorized Representative:

* Prefix:  * First Name: Justin

Middle Name:  
* Last Name: Hardt

Suffix:  

* Title: Executive Vice President

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

* Email: jhardt@corpoffices.org

* Signature of Authorized Representative: 

* Date Signed: 8/22/2014
**Application for Federal Assistance SF-424**

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

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

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

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>Round Valley Unified School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-6007711</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>100133058</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: PO Box 276</td>
</tr>
<tr>
<td>Street 2: 23405 Howard St., 23401 Foothill &amp; Airport Rd.</td>
</tr>
<tr>
<td>City: Covelo</td>
</tr>
<tr>
<td>County/Parish: Mendocino</td>
</tr>
<tr>
<td>State: CA</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip/Postal Code: 95428</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Hurt</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
</tbody>
</table>

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

**Organizational Affiliation:**

Round Valley Unified School District

<table>
<thead>
<tr>
<th><em>Telephone Number:</em></th>
<th><em>Fax Number:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>(707) 983-6622</td>
<td>(707) 983-8059</td>
</tr>
</tbody>
</table>

*Email: dhurt@mcoe.us
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

| Independent School District |

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

| United States Department of Agriculture |

11. Catalog of Federal Domestic Assistance Number:

| 10.766 |

CPDA Title:

| Community Facilities Loans and Grants |

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Covelo, Mendocino, California

15. Descriptive Title of Applicant's Project:

Installation of new fire alarm system in Round Valley Unified School District campus buildings

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

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

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

17. Proposed Project:
   * a. Start Date: 11-01-2014
   * b. End Date: 04-01-2015

18. Estimated Funding ($):
   * a. Federal $15,000.00
   * b. Applicant $5,180.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $20,180.00

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 (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: Mike
Middle Name: 
* Last Name: German
Suffix: 

*Title: Superintendent

*Telephone Number: (707) 983-6655 Fax Number: (707) 983-8059

*Email: mgorman@mode.—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
   [ ] Continuation
   [ ] Revision
   [ ] Other (Specify):

3. Date Received: 08/26/2014

4. Applicant Identifier:
   [X] Panavasud

5a. Federal Entity Identifier:

5b. Federal Award Identifier: STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

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

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

   c. Organizational DUNS: 6045919250000

   d. Address:
      Street1: 1111 Franklin Street, 10th Floor
      Street2: UC Office of the President
      City: Oakland
      County/Parish: Alameda
      State: CA
      Province: California
      Country: USA
      Zip / Postal Code: 94607-5200

9. Organizational Unit:

   Department Name: Water Resources
   Division Name: Agriculture and Natural Resources

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

    Prefix: Dr.
    * First Name: Doug
    Middle Name:
    * Last Name: Parker
    Suffix: Ph.D.
    Title: Director, CA Institute of Water Resources

    Organizational Affiliation:
    University of California, Agriculture and Natural Resources

    * Telephone Number: 510-984-0036
    Fax Number:

    * Email: doug.parker@ucop.edu
# Application for Federal Assistance SF-424

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

R: 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:**

U. S. Geological Survey

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

LS. 808

CFDA Title:

U.S. Geological Survey - Research and Data Collection

**12. Funding Opportunity Number:**

G14AS00001

* Title:

USGS Non-Competitive Assistance FY 2014 - National Grants Branch

**13. Competition Identification Number:**

G14AS00001

Title:

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

[Add Attachment] [Delete Attachment] [View Attachment]

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

Numerical Modeling of Local Intense Precipitation Processes

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-013

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

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

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>750,000.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>750,000.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 08/26/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

If “Yes”, provide explanation and attach

21. **I AGREE**

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

**Authorized Representative:**

- Prefix: 
- * First Name: Wendy
- Middle Name: 
- * Last Name: Ernst
- Suffix: 

- Title: Contracts and Grants Officer
- * Telephone Number: 530-750-1305
- Fax Number: 530-756-1148
- * Email: w1bernet@ucanr.edu

