Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse December 16 - 31, 2013. 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  *2. Type of Application  *If Revision, select appropriate letter(s):

☐ Preapplication  ☑ New

☑ Application  ☐ Continuation  * Other (Specify)

☐ Changed/Corrected Application  ☐ Revision

*3. Date Received:  4. Application Identifier:

SA. Federal Entity Identifier:  *SB. Federal Award Identifier:

STATE CLEARING HOUSE  

State Use Only:

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

9. APPLICANT INFORMATION:

*a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  
b. Employer/Taxpayer Identification Number (EIN/TIN): 047120084000  
c. Organizational DUNS:  

d. Address:

*Street1: 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

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

Prefix:  
Middle Name:  
*Last Name:  
Suffix:  
Title: CONTRACTS AND GRANTS ANALYST  
Organizational Affiliation:

*Telephone Number: 530-754-7700  
Fax Number: 530-752-0353  
*Email: AWARDS@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:
- Select One -

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

*Other (specify): *

10. Name of Federal Agency: USDA ANIMAL AND PLANT INSPECTION SERVICE (APHIS)

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

CFDA Title:
PANT 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.):
NATIONWIDE

15. Descriptive Title of Applicant's Project:
GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS.

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

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

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

3. Date Received: ________________________
4. Applicant Identifier: Department of Food and Agriculture

5a. Federal Entity Identifier: 14-8506-0051-CA
5b. Federal Award Identifier: ________________________

State Use Only:
6. Date Received by State: January 25, 2013
7. State Application Identifier: 13-0447-FR

8. APPLICANT INFORMATION:
   a. Legal Name: State of California
   b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104
   c. Organizational DUNS: 807487665

d. Address:
   - Street1: 1220 N Street, Room 315
   - City: Sacramento
   - County: ________________________
   - State: California
   - Province: ________________________
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95814

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: ________________________
   - * First Name: Jason
   - Middle Name: K
   - * Last Name: Chan
   - Suffix: ________________________
   - Title: ________________________

   Organizational Affiliation:
   - California Department of Food and Agriculture

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

   * Email: jason.chan@cdfa.ca.gov
9. Type of Applicant 1: Select Applicant Type:
   A - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

16. Descriptive Title of Applicant's Project:
    Infrastructure Project and State Survey Coordinator

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

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

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

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

18. Estimated Funding ($):
   * a. Federal 40,107
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 40,107

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 December 16, 2013.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

   ✔ ** I AGREE

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

Authorized Representative:

Prefix: __________________________ * First Name: Crystal

Middle Name: _____________________

* Last Name: Myers

Suffix: __________________________

* Title: Manager, Federal Funds Management Office

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

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

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

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

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

9. Legal Name: Monterey Bay Aquarium Foundation

10. Employee/Taxpayer Identification Number (EIN/TIN):
    242481469

11. Organization DUNS:
    05863162000

12. Address:
    - Street: 886 Cannery Row
    - City: Monterey
    - County/Parish: Monterey
    - State: CA: California
    - Province:
    - Country: USA: United States
    - Zip / Postal Code: 93940-1073

13. Organizational Unit:
    - Department Name:
    - Education Programs
    - Division Name:
    - Teacher Programs

14. Name and contact information of person to be contacted on matters involving this application:
    - Prefix: Ms.
    - Middle Name:
    - Last Name: Snedden
    - Suffix:
    - Title: Grants Officer
    - Organizational Affiliation:
    - Telephone Number: 831-644-1075
    - Fax Number:
    - Email: msnedden@mbayaq.org
**Application for Federal Assistance SF-424**

* 8. 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:
   - Department of Commerce

* 11. Catalog of Federal Domestic Assistance Number:
   - 11.469
   - CPDA Title:
     - Habitat Conservation

* 12. Funding Opportunity Number:
   - NOAA-NOS-OSO-2014-2003929
   - Title:
     - FY2014 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:
   - 2458539
   - Title:

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

* 15. Descriptive Title of Applicant's Project:
   - Ocean Plastic Pollution Summit for Teachers

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

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

**17. Proposed Project:**
- a. Start Date: 06/01/2014
- b. End Date: 07/31/2015

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

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<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>68,326.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>68,284.00</td>
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<td>c. State</td>
<td>0.00</td>
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<td>d. Local</td>
<td>0.00</td>
</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>137,610.00</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 12/17/2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Mr.</th>
<th>* First Name: Edward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Prohaska</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Title:</td>
<td>Chief Financial Officer</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
<td>631-688-6808</td>
<td>Fax Number:</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:aprohaska@nbayq.org">aprohaska@nbayq.org</a></td>
<td></td>
</tr>
</tbody>
</table>

