Federal Grant Applications

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

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

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

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

*4. Applicant Identifier:*

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*

*6. Date Received by State:*

*7. State Application Identifier:*

8. APPLICANT INFORMATION:

*8a. Legal Name:*
Round Valley Indian Health Center, Inc.

*8b. Employer/Taxpayer Identification Number (EIN/TIN):*
82-2351238

*8c. Organizational DUNS:*
026021637

*8d. Address:*

- **Street 1:** Corner of Hwy 299 & Plumas Hwy
- **City:** Covelo
- **County/Parish:** Mendocino
- **State:** CA
- **Province:**
- **Country:** USA; UNITED STATES
- **Zip / Postal Code:** 95426-0247

*8e. Organizational Unit:*

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

*8f. Name and contact information of person to be contacted on matters involving this application:*

- **Prefix:**
- **First Name:** James
- **Middle Name:**
- **Last Name:** Russ
- **Suffix:**

- **Title:** Executive Director

- **Organizational Affiliation:**

*8g. Telephone Number:*
(707) 983-6404

*8h. Fax Number:*
(707) 983-6802

*8i. Email:*
james.russ@rvtchc.com

OMS Number: 4040-0004
Expiration Date: 03/31/2012

RECEIVED
DEC 01 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:
   - W. Indian/Native American Tribal Designated Organization

Type of Applicant 2 - Select Applicant Type:
   - M. Nonprofit

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

   CFDA 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.):

   see attached

   [Attachment options]

* 15. Descriptive Title of Applicant's Project:

   Purchase furnishings, kitchen cabinetry and equipment for the Wellness Center, a new facility of the Round Valley Indian Health Center

   Attach supporting documents as specified in agency instructions.

   [Attachment options]
AREAS AFFECTED BY PROJECT

The Round Valley Indian Reservation
Unincorporated town of Covelo
Round Valley area
Mendocino County
California
Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding ($):

   * a. Federal
   * b. Applicant: $2,157,650.00
   * c. State: $4,119,091.00
   * d. Local: $0.00
   * e. Other: $0.00
   * f. Program Income: $0.00
   * g. TOTAL: $16,435.00

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 12-01-2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

   □ Yes  □ No

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: [Redacted]  * First Name: James
Middle Name: [Redacted]
Last Name: Russo
Suffix: [Redacted]

*Title: Executive Director

*Telephone Number: (707) 983-6404  Fax Number: (707) 983-6802

*Email: [Redacted]

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

James Russo  11/26/14
**Application for Federal Assistance SF-424**

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<td>STATE CLEARING HOUSE</td>
<td>Dept. of Food and Agriculture</td>
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5a. Federal Entity Identifier: 15-8506-1636-CA  
5b. Federal Award Identifier:  

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

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<th>* c. Organizational DUNS:</th>
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<td>State of California</td>
<td>68-0325104</td>
<td>8074876650000</td>
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<table>
<thead>
<tr>
<th>d. Address:</th>
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</table>
| *Street1*: 1220 N Street, Room 315  
*City*: Sacramento  
*State*: CA: California  
*Country*: USA: UNITED STATES  
*Zip / Postal Code*: 95814 |

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<thead>
<tr>
<th>e. Organizational Unit:</th>
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| Department Name: Food and Agriculture  
Division Name: Plant Health/Pest Prev Svcs |

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

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<th>Prefix:</th>
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<tr>
<td></td>
<td>Jason</td>
<td></td>
<td>Chan</td>
<td></td>
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Organizational Affiliation: California Department of Food and Agriculture

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<th>*Telephone Number:</th>
<th>Fax Number:</th>
<th>*Email:</th>
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<tr>
<td>(916) 654-1211</td>
<td>(916) 654-0555</td>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify): 

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

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

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

**12. Funding Opportunity Number:**
NA

**Title:**
NA

**13. Competition Identification Number:**

**Title:**

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

*15. Descriptive Title of Applicant's Project:*
Integrated Control of the Olive Fly in California

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

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

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

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

18. Estimated Funding ($):

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<td>* e. Other</td>
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<tr>
<td>* f. Program Income</td>
<td>0.00</td>
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<tr>
<td>* g. TOTAL</td>
<td>103,470.00</td>
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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 11/25/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

Middle Name:  

* Last Name: Myers

Suffix:  

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative:  

* Date Signed:  

[Embedded form fields and buttons]
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:
11/12/2014

*4. Applicant Identifier:
CA Dept of Food & Agriculture

State Use Only:

6. Date Received by State: 
7. State Application Identifier: 14-0433-PR

8. APPLICANT INFORMATION:

*a. Legal Name: State of California

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

*c. Organizational DUNS:
8074876580000

d. Address:

*Street: 1220 N Street
Street2: 
City: Sacramento
County/Parish: Sacramento
*State: CA
Province: 
*Country: USA
*Zip / Postal Code: 95814

e. Organizational Unit:
Department Name: Food and Agriculture
Division Name: Pierce's Disease Control Prgm