- * Signature of Authorized Representative: Wendy Ernst
- * Date Signed: 08/26/2014
## Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. Type of Submission:</td>
<td>X Preapplication</td>
</tr>
<tr>
<td>2. Type of Application:</td>
<td>X New</td>
</tr>
<tr>
<td>*3. Date Received:</td>
<td>08/02/2014</td>
</tr>
<tr>
<td>4. Applicant Identifier:</td>
<td>RECEIVED</td>
</tr>
<tr>
<td>5a. Federal Entity Identifier:</td>
<td></td>
</tr>
<tr>
<td>5b. Federal Award Identifier:</td>
<td>AUG 26 2014</td>
</tr>
<tr>
<td>6. Date Received by State:</td>
<td></td>
</tr>
<tr>
<td>7. State Application Identifier:</td>
<td></td>
</tr>
<tr>
<td>8. APPLICANT INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>* a. Legal Name:</td>
<td>Mutual Housing California</td>
</tr>
<tr>
<td>* b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-3083394</td>
</tr>
<tr>
<td>* c. Organizational DUNS:</td>
<td>6119213960000</td>
</tr>
<tr>
<td>9. Address:</td>
<td>8001 Fruitridge Road, Suite A</td>
</tr>
<tr>
<td>City:</td>
<td>Sacramento</td>
</tr>
<tr>
<td>County/Parish:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>CA: California</td>
</tr>
<tr>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>95820-6760</td>
</tr>
<tr>
<td>10. Organizational Unit:</td>
<td>Housing Department</td>
</tr>
<tr>
<td>11. Division Name:</td>
<td>H/A</td>
</tr>
<tr>
<td>12. Name and contact information of person to be contacted on matters involving this application:</td>
<td></td>
</tr>
<tr>
<td>Pref:</td>
<td></td>
</tr>
<tr>
<td>First Name:</td>
<td>Vanessa</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Guerra</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Organization Affiliation:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>916-653-8400 ext 214</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>916-653-8402</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:vanessa@mutualhousing.com">vanessa@mutualhousing.com</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   
   [ ] Nonprofit with 501(c)(3) 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:
   
   USDA Rural Housing Services

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

* 12. Funding Opportunity Number:
   
   5I45I6
   
   * Title:
   
   Notice of Funds Available for section 514 Farm Labor Housing Loans & section 516 Labor Housing Grants for Off-Farm Housing for Fiscal Year 2014

13. Competition Identification Number:
   
   Title:

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

* 15. Descriptive Title of Applicant's Project:
   
   Mutual Housing at Northview Park: Housing and Supportive Services for Agricultural Workers.

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 District if needed.

17. Proposed Project:
   * a. Start Date: 11/01/2015
   * b. End Date: 01/31/2017

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

   3,000,000.00
   16,644,523.00
   0.00
   0.00
   1,320,000.00
   0.00
   21,164,523.00

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 06/26/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

   If "Yes," provide explanation and attach

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

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

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: Iskow
Suffix: 
* Title: Executive Director/CEO

* Telephone Number: 916-453-8400 ext 224
Fax Number: 916-453-8401
* Email: rachel@mutualhousing.com

* Signature of Authorized Representative: 
* Date Signed: 08/26/2014
**Application for Federal Assistance SF-424**

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

2. **Type of Application:**
   - New

3. **Date Received:**
   - [ ]

4. **Applicant Identifier:**
   - [ ]

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

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

7. **State Application Identifier:**
   - [ ]

### b. Applicant Information:

- **Legal Name:** Colusa Carbon LP (to be formed Limited Partnership)
- **Employer/Taxpayer Identification Number (EIN/TIN):** Not yet received
- **Organizational DUNS:** [ ]

### d. Address:

- **Street:** 5251 Ericson Way
- **City:** Arcata
- **County/Parish:** Humboldt
- **State:** CA: California
- **Country:** USA: United States
- **Zip / Postal Code:** 95521

### e. Organizational Unit:

- **Department Name:** USDA
- **Division Name:** Rural Development

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

- **Prefix:** Mr.
- **First Name:** Chris
- **Middle Name:**
- **Last Name:** Dart
- **Suffix:**
- **Title:** Secretary and VP

### Organizational Affiliation:

- VP of Danco Communities, developer of this project

### Contact Information:

- **Telephone Number:** (707) 825-1531
- **Fax Number:** (707) 822-9596
- **Email:** cdart@danco-group.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
Q: For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 3: Select Applicant Type:

* Other (Specify):

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

11. Catalog of Federal Domestic Assistance Number:
10.405

CFDA Title:
Farm Labor Housing Loans and Grants

12. Funding Opportunity Number:
USDA Rural Development - Section 514

* Title:
USDA Rural Development - Section 514/516 Farm Labor Housing Loans and Grants Program

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Valley Oak Village - Affordable Farm Labor Housing

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

16. Congressional Districts Of:
   * a. Applicant CA002
   * b. Program/Project CA003

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

17. Proposed Project:
   * a. Start Date: 09/01/2015
   * b. End Date: 09/01/2016

18. Estimated Funding ($):

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

   ☑ ** I AGREE

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

Authorized Representative:

Prefix: Mr.  * First Name: Chris
Middle Name:  
* Last Name: Dart
Suffix:  

*Title: Vice President, Danco Communities

*Telephone Number: (707) 825-1531  Fax Number: (707) 822-9526

*Email: cdart@danco-group.com

*Signature of Authorized Representative:  * Date Signed: 08/27/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