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

**Date Signed:** Completed by Grants.gov upon submission.
APPLICATION FOR FEDERAL Assistance

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

2. DATE SUBMITTED
   December 16, 2013

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier

5. APPLICANT INFORMATION

   Legal Name: County of Los Angeles
   Organizational DUNS: 625211490
   Address: 900 South Fremont Avenue, A-15
   City: Alhambra
   County: Los Angeles
   State: California
   Country: USA

   Organization: Public Works
   Division: Aviation
   Name and telephone number of person to be contacted on matters involving this application (give area code)
   Prefix: Mr.
   Middle Name: L.
   First Name: Richard
   Last Name: Smith
   Suffix:
   Email: rsmith@dpw.lacounty.gov
   Phone number (give area code): (626) 300-4602
   FAX number (give area code): (626) 300-4620

6. EMPLOYER IDENTIFICATION NUMBER EIN:
   95-60000927

7. TYPE OF APPLICANT:
   ☑ Individual
   ☐ Business
   ☐ Government
   ☐ Nonprofit
   ☐ Other (specify)

8. TYPE OF APPLICATION:
   ☑ New
   ☐ Continuation
   ☐ Revision
   If Revision, enter appropriate letter(s) in box(es):
   (See back of form for description of letters)
   Other (specify): 

9. NAME OF FEDERAL AGENCY
   Federal Aviation Administration - Airports Division

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
    20-106

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    The Airport Layout Plans (ALP) at Brackett Field, Compton/Woodley and El Monte Airports are outdated. The ALPs will update additional projects that were not listed on prior ALPs. This will include, but not limited to: major pavement repairs to the runways, taxiways, ramp/apron areas, and other future capital projects. The project narrative will update the airport inventory and forecast. Each ALP estimated total project cost is $150,000.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
    City of La Verne, County of Los Angeles, California;
    City of Compton and City of El Monte

13. PROPOSED PROJECT
    Start Date: May 2013
    Ending Date: March 2015

14. CONGRESSIONAL DISTRICTS
    a. Applicant
       22, 25 - 39, 42, and 46
    b. Project
       26, 32, & 37

15. ESTIMATED FUNDING
    a. Federal
       $405,000
    b. Applicant
       $24,750
    c. State
       $20,250
    d. Local
       $0
    e. Other
       $0
    f. Program income
       $0
    g. TOTAL
       $450,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
    a. Yes
    b. No
    c. Program is not covered by E.O. 12372
    d. 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/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUTY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

   a. Authorized Representative
      Prefix: Mr.
      First Name: Dennis
      Last Name: Hunter
      Title: Deputy Director
      Signature of Authorized Representative

   b. Date Signed: 12/16/13

TOTAL: P.01
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. Application Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

95-6006142

*c. Organizational DUNS:

627797426

RECEIVED

d. Address:

*Street1: 200 University Office Building
Street 2:

*City: Riverside
County: Riverside
*State: CA
Province:
Country: USA

*Zip/ Postal Code: 92521-0217

DEC 17 2013

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:
Office of Research and Economic Development

Division Name:
Sponsored Programs Administration

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

Prefix: Ms.
First Name: Ursula

Middle Name:

*Last Name: Prins
Suffix:

Title: Principal Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4808
Fax Number: 951-827-4483

*Email: ursula.prins@ucr.edu
Application for Federal Assistance SF-424

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

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

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

*Other (specify):

10. Name of Federal Agency:
Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:
10.025

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

12. Funding Opportunity Number: USDA-Grants-042210-001

*Title:
National Clean Plant Network Cooperative Agreement Program

13. Competition Identification Number:
Title:

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

15. Descriptive Title of Applicant's Project:
This project will ensure that high quality citrus propagative material will be produced, maintained, and supplied to scientists and the industry in the USA under the standards of excellence of NCPN.