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

Prefix: 
Middle Name: 
* Last Name: Spencer
SUFFIX: 
Title: Branch Chief
Organizational Affiliation: 

*Telephone Number: (916) 900-5024
Fax Number: (916) 900-5350
*Email: roger.spencer@cdfa.ca.gov
<table>
<thead>
<tr>
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<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<td>A: State Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td><strong>Other (specify):</strong></td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>USDA/APHIS/PPQ</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>10-035</td>
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<td><strong>CFDA Title:</strong></td>
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<tr>
<td>Plant and Animal Disease, Pest Control and Animal Care</td>
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<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>Attach supporting documents as specified in agency instructions.</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>Pierce's Disease Control Program/Glasy-winged Sharpshooter</td>
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**Application for Federal Assistance SF-424**

18. Congressional Districts Of:

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<th>*a. Applicant</th>
<th></th>
<th>*b. Program/Project</th>
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<td></td>
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Attach an additional list of Program/Project Congressional Districts if needed.

| Add Attachment | Delete Attachment | View Attachment |

17. Proposed Project:

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

18. Estimated Funding (8):  

<table>
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<th>*a. Federal</th>
<th>2,974,249.00</th>
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<td>*e. Other</td>
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<td>*f. Program Income</td>
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<td>*g. TOTAL</td>
<td>2,974,249.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?

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

| 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)

- [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:**

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<th>First Name:</th>
<th>Crystal</th>
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<td>Middle Name:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Myers</td>
<td></td>
<td></td>
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<tr>
<td>Suffix:</td>
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<td></td>
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</tr>
<tr>
<td>Title:</td>
<td>Federal Funds Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(916) 403-6533</td>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:crystal.myers@cdfa.ca.gov">crystal.myers@cdfa.ca.gov</a></td>
<td></td>
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* Signature of Authorized Representative: [Signature]  
* Date Signed: 12/12/14
Application for Federal Assistance SF-424

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

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

* 3. Date Received: 12/01/2014  

* 4. Applicant Identifier: CA Dept. of Food & Agriculture  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier: 15-8506-1164-CA  

State Use Only:  

6. Date Received by State: 12/01/2014  

7. Application Identifier: 14-0435-FR  

8. APPLICANT INFORMATION:  

* a. Legal Name: State of California  

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

* c. Organizational DUNS: 8074876650000  

d. Address:  

   * Street: 3294 Meadowview Road  
   * City: Sacramento  
   * County/Parish:  
   * State: CA; California  
   * Province:  
   * Country: USA; UNITED STATES  
   * Zip / Postal Code: 95832-1437  

e. Organizational Unit:  

Department Name: Food and Agriculture  

Division Name: Plant Health & Pest Prevention  

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

Prefix: Dr.  

* First Name: Patrick  

Middle Name:  

* Last Name: Akers  

Suffix:  

Title: Branch Chief  

Organizational Affiliation:  

* Telephone Number: 916-262-1102  

Fax Number: 916-262-2020  

* Email: patrick.akers@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 & Animal Disease, Pest Control and Animal Care

**12. Funding Opportunity Number:**
N/A

* Title:
N/A

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
Light Brown Apple Moth Program

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

16. Congressional Districts Of:
   * a. Applicant  CA/32d
   * b. Program/Project  CA all

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

<table>
<thead>
<tr>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
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17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 03/31/2016

18. Estimated Funding ($):

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<td>990,830.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2014
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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<tbody>
<tr>
<td>* First Name:</td>
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</tr>
<tr>
<td>Middle Name:</td>
<td></td>
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<tr>
<td>Last Name:</td>
<td>Myers</td>
</tr>
<tr>
<td>Title:</td>
<td>Federal Funds Manager</td>
</tr>
</tbody>
</table>

| * Telephone Number: | 916-403-6533 |
| Fax Number: |  |
| * Email: | crystal.myers@cdfa.ca.gov |

| * Signature of Authorized Representative: | |
| * Date Signed: | 10/3/14 |
Application for Federal Assistance SF-424

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

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

3. Date Received: 12/02/2014

5a. Federal Entity Identifier: USDA-APHIS-PPQ

5b. Federal Award Identifier: 15-9506-1005-CA

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

   a. Legal Name: State of California

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

   c. Organizational DUNS: 80748765000

   d. Address:
      - Street1: 3296 Meadowview Road
      - City: Sacramento
      - County/Parish: 
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95832-1437

   e. Organizational Unit:
      - Department Name: Food & Agriculture
      - Division Name: Plant Health & Pest Prev Svcs

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Dr.
      - First Name: Patrick
      - Last Name: Akers
      - Title: Branch Chief
      - Email: patrick.akers@cdfa.ca.gov
      - Telephone Number: 916-262-1102
      - Fax Number: 916-262-2020
**Application for Federal Assistance SF-424**