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: Fortuna Hilltop LP (to be formed)

   b. Employer/Taxpayer Identification Number (EIN/TIN): N/A, entity is to-be-formed LP

   c. Organizational DUNS: N/A: to be form

   d. Address:

      Street1: 5251 Ericson Way
      City: Arcata
      County/Parish: Humboldt
      State: CA: California
      Province:
      Country: USA: UNITED STATES
      Zip / Postal Code: 95521

   e. Organizational Unit:

      Department Name: USDA
      Division Name: RD

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

      Prefix: Mr.
      Middle Name:
      * First Name: Chris
      * Last Name: Bart
      Suffix:
      Title: Secretary and VP
      Organizational Affiliation: Danco Communities, Developer at Riverview Terrace

      * Telephone Number: (707) 825-1511
      Fax Number: (707) 822-9596
      * Email: edart@danco-group.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - Q: For-Profit Organization (Other than Small Business)
   - Type of Applicant 2: Select Applicant Type:
     - M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
   - Type of Applicant 3: Select Applicant Type:
     - * Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
    - 10.405
    - CFDA Title:
      - Farm Labor Housing Loans and Grants

12. Funding Opportunity Number:
    - USDA Rural Development - Section 514
    - * Title:
      - USDA Rural Development - Section 514/516 Farm Labor Housing Loans and Grants Program

13. Competition Identification Number:
    - Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    - Fortuna, Humboldt, CA

15. Descriptive Title of Applicant's Project:
    - Riverview Terrace - Affordable Farm Labor Housing

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

16. Congressional Districts Of:
   * a. Applicant CA002
   * b. Program/Project CA002

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

17. Proposed Project:
   * a. Start Date: 09/01/2015
   * b. End Date: 09/01/2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant 3,000,000.00
   * c. State 491,338.00
   * d. Local 9,054,791.00
   * e. Other 0.00
   * f. Program Income 650,000.00
   * g. TOTAL 13,196,129.00

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 08/27/2014
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

   ☑ ** I AGREE

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

Authorized Representative:

Prefix: Mr. * First Name: Chris
Middle Name: 
* Last Name: Bart
Suffix: 

* Title: Vice President, Danco Communities

* Telephone Number: (707) 825-1531 Fax Number: (707) 822-8596

* Email: cdart@danco-group.com

* Signature of Authorized Representative: 

* Date Signed: 08/27/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: 220 E. Aviation Rd., LP

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

   c. Organizational DUNS: 0795165900000

   d. Address:
      - Street: 5947 Varvel Avenue
      - City: Woodland Hills
      - County/Parish:  
      - State: CH: 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:  
      - First Name: Justin
      - Middle Name:  
      - Last Name: Harst
      - Suffix:  
      - Title: Executive Vice President

Organizational Affiliation:

   * Telephone Number: 818-905-2430
   * Fax Number: 818-905-2440
   * Email: jharst@corpoffices.org
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Type of Applicant 1: Select Applicant Type:</td>
</tr>
<tr>
<td>[ ] Other (specify)</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
</tr>
<tr>
<td>* Other (specify):</td>
</tr>
<tr>
<td>[Signature] Limited partnership with nonprofit housing and family</td>
</tr>
<tr>
<td>10. Name of Federal Agency:</td>
</tr>
<tr>
<td>Rural Housing Services, USDA</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
</tr>
<tr>
<td>10.405 &amp; 10.427</td>
</tr>
<tr>
<td>CFDA Title:</td>
</tr>
<tr>
<td>12. Funding Opportunity Number:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>* Title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>[Signature] CA</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>See attached description.</td>
</tr>
<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
</tr>
<tr>
<td>Add Attachments</td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant CA-027
   * b. Program/Project CA-003

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
   * b. Applicant 3,000,000.00
   * c. State
   * d. Local
   * e. Other 13,374,500.00
   * f. Program Income
   * g. TOTAL 16,612,164.00

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 08/27/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances 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: [blank]  * First Name: Justin
Middle Name: [blank]
Last Name: Hardt
Suffix: [blank]

* Title: Executive Vice President

* Telephone Number: 816-905-2430  Fax Number: 816-905-2440

* Email: jhardt@corpoffices.org

* Signature of Authorized Representative: [signature]

* Date Signed: 08/27/2014
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Preapplication</td>
<td>☑ New</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Continuation</td>
<td>☐ Revision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Date Received:</td>
<td>4. Applicant identifier:</td>
<td></td>
</tr>
</tbody>
</table>

6a. Federal Entity Identifier: 
6b. Federal Award identifier: 