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

16. Congressional Districts Of:
   *a. Applicant
      CA: 041
   *b. Program/Project:
      CA: 041
Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project: 12/16/2013
   *a. Start Date: 01/15/2014
   *b. End Date: 04/14/2014

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL $74,250.00

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 12/16/2013
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372

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

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: Ursula

Middle Name:

*Last Name: Prins

Suffix:

*Title: Principal Contract and Grant Officer

*Telephone Number: 951-827-4808
Fax Number: 951-827-4483

*Email: ursula.prins@ucr.edu

*Signature of Authorized Representative: [Signature] Date Signed: 12/16/2013
## Application for Federal Assistance SF-424

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

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

### 3. Date Received:

### 4. Applicant Identifier:

### 5a. Federal Entity Identifier:

### 5b. Federal Award Identifier:

**State Use Only:**

### 6. Date Received by State:

### 7. State Application Identifier:

### 8. APPLICANT INFORMATION:

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

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

#### c. Organizational DUNS: 827797426

#### d. Address:

- **Street1:** 200 University Office Building
- **Street2:** University of California, Riverside
- **City:** Riverside
- **County:** Riverside
- **State:** CA: California
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 92521-0217

#### e. Organizational Unit:

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

- **Vice Chancellor - Research**
- **Office of Research Affairs**

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

- **Prefix:**
- **First Name:** Ursula
- **Middle Name:**
- **Last Name:** Prins
- **Suffix:**

- **Title:** Principal Contract & Grant Officer

- **Organizational Affiliation:** The Regents of the University of California

- **Telephone Number:** (951) 827-4808
- **Fax Number:** (951) 827-4483

- **Email:** ursulap@ucr.edu
### Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - [ ] Public/State Controlled Institution of Higher Education
   - [ ] Type of Applicant 2: Select Applicant Type:
   - [ ] Hispanic-serving Institution
   - [ ] Type of Applicant 3: Select Applicant Type:

   * Other (specify): 

10. Name of Federal Agency:

   [ ] Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

   [ ] 86.516

   CFDA Title:

   [ ] P3 Award: National Student Design Competition for Sustainability

12. Funding Opportunity Number:

   [ ] EPA-G2014-P3-02

   * Title:

   [ ] 11th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet (Built Environment)

13. Competition Identification Number:

   Title:

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

   [ ]

15. Descriptive Title of Applicant's Project:

   [ ] NOx-Out: Selective Catalytic Reduction System for Emission Control of Small Off-road Engines

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

### 16. Congressional Districts Of:
- **a. Applicant:** CA-041
- **b. Program/Project:** CA-041

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

### 17. Proposed Project:
- **a. Start Date:** 08/15/2014
- **b. End Date:** 08/14/2015

### 18. Estimated Funding ($):

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>15,000.00</td>
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<tr>
<td>Applicant</td>
<td>0.00</td>
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<td>State</td>
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<td>Local</td>
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<tr>
<td>Other</td>
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<tr>
<td>Program Income</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>15,000.00</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 **12/18/2013**.
- **b.** Program is subject to E.O. 12372 but has not been selected by the State for review.
- **c.** Program is not covered by E.O. 12372.

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

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

✓ **I AGREE**

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

---

### Authorized Representative:
- **Prefix:**
- **First Name:** Ursula
- **Middle Name:**
- **Last Name:** Pins
- **Suffix:**
- **Title:** Principal Contract & Grant Officer
- **Telephone Number:** (951) 827-4808
- **Fax Number:** (951) 827-4483
- **Email:** ursalap@ucr.edu
- **Signature of Authorized Representative:** Ursula Pins
- **Date Signed:**

---

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

---

Funding Opportunity Number:  
Received Date: Time Zone: GMT-8
Application for Federal Assistance SF-424

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

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

3. Date Received:
   12/17/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: University of Southern California

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-1642394

   c. Organizational DUNS:
      072933930000

   d. Address:
      - Street1: USC, Department of Contract and Grants
      - Street2: 3720 South Flower Street
      - City: Los Angeles
      - County/Parish: Los Angeles
      - State: CA: California
      - Province:
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 90089-0701

9. Organizational Unit:
   - Department Name:
     School of Architecture
   - Division Name:

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

   Prefix: 
   * First Name: Joon-Ho

   Middle Name:
   * Last Name: Choi

   Suffix:

   Title: Assistant Professor

   Organizational Affiliation:
   University of Southern California

   * Telephone Number: 213-740-4576
   Fax Number:

   * Email: joonhoch@usc.edu
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

- Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

12. Funding Opportunity Number:

EPA-G2014-P3-Q2

* Title:

11th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet (Built Environment)