<table>
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<td>A: State Government</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<tr>
<td>CFDA Title:</td>
<td>Plant &amp; Animal Disease, Pest Control &amp; Animal Care</td>
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<td>*12. Funding Opportunity Number:</td>
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<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>
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<tr>
<td>*15. Descriptive Title of Applicant’s Project:</td>
<td>Pink Bollworm</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-3rd

17. Proposed Project:
   a. Start Date: 10/01/2014
   b. End Date: 09/30/2015

18. Estimated Funding ($):
   a. Federal: 52,800.00

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 12/03/2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

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

*Title: Federal Funds Manager
*Telephone Number: 916-403-6533
Fax Number: 

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

* Signature of Authorized Representative: [Signature]  * Date Signed: 12/3/14
Application for Federal Assistance SF-424

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

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

* 3. Date Received: ____________________

4. Applicant Identifier: ____________________

5a. Federal Entity Identifier: ____________________

5b. Federal Award Identifier: ____________________

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

7. State Application Identifier: SAI-Exempt

8. APPLICANT INFORMATION:

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

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

   * c. Organizational DUNS: LTZ0760760

   * d. Address:

   P.O. Box 942956

   Sacramento

   CA: California

   USA: UNITED STATES

   94296-0001

   * e. Organizational Unit:

   California Department of Parks

   Office of Grants & Local Svcs

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

   Prefix: Mrs.

   Middle Name: 

   * Last Name: Erickson

   Suffix: 

   Title: Associate Park & Recreation Specialist

   * Telephone Number: 916-654-8686

   Fax Number: 

   * Email: Cristelle.Erickson@parks.ca.gov
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   - [ ] State Government
   - [ ] Type of Applicant 2: Select Applicant Type:
   - [ ] Type of Applicant 3: Select Applicant Type:
   - [ ] Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   - 15-916
   - CFDA Title:
     - Outdoor Recreation Acquisition, Development and Planning

* 12. Funding Opportunity Number:
   - P14AS00001
   - Title:
     - Land and Water Conservation Fund State and Local Assistance Program

13. Competition Identification Number:
   - Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   - ID 2570606
   - SNIS Detail - Leo Carrillo State Park.htm

* 15. Descriptive Title of Applicant's Project:
   - Arroyo Sequit Steelhead Barrier Removal Project
   - Leo Carrillo State Park
   - 35000 Pacific Coast Highway
   - Malibu, CA 90265

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

16. Congressional Districts Of:
   a. Applicant 33
   b. Program/Project 33

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

17. Proposed Project:
   a. Start Date: 07/01/2015
   b. End Date: 06/30/2018

18. Estimated Funding ($):

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

   430,208.00
   30,108.00
   860,216.00

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: Ms.
   * First Name: Jean
   Middle Name: 
   * Last Name: Lacher
   Suffix: 
   * Title: Chief, Office of Grants and Local Services
   * Telephone Number: 916-651-8597
   Fax Number: 
   * Email: jean.lacher@parks.ca.gov

   * Signature of Authorized Representative: Jean A. Lacher
   * Date Signed: 02-5-14
APPLICATION FOR FEDERAL ASSISTANCE

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

2. DATE SUBMITTED
   12/4/14

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
Los Angeles County Metropolitan Transportation Authority

Organizational Unit:
Crenshaw/LAX Transit Corridor

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

Kathy Banh
(213) 922-7635

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   95-4401975

7. TYPE OF APPLICATION:
   □ New
   □ Revision

   If Revision, enter appropriate letter(s) in box(es):
   □ Increase Award
   □ Decrease Award
   □ Increase Duration
   □ Decrease Duration
   □ Other (specify)

8. TYPE OF APPLICANT:
   □ State
   □ County
   □ Municipal
   □ Township
   □ Special District

Name and telephone number of the person to be contacted on matters involving this application (give area code):
State Chartered Transit District

Federal Transit Administration

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
    20507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    Section 5307 Urbanized Area Formula Program – Crenshaw/LAX Transit Corridor, CA-95-X256-01

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)
    County of Los Angeles, CA

13. PROPOSED PROJECT

   Start Date: 01/01/12
   Ending Date: 04/30/21

   Districts 33, 37, 43

   Same as Applicant

14. CONGRESSIONAL DISTRICTS OF

15. ESTIMATED FUNDING

   a. Federal
      $ 24,000,000.00

   b. Applicant
      $ 0.00

   c. State
      $ 0.00

   d. Local
      $ 3,109,454.00

   e. Other
      $ 0.00

   f. Program Income
      $ 0.00

   g. TOTAL
      $ 27,109,454.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?

   a. YES
   b. NO

   □ PROGRAM IS NOT COVERED BY EO 12372
   □ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

   □ Yes
   □ No

   If "Yes" attach an explanation

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION 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

   Typed Name of Authorized Representative
   COSSETTE STARK

   Title
   DEO, Regional Grants Management

   Telephone number
   (213) 922-2822

   Date Signed
   12-4-2014

Previous Editions Not Usable

Standard Form 424 REV 4/88;
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

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

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

* 3. Date Received: 11/14/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:

STATE CLEARING HOUSE

DEC 08 2014

5. Applicant Information:

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

b. Employer/Taxpayer Identification Number (EIN/TIN): 546036494

c. Organizational DUNS: 047120046000

d. Address:

Street1: 1850 Research Park Drive

Suite 300

City: Davis

County/Parish: Yolo

State: CA: California

Province: 

Country: USA: UNITED STATES

Zip / Postal Code: 95618-6513

e. Organizational Unit:

Department Name: Office of Research

Division Name: Sponsored Programs

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

Prefix: Dr.