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

8. APPLICANT INFORMATION:
   a. Legal Name: 1066 Golden Valley Dr., LP
   b. Employer/Taxpayer Identification Number (EIN/TIN): TBD
   c. Organizational DUNS: 0795169880000

d. Address:
   - Street1: 5547 Varie Avenue
   - 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: 
   - * First Name: Justin
   - Middle Name: 
   - * Last Name: Hardt
   - Suffix: 
   - TITLE: Executive Vice President
   - Organizational Affiliation: 
   - * Telephone Number: 818-905-2430
   - Fax Number: 818-905-2460
   - Email: jhardt@corpoffices.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
   [Handwritten text: Limited Partnership with organizational structure and 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.):
    [Handwritten text: Addisons, CA]
    [Buttons: Add Attachment, Delete Attachment, View Attachment]

15. Descriptive Title of Applicant's Project:
    See attached description.

Attach supporting documents as specified in agency instructions.
    [Buttons: Add Attachments, Delete Attachments, View Attachments]
Application for Federal Assistance SF-424

16. Congressional District Of:
   a. Applicant: CA-027  
   b. Program/Project: CA-043

Attach an additional list of Program/Project Congressional District 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: 315,671.00
   c. State
   d. Local
   e. Other: 12,809,014.00
   f. Program Income
   g. TOTAL: 16,124,685.00

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 08/27/2014.
   ☐ 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: Hardt
Suffix:  
* Title: Executive Vice President

* Telephone Number: 818-905-2430  
Fax Number: 818-905-2440
* Email: jhardt@corporations.org

* Signature of Authorized Representative:  
* Date Signed: 08/27/2014
Application for Federal Assistance SF-424

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

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

3. Data Received:  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

RECEIVED

AUG 27 2014

STATE CLEARING HOUSE

9. APPLICANT INFORMATION:

a. Legal Name: 1355 Avenida Maris, L.P.

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

c. Organizational DUNS: 0795189420000

d. Address: 5947 Varvel Avenue

City: Woodland Hills

State: CA: California

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:  

* First Name: Justin

Middle Name:  

* Last Name: Hardt

Suffix:  

Title: Executive Vice President

Organizational Affiliation:

* Telephone Number: 818-905-2430  

Fax Number: 818-905-2440

* Email: jhardt@corpoaffices.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   [X] Other (specify)
   Type of Applicant 2: Select Applicant Type:
   Type of Applicant 3: Select Applicant Type:
   [X] Other (specify):

10. Name of Federal Agency:
   Rural Housing Services, GSDA

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.):
   Atascadero, CA
   [ ] Add Attachment [ ] Delete Attachment [ ] View Attachment

15. Descriptive Title of Applicant's Project:
   See attached description.
   Attach supporting documents as specified in agency instructions.
   [ ] Add Attachments [ ] Delete Attachments [ ] View Attachments
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
   b. Applicant  3,000,000.00
   c. State
   d. Local
   e. Other  20,244,556.00
   f. Program Income
   g. TOTAL  23,555,962.00

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 08/27/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment)
   □ Yes  X No
   If "Yes", provide explanation and attach

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

Authorized Representative:
Prefix:  * First Name: Justin
Middle Name:  
* Last Name: Harde
Suffix:  
* Title: Executive Vice President
* Telephone Number: 818-905-2430  Fax Number: 818-905-2440
* Email: jhard@corpoffices.org
* Signature of Authorized Representative:  
* Date Signed: 08/27/2014
Application for Federal Assistance SF-424

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

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

* 3. Date Received:  
   06/23/2014

* 4. Applicant Identifier:

5a. Federal Entity Identifier:  

6b. Federal Award Identifier:

State Use Only:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Apheleon Innovations LLC

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
   471193275

* c. Organizational DUNS:  
   0784510730000

d. Address:

* Street 1: 10286 E Annadale Ave

* City: Sanger

* County/Parish:  

* State: California

* Province:  

* Country: United States

* Zip / Postal Code: 93657-9725

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: Samson

Middle Name:  

* Last Name: Phan

Suffix: ph.D

Title: Principal

Organizational Affiliation:  

* Telephone Number: 310 721 4938

Fax Number:  

* Email: samson.phan@gmail.com
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>R: Small Business</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Other (specify):</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>10. Name of Federal Agency:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>USDA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>11. Catalog of Federal Domestic Assistance Number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.212</td>
</tr>
<tr>
<td><strong>CFDA Title:</strong></td>
</tr>
<tr>
<td>Small Business Innovation Research</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>12. Funding Opportunity Number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>USDA-NIFA-SBIR-004553</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td>Small Business Innovation Research Program: Phase I</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13. Competition Identification Number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Executive Areas affected.pdf</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>15. Descriptive Title of Applicant’s Project:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Farmily: An IT Platform Connecting Small Farmers to Markets using Underutilized Trucking Capacity</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant  CA-022
   b. Program/Project  CA-022