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

AIR- Algae Integrated Roof System

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

### 16. Congressional Districts Of:
- a. Applicant: CA-037
- b. Program/Project: CA-037

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

### 17. Proposed Project:
- a. Start Date: 08/15/2014
- b. End Date: 06/30/2015

### 18. Estimated Funding ($):

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<tr>
<td>e. Other</td>
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<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>15,000.00</td>
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</table>

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- X a. This application was made available to the State under the Executive Order 12372 Process for review on 12/17/2013.
-   
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
-   
- c. Program is not covered by E.O. 12372.
-   
### 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
-   
- X Yes

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: Ryan
- Middle Name: 
- * Last Name: Tischler
- Suffix: 
- * Title: Contracts and Grants Officer
- * Telephone Number: 213-740-8336
- Fax Number: 
- * Email: tischler@research.usc.edu
- * Signature of Authorized Representative: Ryan Tischler
- * Date Signed: 12/17/2013
Application for Federal Assistance SF-424

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

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

   * If Revision, select appropriate letter(s):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: RECEIVED DEC 1, 2013

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

   *a. Legal Name: University of Southern California

   *b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-1642394

   *c. Organizational DUNS:
      0729333930000

   *d. Address:
      - Street: USC, Department of Contract and Grants
      - Street2: 3720 South Flower Street
      - City: Los Angeles
      - County/Parish: CA: California
      - State: USA: UNITED STATES
      - Province: 
      - Country: 
      - Zip / Postal Code: 90089-0701

   *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: Karen
      - Middle Name: 
      - * Last Name: Kensek
      - Suffix: 
      - Title: 
      - Organizational Affiliation: 

      * Telephone Number: 213-740-2081
      - Fax Number: 
      - * Email: kensek@usc.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   0: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify): 

10. Name of Federal Agency:

   Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   66.516

   CFDA Title:
   P3 Award: National Student Design Competition for Sustainability

12. Funding Opportunity Number:
   EPA-G2014-P3-Q2

   Title:
   11th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet (Built Environment)

13. Competition Identification Number:

   Title:

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

16. Descriptive Title of Applicant's Project:
   High Performance Shading Systems

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

16. Congressional Districts Of:
- a. Applicant: CA-037
- b. Program/Project: CA-037

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

17. Proposed Project:
- a. Start Date: 08/15/2014
- b. End Date: 08/14/2015

18. Estimated Funding ($):

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

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

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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* (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: Hansen
Suffix: 
* Title: Contracts and Grants Officer
* Telephone Number: 213-740-2394
Fax Number: 
* Email: laytonha@research.usc.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
- [x] Application
- [ ] Changed/Corrected Application

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

**3. Date Received:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**
14-8506-0934-CA

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**
13-0445-FR

### State Use Only:

**8. APPLICANT INFORMATION:**

**a. Legal Name:** State of California

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

**c. Organizational DUNS:** 807487685

**d. Address:**

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

**e. Organizational Unit:**

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

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

- **Prefix:**
- **First Name:** Jason
- **Middle Name:** K
- **Last Name:** Chan-
- **Surname:**
- **Title:**

**Organizational Affiliation:**

- California Department of Food and Agriculture

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

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

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

12. Funding Opportunity Number:

   * Title:

13. Competition Identification Number:

   Title:

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

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

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

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

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

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

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

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
- ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on December 16, 2013.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

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

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

- ☑ **I AGREE**

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

**Authorized Representative:**
- **Prefix:**
- **First Name:** Crystal
- **Middle Name:**
- **Last Name:** Myers
- **Suffix:**

- **Title:** Manager, Federal Funds Management Office

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

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

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

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

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

3. Date Received:  
   - (Completed by Grantee upon submission)

4. Applicant Identifier:  
   - Heather Hamza

5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  
   - DEC 19 2013
   - STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

   a. Legal Name: Global Underwater Explorers

   b. Employer/Taxpayer Identification Number (EIN/TIN): 55-346918C

   c. Organizational DUNS: 335494152000

   d. Address:
      - Street1: 13 South Main Street
      - City: High Springs
      - County/Parish:  
      - State: FL: Florida
      - Province:  
      - Country: USA: UNITED STATES
      - Zip/Postal Code: 32643-2562