* First Name: Tien-Chieh

Middle Name: 

* Last Name: Bung

Suffix: 

Title: Staff Research Associate

Organizational Affiliation: 

* Telephone Number: 530-574-3421  

Fax Number: 

* Email: chung@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:**

USFWS

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

15.608

**CFDA Title:**

Fish and Wildlife Management Assistance

**12. Funding Opportunity Number:**

CRUSA Agreement # F13AC000007

* Title:

Evaluation of Natural Marks for Cultured Delta Smelt

**13. Competition Identification Number:**

Title:

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

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

Evaluation of Natural Marks for Cultured Delta Smelt

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant: CA-003
   * b. Program/Project: CA-010

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

17. Proposed Project:
   * a. Start Date: 11/14/2014
   * b. End Date: 11/14/2017

18. Estimated Funding ($):

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<td>119,238.00</td>
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<td>b. Applicant</td>
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<td>c. State</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>119,238.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 12/08/2014.
   - 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)

   ** I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th></th>
<th>* First Name: Chris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Dye-Hixenbaugh</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title: Contract and Grant Officer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number: 530-754-8036</th>
<th>Fax Number: 530-754-8367</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email: <a href="mailto:cdye@stevens.edu">cdye@stevens.edu</a></th>
<th>* Date Signed: 12/15/14</th>
</tr>
</thead>
</table>

| Signature of Authorized Representative: Chris Dye-Hixenbaugh |
**Application for Federal Assistance SF-424**

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<th>* If Revision, select appropriate letter(s):</th>
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<tr>
<td>12/09/2014</td>
<td>Dept. of Food and Agriculture</td>
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**5a. Federal Entity Identifier:**

15-8506-0934-GR

**5b. Federal Award Identifier:**

**STATE CLEARING HOUSE**

**DEP 09 2014**

**6. Date Received by State:**

**7. State Application Identifier:** 14-0511-FR

**8. APPLICANT INFORMATION:**

<table>
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<th>* a. Legal Name:</th>
<th>State of California</th>
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* b. Employer/Taxpayer Identification Number (EIN/TIN):

58-0325104

* c. Organizational DUNS:

8074876650000

<table>
<thead>
<tr>
<th>d. Address:</th>
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Street1: 1220 N Street, Room 315

City: Sacramento

County/Parish:

State: CA: California

Province: USA: UNITED STATES

Zip / Postal Code: 95814

<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
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Department Name: Food and Agriculture

Division Name: Plant Health/Pest Prev Svcs

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

Prefix:               * First Name: Jason

Middle Name:          

* Last Name: Chan

SUFFIX:               

Title:                

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number:  (916) 654-1211  Fax Number: (916) 654-0555

* Email: jason.chan@cdfa.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

*12. Funding Opportunity Number:
NA

* Title:
NA

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Exotic Fruit Fly Survey

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

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

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

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

18. Estimated Funding ($):
   * a. Federal: 394,600.00
   * b. Applicant: 0.00
   * c. State: 394,600.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 789,200.00

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 12/09/2014
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes," provide explanation 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: Myers
Suffix: 
* Title: Manager, Federal Funds Management Office
* Telephone Number: (916) 657-3231
Fax Number: 
* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: 
* Date Signed: 

**Application for Federal Assistance SF-424**

**Version 02**

<table>
<thead>
<tr>
<th><em>1. Type of Submission:</em></th>
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<th><em>3. Date Received:</em></th>
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<td>New</td>
<td>Completed by Grants.gov upon submission</td>
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<tr>
<td>Application</td>
<td>Continuation</td>
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<td>Changed/Corrected Application</td>
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<th><em>5b. Federal Award Identifier:</em></th>
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<th><em>6a. Date Received by State:</em></th>
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<th><em>7. State Application Identifier:</em></th>
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### 8. APPLICANT INFORMATION:

<table>
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<tr>
<th><em>a. Legal Name:</em></th>
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<th><em>b. Employer/Taxpayer Identification Number (EIN/TIN):</em></th>
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<th><em>c. Organizational DUNS:</em></th>
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<tr>
<th><em>d. Address:</em></th>
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<table>
<thead>
<tr>
<th><em>Street1:</em> 55439 29 Palms Highway</th>
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<table>
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<tr>
<th><em>City:</em> Yuca Valley</th>
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<tr>
<th><em>Country:</em> USA: UNITED STATES</th>
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<tr>
<th><em>Zip / Postal Code:</em> 92284</th>
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### 9. ORGANIZATIONAL INFORMATION:

<table>
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<th><em>Department Name:</em></th>
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### 10. Key Contact Information:

<table>
<thead>
<tr>
<th><em>Prefix:</em> Mrs.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th><em>First Name:</em> Rochelle</th>
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<table>
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<tr>
<th><em>Middle Name:</em></th>
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<table>
<thead>
<tr>
<th><em>Last Name:</em> Clayton</th>
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<table>
<thead>
<tr>
<th><em>Title:</em> Chief Financial Officer</th>
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<tr>
<th><em>Organizational Affiliation:</em></th>
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<tr>
<th><em>Hi-Desert Water District</em></th>
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<table>
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<tr>
<th><em>Telephone Number:</em> 760.228.6282</th>
</tr>
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<table>
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<tr>
<th><em>Fax Number:</em> 760.365.0599</th>
</tr>
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<table>
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<tr>
<th><em>Email:</em> <a href="mailto:rochelle@hdwd.com">rochelle@hdwd.com</a></th>
</tr>
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</table>
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:
   * Other (specify):
   Public Utility

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    12.264
    CFDA Title:
    Title XVI Water Reclamation and Reuse Program

12. Funding Opportunity Number:
    R15AS000009
    * Title:
    WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Sacramento-San Joaquin Bay Delta hydrologic region, Town of Yuca Valley, Joshua Tree, San Bernardino County, Warren Groundwater Basin.

16. Descriptive Title of Applicant’s Project:
    Hi-Desert Water District’s Wastewater Treatment and Water Reclamation Project

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

16. Congressional District Of:
   - * Applicant: CA-041
   - * Program/Project: CA-041

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

17. Proposed Project:
   - * Start Date: 04/01/2012
   - * End Date: 12/31/2016

18. Estimated Funding (In):
   - * Federal: 28,000,000.00
   - * Applicant: 96,945,206.00
   - * State: 4,500,000.00
   - * Local: 0.00
   - * Other: 0.00
   - * Program Income: 0.00
   - * TOTAL: 119,445,206.00

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 12/09/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   - X 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: 
First Name: Rochelle
Middle Name: 
Last Name: Clayton
Suffix: 
Title: Chief Financial Officer

Telephone Number: 760.228.5282
Fax Number: 760.365.0599
Email: rochelle@hdwd.com

Signature of Authorized Representative: [Signature]

[Signature/Date] Signed By Grants.gov upon submission.

Authorized for Local Reproduction

Revised 10/2005

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

*1. Type of Submission: [ ] Preapplication
   [ ] Application
   [ ] Changed/Corrected Application
   *2. Type of Application: [ ] New
   [ ] Continuation
   [ ] Revision
   * If Revision, select appropriate letter(s):

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

4. Applicant Identifier:  
   [ ] 5a. Federal Entity Identifier:
   [ ] 5b. Federal Award Identifier:

State Use Only:

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

8. APPLICANT INFORMATION:

• a. Legal Name: City of Firebaugh

• b. Employer/Taxpayer Identification Number (EIN/TIN): 24-6000333

• c. Organizational DUNS: 169202629

• d. Address:
   Street 1: 1133 P St
   City: Firebaugh
   County/Parish:  
   State: CA
   * Province: 
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 93622

• e. Organizational Unit:  
  Department Name:  
  Division Name: 
  Police Department

• f. Name and contact information of person to be contacted on matters involving this application:
  Prefix:  
  * First Name: Risa
  Middle Name:  
  * Last Name: Lopez
  Suffix:  
  Title: Chief of Police

Organizational Affiliation: 

* Telephone Number: (559) 659-3051  
Fax Number:  
* Email:  

RECEIVED
DEC 1 0 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:
   - Municipal

   Type of Applicant 2 - Select Applicant Type:

   Type of Applicant 3 - Select Applicant Type:

   * Other (specify):

   * 10. Name of Federal Agency:
   - [USDA Rural Development]

   11. Catalog of Federal Domestic Assistance Number:
   - 10.766

   CFDA Title:
   - Community Services Grant

   * 12. Funding Opportunity Number:

   * Title:

   13. Competition Identification Number:

   Title:

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

   City of Firebaugh, Fresno, CA

   * 16. Descriptive Title of Applicant's Project:

   Taser and repeater.