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

17. Proposed Project:
   * a. Start Date:  06/01/2015
   b. End Date:  02/28/2016

18. Estimated Funding ($):
   * a. Federal  100,000.00
   b. Applicant  0.00
   c. State  0.00
   d. Local  0.00
   e. Other  0.00
   f. Program Income  0.00
   * g. TOTAL  100,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 08/28/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

* First Name:  Samson

Middle Name:

* Last Name:  Phan

Suffix:  Ph.D

* Title:  principal

* Telephone Number:  3107214938

* Email:  samson.phan@gmail.com

* Signature of Authorized Representative:  Samson Phan

* Date Signed:  08/27/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:

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: REGENTS OF THE UNIVERSITY OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 9460386494

   c. Organizational DUNS: 0471200840000

   d. Address:

      - 1950 RESEARCH PARK DRIVE, SUITE 3300
      - DAVIS
      - CA: California

   e. Organizational Unit:

      - Plant Pathology
      - College of Ag & Env Sciences

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

      - Prefix: Mrs.
      - First Name: Marque-Diane
      - Last Name: Vassar
      - Suffix:

      - Title: Contracts and Grants Analyst

      - Organization: The Regents of the University of California, Davis Campus

      - Telephone Number: 530-754-7700
      - Fax Number:

      - Email: msvassar@ucdavis.edu; awards@ucdavis.edu
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td><strong>II: Public/State Controlled Institution of Higher Education</strong></td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
</tr>
<tr>
<td>* Other (specify):</td>
</tr>
<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
</tr>
<tr>
<td>USDA APHIS</td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
</tr>
<tr>
<td>10.023</td>
</tr>
<tr>
<td>CPDA Title:</td>
</tr>
<tr>
<td>Plant and Animal Disease, Pest Control and Animal Care</td>
</tr>
<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
</tr>
<tr>
<td>10.023</td>
</tr>
<tr>
<td>* Title:</td>
</tr>
<tr>
<td>Enhanced Plant/Pest Disease Analysis Of The National Plant Diagnostic Network</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>Enhanced Plant/Pest Disease Analysis of the National Plant Diagnostic Network</td>
</tr>
</tbody>
</table>

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

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

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

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

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>5,000.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>5,000.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

21. **By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 215, Section 1001)

   "I AGREE"

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

**Authorized Representative:**

Prefix: Mrs.

* First Name: Marque-Diane

Middle Name: 

* Last Name: Vassar

Suffix: 

* Title: Contracts and Grants Analyst

* Telephone Number: 530-754-7700 Fax Number: 

* Email: diver@ucdavis.edu; awards@ucdavis.edu

* Signature of Authorized Representative: Marque-Diane Vassar

* Date Signed: 8-29-2014
<table>
<thead>
<tr>
<th><strong>APPLICATION INFORMATION:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Legal Name:</td>
</tr>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
</tr>
<tr>
<td>d. Address:</td>
</tr>
<tr>
<td>Street 1:</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
</tr>
<tr>
<td>e. Organizational Unit:</td>
</tr>
<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
<tr>
<td>f. Name and contact information of person to be contacted on matters involving this application:</td>
</tr>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>Employee:</td>
</tr>
<tr>
<td>* Telephone Number:</td>
</tr>
<tr>
<td>* Fax Number:</td>
</tr>
<tr>
<td>* Email:</td>
</tr>
<tr>
<td>Application for Federal Assistance SF-424</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>9. Type of Applicant 1 - Select Applicant Type:</td>
</tr>
<tr>
<td>Nonprofit with 501(c)3 IRS Status Other than Institution of Higher Education</td>
</tr>
<tr>
<td>Type of Applicant 2 - Select Applicant Type:</td>
</tr>
<tr>
<td>Hispanic-serving Institution</td>
</tr>
<tr>
<td>Type of Applicant 3 - Select Applicant Type:</td>
</tr>
<tr>
<td>Regional Organization</td>
</tr>
<tr>
<td>&quot;Other (specify):&quot;</td>
</tr>
<tr>
<td>10. Name of Federal Agency:</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
</tr>
<tr>
<td>10.465</td>
</tr>
<tr>
<td>CFDA Title:</td>
</tr>
<tr>
<td>Farm Labor Housing Loan</td>
</tr>
<tr>
<td>12. Funding Opportunity Number:</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>&quot;Title:&quot;</td>
</tr>
<tr>
<td>Farm Labor Housing Loan for Child Care Programs and Thermal Insulation</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>&quot;Title:&quot;</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant  CA-024  * b. Program/Project  CA-023

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

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

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

   [Redacted text]

   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.

   [Redacted text]

   a. Yes  
   b. No

   If "Yes", provide explanation and etch.