   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: Kady
      - Middle Name:  
      - Last Name: Smith
      - Suffix:  
      - Title: Office Administrator, GUE
      - Organizational Affiliation:
        - Global Underwater Explorers (GUE)
      - Telephone Number: 352-454-0820
      - Fax Number: 352-454-0654
      - Email: Kady@gue.com
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   M: Nonprofit with 501c3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Department of Commerce

11. Catalog of Federal Domestic Assistance Number:
   11.661
   CFDA Title:
   Habitat Conservation

* 12. Funding Opportunity Number:
   NOAA-NOS-ORR-2014-2003929
   * Title:
   FY2014 NOAA Marine Debris Prevention through Education and Outreach

13. Competition Identification Number:
   24569559
   Title:

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

* 15. Descriptive Title of Applicant's Project:
   Ghost Fishing: What are ghost nets, and how can we prevent them? What can be done about ghost nets that we know of (clean-up efforts, recycling)? How are ghost nets detrimental to marine habitat?

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

**16. Congressional Districts Of:**
- **a. Applicant:**
  - [ ] 25
- **b. Program/Project:**
  - [ ] 3

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

**17. Proposed Project:**
- **a. Start Date:** 08/01/2014
- **b. End Date:** 08/01/2016

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

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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 12/20/2013
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

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<th>Heather</th>
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<tr>
<th>Title:</th>
<th>US Coordinator, Ghost Fishing (GUE Affiliate)</th>
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<tr>
<th>Telephone Number:</th>
<th>323.268.2937</th>
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<td>Fax Number:</td>
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</tr>
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<thead>
<tr>
<th>Email:</th>
<th><a href="mailto:heather@ghostfishing.org">heather@ghostfishing.org</a></th>
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<th>Completed by Grants.gov upon submission.</th>
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<tbody>
<tr>
<td>Date Signed:</td>
<td>Completed by Grants.gov upon submission.</td>
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</table>
## Application for Federal Assistance SF-424

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

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

**3. Date Received:**

**4. Application Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## Applicant Information:

**8a. Legal Name:** THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

**8b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6036494

**8c. Organizational DUNS:** 047120084000

**8d. Address:**

- Street1: 1850 RESEARCH PARK DRIVE
- Street 2: SUITE 300
- City: DAVIS
- County: YOLO
- State: CA
- Province:
- Country: U.S.A.

**8e. Zip/Postal Code:** 95618-6153

**8f. Organizational Unit:**

- Department Name: SPONSORED PROGRAMS OFFICE
- Division Name: OFFICE OF RESEARCH

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

- Prefix:
- Middle Name:
- Last Name:
- Suffix:

- First Name: CONTRACTS AND GRANTS ANALYST

**8i. Organizational Affiliation:**

## Contact Information:

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

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

**Email:** AWARDS@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:  
   - Select One -

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

   *Other (specify):*

10. Name of Federal Agency:  
    **USDA ANIMAL AND PLANT INSPECTION SERVICE (APHIS)**

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

12. CFDA Title:  
    **PANT AND ANIMAL DISEASE, PEST CONTROL AND ANIMAL CARE**

13. Funding Opportunity Number:  
   *Title:

14. Competition Identification Number:  
   Title:

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

16. Descriptive Title of Applicant’s Project:  
   **GRAPEVINE, FRUIT TREE, AND NUT TREE CLEAN PLANT PROGRAM AT FOUNDATION PLANT SERVICES, UNIVERSITY OF CALIFORNIA, DAVIS.**

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

16. Congressional Districts Of: CA-003

*a. Applicant

*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 01/15/2014
*b. End Date: 04/14/2014

18. Estimated Funding ($):

*a. Federal $234,934.00
*b. Applicant $23,493.00
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL $258,427.00

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 12/20/2013
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

□ Yes ☑ No

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:

Middle Name:

*Last Name:

Suffix:

*Title: CONTRACTS AND GRANTS ANALYST

*Telephone Number: 530-754-7700 Fax Number: 530-752-0333
*Email: AWARDS@UCDAVIS.EDU
*Signature of Authorized Representative: Date Signed;
Application for Federal Assistance SF-424

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

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

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

*3. Date Received:
   - DEC 20 2013

4. Application Identifier:
   - STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

   c. Organizational DUNS:
      - 047120084000

   d. Address:
      - Street 1: 1850 RESEARCH PARK DRIVE
      - Street 2: SUITE 300
      - City: DAVIS
      - County: YOLO
      - State: CA
      - Country: U.S.A.
      - *Zip/Postal Code: 95616-6153