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 21
   * b. Program/Project 22

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

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

18. Estimated Funding (dollars):
   * a. Federal 817,404.00
   * b. Applicant 14,241.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 831,645.00

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

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

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

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

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: McDonald
Suff.: 
* Title: City Manager
* Telephone Number: (555) 655-2043
* Email: 

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

Version 02

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

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

* 3. Date Received:

4. Applicant Identifier:
   Placer County Water Agency

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: Placer County Water Agency
   * b. Employer/Taxpayer Identification Number (EIN/TIN): 04-1552786
   * c. Organizational DUNS: 0980879430000

d. Address:
   * Street: 144 Ferguson Road
   * City: Auburn
   * State: CA: California
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 95603-1231

e. Organizational Unit:
   * Department Name: Technical Services
   * Division Name: Engineering

f. Name and contact Information of person to be contacted on matters involving this application:
   * Prefix: Mr.
   * First Name: R. Brent
   * Last Name: Smith
   * Suffix: 
   * Title: Director of Technical Services
   * Organizational Affiliation:

   * Telephone Number: 530-823-4886
   * Fax Number: 530-823-4884

   * Email: bsmith@pcwa.net
<table>
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<th>Field</th>
<th>Information</th>
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</thead>
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<td>Type of Applicant 1: Select Applicant Type:</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>Other (specify):</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>Bureau of Reclamation</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.504</td>
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<td>CPDA Title:</td>
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<td>12. Funding Opportunity Number:</td>
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<tr>
<td>Title:</td>
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<td>13. Competition Identification Number:</td>
<td></td>
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<td>Title:</td>
<td></td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Lincoln, CA, Rocklin, CA</td>
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<td>15. Descriptive Title of Applicant’s Project:</td>
<td>Athens Road Pipeline: Reclaim Water from City of Lincoln Waste Water Treatment and Reclamation Facility to Rio Bravo Rocklin Biomass Plant</td>
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</table>
### Application for Federal Assistance SF-424

#### 16. Congressional Districts Of:
   a. Applicant: CA-001  
   b. Program/Project: CA-006

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

#### 17. Proposed Project:
   a. Start Date: 01/01/2016  
   b. End Date: 09/30/2017

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

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<td>c. State</td>
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<td>2,935,719.47</td>
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#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- X a. This application was made available to the State under the Executive Order 12372 Process for review on 12/11/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

#### 20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
- [ ] Yes  
- X No

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

- X ** I AGREE

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

#### Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>R. Brent</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Smith</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>General Manager</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>530-823-4960</td>
</tr>
<tr>
<td>Fax Number</td>
<td>530-823-4960</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:bsmith@powa.net">bsmith@powa.net</a></td>
</tr>
</tbody>
</table>

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

**Date Signed:** 12-11-14

Authorized for Local Reproduction

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

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<th>*2. Type of Application:</th>
<th>* If Revision, select appropriate letter(s):</th>
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<tr>
<td>[ ] Changed/Corrected Application</td>
<td>[ ] New</td>
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<td>[ ] Continuation</td>
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**State Use Only:**

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

<table>
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<tr>
<th>*a. Legal Name:</th>
<th>Sweetwater Authority</th>
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<th>*b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>*c. Organizational DUNS:</th>
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<td>95-279399</td>
<td>084240467</td>
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<td>505 Garrett Avenue</td>
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<tr>
<td>Chula Vista</td>
</tr>
<tr>
<td>CA: California</td>
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<tr>
<td>USA: UNITED STATES</td>
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<td>91920</td>
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<th>e. Organizational Unit:</th>
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<td>Department Name:</td>
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<td>Division Name:</td>
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<table>
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<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>* First Name: James</td>
</tr>
<tr>
<td>Middle Name: L.</td>
</tr>
<tr>
<td>* Last Name: Smyth</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: General Manager</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
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<table>
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<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
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<tr>
<td>561-615-605-6701</td>
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<tr>
<th>* Email:</th>
<th></th>
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<tbody>
<tr>
<td><a href="mailto:sjmyth@sweetwater.org">sjmyth@sweetwater.org</a></td>
<td></td>
</tr>
</tbody>
</table>
**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:**
- Bureau of Reclamation

**11. Catalog of Federal Domestic Assistance Number:**
- 15.504

**CFDA Title:**
- Title XVI Water Reclamation and Reuse Program

**12. Funding Opportunity Number:**
- 155AS000009

*Title:
- WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- City of Chula Vista, City of National City, San Diego County, California

**15. Descriptive Title of Applicant's Project:**
- Sweetwater Authority Water Reclamation Project, Phase II

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   a. Applicant: CA-51
   b. Program/Project: CA-51

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

17. Proposed Project:
   a. Start Date: 05/15/1998
   b. End Date: 09/30/2017

18. Estimated Funding ($):

   a. Federal: 16,623,000.00
   b. Applicant: 22,811,881.00
   c. State: 20,814,638.00
   d. Local: 0.00
   e. Other: 6,242,681.00
   f. Program Income: 0.00
   g. TOTAL: 66,492,005.00

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 12/15/2014.
   ☐ 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.)
   ☐ 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: James

Middle Name:  

Last Name: Smyth

Suffix:  

Title: General Manager

Telephone Number: 1-619-409-6701
Fax Number: 

Email: jsmyth@sweetwater.org

Signature of Authorized Representative: Completed by Grantee upon submission.

Date Signed: Completed by Grantee upon submission.