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 1691)

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

Authorized Representative:

Prefix:  
First Name:  

Middle Name:  

Last Name:  
SUFFIX:

Title:  

Telephone Number:  
Fax Number:  

Email:  

Signature of Authorized Representative:  

* Date Signed:  

[Redacted text]
Application for Federal Assistance SF-424

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

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

3. Date Received:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

4. Application Identifier:
   - SVE

5a. Federal Entity Identifier:
   - 3-06-0251

5b. Federal Award Identifier:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

* If Revision, select appropriate letter(s):
   - Select One *

6. Date Received by State:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

7. State Application Identifier:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application

8. APPLICANT INFORMATION:

   a. Legal Name: City of Susanville

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 94-6000439

   c. Organizational DUNS:
      - 094377157

   d. Address:
      - Street 1: 68 North Lassen Street
      - City: Susanville
      - County: Lassen
      - State: CA
      - Province:
      - Country: United States
      - Zip/Postal Code: 96130

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - First Name: Jared
      - Last Name: Hancock
      - Suffix:
      - Title: City Administrator
      - Organizational Affiliation:

   * Telephone Number: (530) 252-5114
   * Fax Number: (530) 257-1057
   * Email: jhancock@cityofsusanville.org

RECEIVED
AUG 28 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

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

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

Type of Applicant 3: Select Applicant Type:
   - Select One -
   * Other (specify);

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106

CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Susanville, Lassen County, California

15. Descriptive Title of Applicant's Project:
    Construct Apron Reconstruction Phase 1

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

16. Congressional Districts Of:
*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: 10/01/2014  
b. End Date: 12/31/2015

18. Estimated Funding ($):
*a. Federal  572,000.00  
b. Applicant  34,956.00  
c. State  26,600.00  
d. Local  
e. Other  
f. Program Income  
g. TOTAL  635,556.00

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 08/26/2014
☐ 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 on next page.)

☐ 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: Brian

Middle Name:  
*Last Name: Wilson

Suffix:  
*Title: Mayor

*Telephone Number: (530) 257-1000  
Fax Number: (530) 257-1057

*Email: info@cityofsusanville.org

*Signature of Authorized Representative:  
*Date Signed: 8/27/19
**Application for Federal Assistance SF-424**

**Version 02**

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

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

* 3. Date Received:  
* 4. Applicant Identifier:  

* 6a. Federal Entity Identifier:  

* 6b. Federal Award Identifier:  

**State Use Only:**

* 6. Data Received by State:  
* 7. State Application Identifier:  

**APPLICANT INFORMATION:**

* a. Legal Name:  
  **Winters Community Housing Three Limited Partnership**

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  **47-1655915**

* c. Organizational DUNS:  
  **07-951-9417**

* d. Address:
  - **5030 Business Center Drive**  
  - **Suite 260**  
  - **Fairfield**  
  - **Solano**  
  - **CA**  
  - **USA: UNITED STATES**

* e. Organizational Unit:  
  - **Real Estate Development**

* f. Name and contact Information of person to be contacted on matters involving this application:
  - **Prefix:**  
    - Ms.  
  - **First Name:**  
    - Svo
  - **Middle Name:**  
    - Zaa
  - **Last Name:**  
    - Park
  - **Title:**  
    - Director of Real Estate Development

**Organizational Affiliation:**

**Community Housing Opportunities Corporation**

* **Telephone Number:**  
  **(707) 759-6043**

* **Fax Number:**  
  **(707) 759-6053**

* **Email:**  
  **spark@chochousing.org**
Application for Federal Assistance SF-424

5. Type of Applicant 1 - Select Applicant Type:
   Nonprofit

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   USDA / RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:
   10.405
   CPDA Title:
   Labor Housing

* 12. Funding Opportunity Number:
   MBL-SF424 FAMILY-ALL FORMS

* Title:
   MBL-SF424 FAMILY - ALL FORMS

13. Competition Identification Number:
   Title:

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

* 15. Descriptive Title of Applicant's Project:
   The proposed 2-story wood-frame garden apartments (Winters III Apts) will comprise 12-2BR/1BA and 12-3BR/2BA apartments in three 8-plexes to be located at 116 East Baker Street. The units will be constructed contiguous to Winters I Apts.