   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:
      - Suffix:
      - Title: CONTRACTS AND GRANTS ANALYST
      - Organizational Affiliation:

   *Telephone Number: 530-754-7700
   *Fax Number: 530-752-0333
   *Email: AWARDS@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:  
- Select One -

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

*Other (specify):*

*10. Name of Federal Agency:***

**USDA ANIMAL AND PLANT INSPECTION SERVICE (APHIS)**

11. Catalog of Federal Domestic Assistance Number:

10-025

CFDA Title:

**PLANT AND ANIMAL DISEASE, PEST CONTROL AND ANIMAL CARE**

*12. Funding Opportunity Number:*

*Title:*

13. Competition Identification Number:

Title:

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

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

**National NCPN Outreach Coordinator**

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

16. Congressional Districts Of: CA-003

*a. Applicant
*b. Program/Project:

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

17. Proposed Project:

*a. Start Date: 01/15/2014
*b. End Date: 04/14/2014

18. Estimated Funding ($):

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

$34,309.00
$3,431.00

$37,740.00

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 12/20/2013
☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

☐ Yes ☑ No

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: 

Middle Name: 

*Last Name: 

Suffix: 

*Title: CONTRACTS AND GRANTS ANALYST

*Telephone Number: 530-754-7700 
*Email: AWARDS@UCDAVIS.EDU  
Signature of Authorized Representative: Date Signed: 

Fax Number: 530-752-0333
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

If Revision, select appropriate letter(s):

3. Date Received:  

4. Applicant Identifier:  
Dept. of Food and Agriculture

5a. Federal Entity Identifier:  
14-8506-1636-CA

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:  
State of California

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

c. Organizational DUNS:  
807487665

d. Address:

Street1:  
1220 N Street, Room 315

Street2:  

City:  
Sacramento

County:  

State:  
California

Province:  

Country:  
USA: UNITED STATES

Zip / Postal Code:  
95814

e. Organizational Unit:

Department Name:  
California Department of Food and Agriculture

Division Name:  
Plant Health & Pest Prevention Services

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

Prefix:  

* First Name:  
Jason

Middle Name:  
K

* Last Name:  
Chan

Suffix:  

Title:  

Organizational Affiliation:  
California Department of Food and Agriculture

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

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

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

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

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

   * Other (specify):

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

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

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

12. **Funding Opportunity Number:**

12. **Title:**

13. **Competition Identification Number:**

   **Title:**

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

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

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

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

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

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

### 18. Estimated Funding ($):
- **a. Federal**: 103,727
- **b. Applicant**
- **c. State**: 0
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL**: 103,727

### 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**: December 20, 2013
- **b. Program is subject to E.O. 12372 but has not been selected by the State for review.**
- **c. Program is not covered by E.O. 12372.**

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

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

- **I AGREE**

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

**Authorized Representative:**

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

- **Title**: Manager, Federal Funds Management Office

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

- **Email**: crystal.myers@cdfs.ca.gov

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

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State Use Only:

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<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>807487665</td>
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<tr>
<td>c. Organizational DUNS:</td>
<td>68-0325104</td>
</tr>
<tr>
<td>d. Address:</td>
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<tr>
<td>Street1:</td>
<td>1220 N Street, Room 315</td>
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<tr>
<td>Street2:</td>
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<tr>
<td>City:</td>
<td>Sacramento</td>
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<td>County:</td>
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<td>Zip / Postal Code:</td>
<td>95814</td>
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<td>e. Organizational Unit:</td>
<td></td>
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<tr>
<td>Department Name:</td>
<td>California Department of Food and Agriculture</td>
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<tr>
<td>Division Name:</td>
<td>Plant Health &amp; Pest Prevention Services</td>
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</tbody>
</table>

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

| Prefix: | | * First Name: | Jason |
|--------|--------------------------|--------|
| Middle Name: | K | |
| * Last Name: | Chan | |
| Suffix: | | |
| Title: | | |

Organizational Affiliation:

[California Department of Food and Agriculture]
**Application for Federal Assistance SF-424**

9. **Type of Applicant 1: Select Applicant Type:**
   
   A - State Government
   
   **Type of Applicant 2: Select Applicant Type:**
   
   **Type of Applicant 3: Select Applicant Type:**
   
   * Other (specify):
   