Authorized for Local Reproduction

Jennifer J. Salary, Assistant General Manager

Agreed for James L. Smyth

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

**Version 02**

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

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

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

* 4. Applicant Identifier:  
  - [ ]

* 5a. Federal Entity Identifier:  
  - [ ]

* 5b. Federal Award Identifier:  
  - [ ]

State Use Only:

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

**B. APPLICANT INFORMATION:**

* 6a. Legal Name: City of Corona Department of Water and Power

* 6b. Employer/Taxpayer Identification Number (EIN/TIN):  
  - [ ] 05-0000007

* 6c. Organizational DUNS:  
  - [ ] 088513155

d. Address:

* Street1:  
  - 755 Public Safety Way

* City:  
  - Corona

* County:  
  - Riverside

* State:  
  - CA: California

* Province:  
  - [ ]

* Country:  
  - USA: UNITED STATES

* Zip / Postal Code:  
  - 92880

**e. Organizational Unit:**

Department Name:  
Division Name:  
Department of Water and Power

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

Prefix:  
- [ ]

Middle Name:  
- [ ]

 first Name:  
- Jacqueline

* Last Name:  
- [ ]

Suffix:  
- [ ]

Title:  
- Business Supervisor

Organizational Affiliation:  
- [ ]

* Telephone Number:  
- [ ] 951-739-1983

Fax Number:  
- [ ]

* Email:  
- [ ] Jacqueline.Kokaran@ci.corona.ca.us
### Application for Federal Assistance SF-424

**Version 02**

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

10. Name of Federal Agency:
    - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    - 15.304

    **CFDA Title:**
    - Title XVI Water Reclamation and Reuse Program

12. Funding Opportunity Number:
    - 413M00009

    **Title:**
    - WaterSmart: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:

    **Title:**

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

15. Descriptive Title of Applicant's Project:
    - City Park Reclaimed Waterline

---

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  44
   * b. Program/Project  44

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

17. Proposed Project:
   * a. Start Date: 12/01/2009
   * b. End Date: 12/31/2012

18. Estimated Funding ($):

   * a. Federal  425,833.30
   * b. Applicant  1,274,500.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  1,699,333.30

19. Is Application Subject to Review By State Under Executive Order 12372 Process?  
   [x] a. This application was made available to the State under Executive Order 12372 Process for review on 12/15/2014

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 1091)

   [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:  Jonathan
 Middle:  
 * Last Name:  Daily
 Suffix:  
 Title:  General Manager

 [ ] Telephone Number:  951-736-2472  Fax Number:  

 Email:  Jonathan.daly@ci.corona.ca.us

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

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

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

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

4. Applicant Identifier:

   - So. Federal Entity Identifier:
   - So. Federal Award Identifier:

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

6. APPLICANT INFORMATION:

   - a. Legal Name: Sonoma County Water Agency
   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 846003339
   - c. Organizational DUNS:
     - 076625303

   - d. Address:
     - Street: 404 Aviation Boulevard
     - City: Santa Rosa
     - County:
     - State: CA: California
     - Province:
     - Country: USA: UNITED STATES
     - Zip / Postal Code: 95403

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

   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Ms.
     - First Name: Lynne
     - Middle Name:
     - Last Name: Rosselli
     - Suffix:
     - Title: Administrative Services Officer
     - Organizational Affiliation:
     - * Telephone Number: 707-524-3771
     - Fax Number: 707-524-3767
     - * Email: Lynne.Rosselli@sonwa.co.gov
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   ○ Special District Government
   ○ Other (specify):

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.504 CPDA Title:
    Title XVI Water Reclamation and Reuse Program

12. Funding Opportunity Number:
    R15A000009
    ○ Title:
    WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2015

13. Competition Identification Number:
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Marin, Napa, and Sonoma Counties, California

15. Descriptive Title of Applicant's Project:
    North Bay Water Reuse Program

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

16. Congressional District Of:
   - *a. Applicant: CA-002*
   - *b. Program/Project: CA-002*

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

17. Proposed Project:
   - *a. Start Date: 06/01/2015*
   - *b. End Date: 09/30/2017*

18. Estimated Funding (S):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a.</td>
<td>1,783,335.00</td>
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<tr>
<td>b.</td>
<td>0.00</td>
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<tr>
<td>c.</td>
<td>0.00</td>
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<td>d.</td>
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<td>e.</td>
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<td>f.</td>
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<td>g. TOTAL</td>
<td>7,512,600.00</td>
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</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 12/15/2014.
   - [ ] 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.)
   - [ ] Yes
   - [x] No

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

   [x] I AGREE

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

Authorized Representative:

Prefix: Mr.  
* First Name: Grant
Middle Name:  
* Last Name: Davis
SUFFIX:  
* Title: General Manager

* Telephone Number: 707-547-1011  
* Fax Number: 707-524-3787
* Email: Grant.Davis@acme.ca.gov

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

Authorized for Local Reproduction

---

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

<table>
<thead>
<tr>
<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
<th><strong>3. Date Received:</strong></th>
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<tbody>
<tr>
<td>Preapplication</td>
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<tr>
<td>Application</td>
<td>New</td>
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<tr>
<td>Changed/Corrected Application</td>
<td>Continuation</td>
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<td></td>
<td>Revision</td>
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*If Revision, select appropriate letter(s):*