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

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

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

17. Proposed Project:
   * a. Start Date: 10-01-2015
   * b. End Date: 10-01-2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant  $3,000,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income  $4,264,126.00
   * g. TOTAL  $7,396,126.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. Yes  08-29-2014
   b. No
   c. Program is subject to E.O. 12372 but has not been selected by the State for review.
   d. 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. **I 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 211, 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: Manuela
Middle Name: 
Last Name: Silva

Title: CEO

Telephone Number: (707) 759-6043
Fax Number: (707) 759-6053
Email: mailva@cbchousing.org

Signature of Authorized Representative: [Signature]
Date Signed: 08-29-2014

Authorized for Local Reproduction

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

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

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

If Revision, select appropriate letter(s):
- Select One

**3. Date Received:**
08/27/2014

**4. Application Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

- **a. Legal Name:** City of Redlands

- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000766

- **c. Organizational DUNS:** 074712205

**d. Address:**
- Street 1: 35 Cajon Street, Suite 222
- Street 2: PO Box 3005
- City: Redlands
- County: San Bernardino
- State: California
- Province: United States
- Zip/Postal Code: 92373

**e. Organizational Unit:**
- Department Name: Quality of Life
- Division Name: Airport Division

**f. Name and contact information of person to be contacted on matters involving this application:**
- Prefix: Mr.
- Middle Name: James
- Last Name: Mallock
- Title: Senior Administrative Analyst
- First Name: Benjamin

**Organizational Affiliation:**
- Airport Grant Administrator

**Telephone Number:** (909) 798-7655

**Fax Number:**

**Email:** bmallock@cityofredlands.org
Application for Federal Assistance SF-424

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

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

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

* Other (specify):

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106

CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number:
    3-06-0195-013-2014

Title:
    Redlands Municipal Airfield Sign and Lighting Plan

13. Competition Identification Number:

    Title: N/A

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

    City of Redlands

* 15. Descriptive Title of Applicant's Project:

    Redlands Municipal Airfield Sign and Lighting Plan

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

### 16. Congressional Districts Of:

<table>
<thead>
<tr>
<th>*a. Applicant: CA-031</th>
<th>*b. Program/Project: CA-031</th>
</tr>
</thead>
</table>

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

### 17. Proposed Project:

<table>
<thead>
<tr>
<th>*a. Start Date: 11/01/2014</th>
<th>*b. End Date: 02/28/2015</th>
</tr>
</thead>
</table>

### 18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>*a. Federal</th>
<th>150,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>*b. Applicant</td>
<td>16,667.00</td>
</tr>
<tr>
<td>*c. State</td>
<td></td>
</tr>
<tr>
<td>*d. Local</td>
<td></td>
</tr>
<tr>
<td>*e. Other</td>
<td></td>
</tr>
<tr>
<td>*f. Program Income</td>
<td></td>
</tr>
<tr>
<td>*g. TOTAL</td>
<td>166,667.00</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 08/28/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372

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

- [ ] Yes
- [x] No

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

[ ] ** I AGREE

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

### Authorized Representative:

Prefix: Mr.

*First Name:* Christopher

Middle Name:

*Last Name:* Boatman

Suffix:

*Title:* Senior Project Manager

*Telephone Number:* (909) 798-7655

Fax Number:

*Email:* cboatman@cityofredlands.org

*Signature of Authorized Representative:*

*Date Signed:* 9/2/14
Application for Federal Assistance SF-424

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

2. Type of Application:
   - [ ] If Revision, select appropriate letter(s):

3. Date Received: [RECEIVED]

4. Applicant Identifier: [RECEIVED]

5a. Federal Entity Identifier: ______________________

5b. Federal Award Identifier: ______________________

State Use Only: ______________________

6. Date Received by State: ____________

7. State Application Identifier: ______________________

STATE CLEARING HOUSE AUG 28 2014

8. APPLICANT INFORMATION:

a. Legal Name: Housing Authority of the County of Monterey

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000757

c. Organizational DUNS: 1316157750000

d. Address:
   - Street1: 123 Rico Street
   - Street2: ______________________
   - City: Salinas
   - County/Parish: Monterey
   - State: CA: California
   - Province: ______________________
   - Country: USA: United States
   - Zip / Postal Code: 93907-2157

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: Starla
   * Last Name: Warren
   Suffix: ______________________

   Title: Director of Development

   Organizational Affiliation: Housing Authority of the County of Monterey

   Telephone Number: 831-756-4660
   Fax Number: 831-886-1682
   Email: dwarren@hdcmonterey.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   Public/Indian Housing Authority

10. Name of Federal Agency:
    Rural Housing Service

11. Catalog of Federal Domestic Assistance Number:
    10.405 & 10.427
    CFDA Title:
    Farm Labor Housing Loans and Grants and Rural Rental Assistance Payments

12. Funding Opportunity Number:
    2014-15359
    Title:
    Notice of Funding Availability of Applications (NOFA) for Section 514 Farm Labor Housing Loans and Section 516 Farm Labor Housing Grants for Off-Farm Housing for Fiscal Year (FY) 2014

13. Competition Identification Number:
    Title:

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

15. Descriptive Title of Applicant's Project:
    Castroville Farm Labor Center Redevelopment, Castroville, Monterey County, California

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

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

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

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

18. Estimated Funding ($):

   * a. Federal 16,552,713.00
   * b. Applicant 1,888,984.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 4,207,500.00
   * f. Program Income 0.00
   * g. TOTAL 22,649,197.00