   **10. Name of Federal Agency:**
   
   USDA/APHIS/PPQ

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

   10-025

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

   **12. Funding Opportunity Number:**
   
   **Title:**
   
   **13. Competition Identification Number:**
   
   Title:
   
   **14. Areas Affected by Project (Cities, Counties, States, etc.):**
   
   State of California

   **15. Descriptive Title of Applicant's Project:**
   
   European Grapevine Moth

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

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

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

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

18. Estimated Funding ($) :
   * a. Federal 7,498,382
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 7,498,382

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 December 20, 2013.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

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

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

* Signature of Authorized Representative: 
* Date Signed: 

### Application for Federal Assistance SF-424

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<thead>
<tr>
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<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<td>☑ Preapplication</td>
<td>☑ New</td>
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<td>Dept. of Food and Agriculture</td>
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<tr>
<td>☑ Application</td>
<td></td>
<td></td>
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<td>☐ Continuation</td>
<td>☑ Other (Specify)</td>
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<tr>
<td>☐ Revision</td>
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<td></td>
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5a. Federal Entity Identifier: 14-8506-0934-GR

5b. Federal Award Identifier: (No indication)

State Use Only:

6. Date Received by State: (No indication)

7. State Application Identifier: 13-0445-FR

8. APPLICANT INFORMATION:

- **a. Legal Name:** State of California
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 88-0325104
- **c. Organizational DUNS:** 807487665

**d. Address:**

- **Street1:** 1220 N Street, Room 315
- **City:** Sacramento
- **County:** (No indication)
- **State:** California
- **Province:** (No indication)
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95814

**e. Organizational Unit:**

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

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

- **Prefix:** (No indication)
- **First Name:** Jason
- **Middle Name:** K
- **Last Name:** Chan
- **Suffix:** (No indication)
- **Title:** (No indication)

**Organizational Affiliation:**

- California Department of Food and Agriculture

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

<p>| <em>Email:</em> <a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a> |</p>
<table>
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<tr>
<th>Question</th>
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<td>10. Name of Federal Agency:</td>
<td>USDA/APHIS/PPQ</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>10-025</td>
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<tr>
<td>CFDA Title:</td>
<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
</tr>
<tr>
<td>12. Funding Opportunity Number:</td>
<td></td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>State of California</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>Exotic Fruit Fly</td>
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</table>

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

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

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

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

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - **a.** This application was made available to the State under the Executive Order 12372 Process for review on December 18, 2013.
   - **b.** Program is subject to E.O. 12372 but has not been selected by the State for review.
   - **c.** Program is not covered by E.O. 12372.

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

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

   ☑ I AGREE

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

### Authorized Representative:

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

- **Title:** Manager, Federal Funds Management Office

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

- **Email:** crystal.myers@cofa.ca.gov

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

---

---
Application for Federal Assistance SF-424

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

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

  RECEIVED

* 3. Date Received:  
  12/23/13

4. Applicant Identifier:  
   DEC 23 2013

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:

6. State Use Only:

7a. Data Received by State:  

7b. State Application Identifier:

8. APPLICANT INFORMATION:

  a. Legal Name: Mid-Peninsula The Farm, Inc.

  b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0283355

  c. Organizational DUNS: 078363604

9. Address:

  Street1: 303 Vintage Park Drive, Suite 250

  Street2:

  City: Foster City

  County/Parish:

  State: CA: California

  Province:

  Country: USA: UNITED STATES

  Zip / Postal Code: 94404

10. Organizational Unit:

    Department Name:  

    Division Name:

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

    Prefix:  

    Middle Name:  

    * First Name: Helen

    * Last Name: Tong-Ishikawa

    Suffix:

    Title:

    Organizational Affiliation:

    * Telephone Number: 650-256-2568  
    Fax Number:

    * Email: mtongishikawa@midpen-housing.org
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- Nonprofit with 501c3 IRS Status (Other than Institution of Higher Education)

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

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

**Other (specify):**

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

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

**OFDA Title:**

**12. Funding Opportunity Number:**
- PR-5700-M-31B

**Title:**
- Continuum of Care Program Competition

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Midtown Armory 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: 2015*  
- *b. End Date: N/A*

18. Estimated Funding (6):

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<td>d. Local</td>
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<td>e. Other</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 12/23/13.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