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<tr>
<th><strong>4. Applicant Identifier:</strong></th>
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**State Use Only:**

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<tr>
<th>5a. Federal Entity Identifier:</th>
<th>8a. Federal Award Identifier:</th>
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**5b. Date Received by State:**

**7. State Application Identifier:**

**STATE CLEARING HOUSE**

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th><strong>a. Legal Name:</strong></th>
<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></th>
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<tr>
<td>Monterey Bay Fisheries Trust</td>
<td>1978379</td>
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<tr>
<th><strong>c. Organizational DUNS:</strong></th>
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</thead>
<tbody>
<tr>
<td>079622827000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>d. Address:</strong></th>
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</thead>
<tbody>
<tr>
<td>256 Figueroa Street, #1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City:</strong></th>
<th><strong>State:</strong></th>
<th><strong>Province:</strong></th>
<th><strong>Country:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monterey</td>
<td>CA</td>
<td>California</td>
<td>USA</td>
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</table>

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

<table>
<thead>
<tr>
<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Flumerfelt</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Executive Director</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Telephone Number:</strong></th>
<th><strong>Fax Number:</strong></th>
</tr>
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<tbody>
<tr>
<td>415-239-2943</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Email:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:sfflumerfelt@nwc.com">sfflumerfelt@nwc.com</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
Department of Commerce

11. Catalog of Federal Domestic Assistance Number:
11.427
CFDA Title:
Fisheries Development and Utilization Research and Development Grants and Cooperative Agreements Program

12. Funding Opportunity Number:
NOAA-NMFS-FSH-2015-2004246
* Title:
2014/2015 Saltonstall Kennedy (2014/15 S-K)

13. Competition Identification Number:
2535665
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Q14_Attachment_SF424.docx

* 15. Descriptive Title of Applicant's Project:
Collaboration of Emerging California Groundfish Community Quota Funds

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

16. Congressional Districts Of:
   * a. Applicant: CA-01
   * b. Program/Project: CA-002

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

17. Proposed Project:
   * a. Start Date: 06/01/2010
   * b. End Date: 05/31/2017

18. Estimated Funding ($):
   * a. Federal: 288,538.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 288,538.00

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 12/15/2014
   [ ] 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.)
   [ ] Yes  X No
   If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: Flumerfelt
Suffix: 
* Title: Executive Director
* Telephone Number: 415-238-2943
* Email: sflumerfelt@mac.com

* Signature of Authorized Representative: [Signature]
* Date Signed: [Signature]
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:  
1162-1517

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: Marine BioEnergy, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):  
90-0655774  
*c. Organizational DUNS:  
967157020

d. Address:

*Street 1:  
4408 Union Avenue  
Street 2:  

*City:  
La Cañada  
County:  
Los Angeles  
*State:  
CA  
Province:  

*Country:  
USA  
*Zip / Postal Code  
91011-3136

e. Organizational Unit:

Department Name:  
Division Name:  

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

Prefix:  
Mrs.  
*First Name:  
Cindy  
Middle Name:  

*Last Name:  
Wilcox  
Suffix:  

Title:  
President  
Organizational Affiliation:

*Telephone Number:  
818-952-6018  
Fax Number:  

*Email:  
cindy.wilcox@charter.net
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   R. Small Business
Type of Applicant 2: Select Applicant Type:
   H. Public/State Controlled Institution of Higher Education
Type of Applicant 3: Select Applicant Type:

*Other (Specify)

10. Name of Federal Agency:
    U.S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:
    81.087
    CFDA Title:
    Renewable Energy Research and Development

12. Funding Opportunity Number:
    DE-FOA-0001162
    *Title:
    Targeted Algal BioFuels and Bioproducts

13. Competition Identification Number:

    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Research will be conducted in California and off the coast of Southern California. If the technology is successful, when implemented at commercial scale, the kelp will be grown in farms in the open ocean as a biomass feedstock. The feedstock will be processed into liquid fuels and will also eventually be used to replace liquid fuels. The result is that the nation will significantly reduce its use of fossil carbon. The nation may become an energy exporter of carbon neutral fuels.

15. Descriptive Title of Applicant's Project:
    Disruptive Quantities of Affordable Macroalgae Grown in the Open Ocean
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: CA-028
   *b. Program/Project: CA-028 & CA-052

17. Proposed Project:
   *a. Start Date: 07/01/2015
   *b. End Date: 06/30/2018

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

   999,885
   419,245

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 12/15/1
   ☐ 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: Mrs.  *First Name: Cindy
Middle Name:  
*Last Name: Wilcox
Suffix:  

*Title: President

*Telephone Number: 818 952-6018, 818 952-0345  
Fax Number: 

*Email: cindy.wilcox@charter.net

*Signature of Authorized Representative:  

*Date Signed: 12/14/14

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Standard Form 424 (Revised 10/2005)