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 08/28/2014.
   ❑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ❑ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

❑ ** 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: Goebel

Suffix: 

* Title: Executive Director

* Telephone Number: 831-775-5022 Fax Number: 831-424-0443

* Email: Jgoebel@hamonterey.org

* Signature of Authorized Representative: 

* Date Signed: 08/28/2014
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

3. Date Received:
   - Aug 29 2014

4. Applicant Identifier: 

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

a. Legal Name: Dull Knife Irrigation District

b. Employer/Taxpayer Identification Number (EIN/TIN): 47-1694631

c. Organizational DUNS: 079526306

d. Address: c/o David F. Palmerlee

11 North Main Street

City: Buffalo

County/Parish: Johnson County

State: WY

Country: USA

Zip / Postal Code: 82834

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: David

Middle Name: F.

Last Name: Palmerlee

Suffix: 

Title: 

Organizational Affiliation: 

Telephone Number: 307-684-1414

Fax Number: 

Email: dpalmerlee@wyonaturalresourceslaw.com
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

   * Other (specify):

* 10. Name of Federal Agency:
   USDA - Natural Resources Conservation Service

11. Catalog of Federal Domestic Assistance Number:
   10.916

   CFDA Title:
   Watershed Protection Flood Prevention

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   Rehabilitation of Dull Knife Reservoir will bring the dam to current safety
   and performance standards for a high hazard dam. Excessive auxiliary spillway erosion
   poses a high threat to life and property.

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

16. Congressional Districts Of:
   a. Applicant        WY-000
   b. Program/Project

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

17. Proposed Project:
   a. Start Date:  9/15/14
   b. End Date:  9/30/16

18. Estimated Funding ($):
   a. Federal  492,610
   b. Applicant  
   c. State  
   d. Local  
   e. Other  
   f. Program Income  
   g. TOTAL  492,610

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

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

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

   X ** I AGREE

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

Authorized Representative:

Prefix:  
First Name: Dan

Middle Name:  

LastName: Mahoney

Suffix:  

Title: President, Board of Commissioners

Telephone Number: 307-738-2682
Fax Number:  

Email: northforkwater@gmail.com

Signature of Authorized Representative: [Signature]

Date Signed: 8/28/14
### 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:**
   - 08/26/2014

4. **Applicant Identifier:**
   - BID: 20162228

5a. **Federal Entity Identifier:**

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

### State Use Only:

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

### Applicant Information:

8a. **Legal Name:**
   - The Regents of the University of California, Santa Barbara

8b. **Employer/Taxpayer Identification Number (EIN/TIN):**
   - 856006145

8c. **Organizational DUNS:**
   - 094873394

9. **Street:**
   - 3227 Cheadle Hall

10. **Street2:**
    - 3rd floor, MC 2050

11. **City:**
    - Santa Barbara

12. **State:**
    - CA: California

13. **Country:**
    - USA: UNITED STATES

14. **Zip / Postal Code:**
    - 93106-2950

15. **Organizational Code:**

### Department Name:
- Office of Research

16. **Division Name:**

### Contact Information:

17. **First Name:**
   - Jamie Lynn

18. **Middle Name:**
   - A

19. **Last Name:**
   - Sprague

20. **Title:**
    - Sr Sponsored Projects Analyst

21. **Organizational Affiliation:**
   - The Regents of the University of California, Santa Barbara

22. **Telephone Number:**
    - 805-893-8503

23. **Fax Number:**
    - 805-893-2611

24. **Email:**
   - sprague@research.ucsb.edu
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
Geological Survey

11. Catalog of Federal Domestic Assistance Number:
T5 507

CFDA Title:
Earthquake Hazards Reduction Program

* 12. Funding Opportunity Number:
G14AS00066

* Title:
Seismic and Geodetic Network Operations

13. Competition Identification Number:
G14AS00066

Title:

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

* 15. Descriptive Title of Applicant’s Project:
UCSB Geotechnical Array Monitoring Participation In ANSS

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

16. Congressional Districts Of:
   * a. Applicant: CA-024
   * b. Program/Project: CA-024

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

17. Proposed Project:
   * a. Start Date: 02/01/2015
   * b. End Date: 01/31/2020

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: 1,086,076.00

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 02/27/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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

   **I AGREE**

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

 Authorized Representative:

Prefix: ___________________________  * First Name: George
Middle Name: ___________________________
Last Name: Hopwood
Suffix: ___________________________

* Title: Sponsored Projects Officer

* Telephone Number: 805-893-5539  * Fax Number: 805-893-2611
* Email: hopwood@research.ucsb.edu

* Signature of Authorized Representative: George Hopwood  * Date Signed: 02/27/2014