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

- [x] **I AGREE**

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

**Authorized Representative:**

| Prefix: | □ |
|———|——|
| *First Name: | Debrec |
| Middle Name: | |
| *Last Name: | Bobeck |
| Suffix: | |

| *Title: | **Assistant Secretary** |
|———|——|
| *Telephone Number: | 250-356-2300 |
| Fax Number: | |
| *Email: | debrec@midpen-housing.org |

| *Signature of Authorized Representative: | |
|———|——|
| *Date Signed: | 12/23/13 |
**Application for Federal Assistance SF-424**

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

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

3. Date Received:  
4. Applicant Identifier:

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

**State Use Only:**

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

8. **APPLICANT INFORMATION:**

a. Legal Name: City of Santa Barbara

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000787

c. Organizational DUNS: 606969863

d. Address:

   - Street 1: 601 Norman Firestone Rd.
   - Street 2: 
   - City: Santa Barbara
   - County: Santa Barbara
   - State: California
   - Province: 
   - Country: United States
   - Zip / Postal Code: 93117

e. **Organizational Unit:**

   - Department Name:  
   - Division Name:  
   - Airport  

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

   - Prefix: Ms.  
   - First Name: Hazel
   - Middle Name: 
   - Last Name: Johns
   - Suffix: 
   - Title: Interim Airport Director
   - Organizational Affiliation: Employee

   - Telephone Number: (805) 967-7111  
   - Fax Number: (805) 964-1380

   - Email: HJohns@SantaBarbaraCA.gov
**Application for Federal Assistance SF-424**

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<td>Airport Improvement Program</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>15. Descriptive Title of Applicant's Project:</td>
<td>Runway 15L-33R and General Aviation Apron Rehabilitation and Seal Coat; Lighted &quot;X&quot; Purchase</td>
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Attach supporting documents as specified in agency instructions.
### Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

* a. Applicant: CA-24  
  *b. Program/Project: CA-24

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

**17. Proposed Project:**

* a. Start Date: June 1, 2014  
  *b. End Date: November 30, 2014

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$2,603,216</td>
</tr>
<tr>
<td>Applicant</td>
<td>$266,923</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Program Income</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$2,870,139</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 December 19, 2013.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E. O. 12372

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

- [ ] Yes  
  - [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: Ms.  
- *First Name: Hazel  
- Middle Name:  
- *Last Name: Johns  
- Suffix:  
- **Title: Interim Airport Director**

**Telephone Number:** (805) 967-7111  
**Fax Number:** (805) 964-1380  
**Email:** HJohns@SantaBarbaraCA.gov

**Signature of Authorized Representative:** [Signature]  
**Date Signed:** 12/19/13
**Application for Federal Assistance SF-424**

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

*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: City of Santa Barbara*

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000787*

c. Organizational DUNS: 606969863

d. Address:

<table>
<thead>
<tr>
<th>Street 1:</th>
<th>601 Norman Firestone Rd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Santa Barbara</td>
</tr>
<tr>
<td>County:</td>
<td>Santa Barbara</td>
</tr>
<tr>
<td>State:</td>
<td>California</td>
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<tr>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td>United States</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>93117</td>
</tr>
</tbody>
</table>

e. Organizational Unit:

| Department Name: | |
| Division Name:   | |
| Airport:         | |

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

Prefix:  
Ms.  
Middle Name:  
*Last Name: Johns  
Suffix:  
Title: Interim Airport Director

Organizational Affiliation: Employee

*Telephone Number: (805) 967-7111  
Fax Number: (805) 964-1380

*Email: HJohns@SantaBarbaraCA.gov*
9. Type of Applicant 1: Select Applicant Type:
   C. City or Township Government

   Type of Applicant 2: Select Applicant Type:

   Type of Applicant 3: Select Applicant Type:

   *Other (Specify)

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106
    CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number:

   Title:

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    City of Goleta, City of Santa Barbara, County of Santa Barbara

15. Descriptive Title of Applicant’s Project:
    Wildlife Hazard Assessment (WHA) and Wildlife Hazard Management Plan (WHMP) Update

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   *a. Applicant: CA-24  *b. Program/Project: CA-24

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

17. Proposed Project:
   *a. Start Date: June 1, 2014  *b. End Date: December 31, 2015

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

   $90,700  
   $9,300  

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 December 19, 2013.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372

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

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: Johns  
Suffix:  

*Title: Interim Airport Director

*Telephone Number: (805) 967-7111  
Fax Number: (805) 964-1380

*Email: HJohns@SantaBarbaraCA.gov

*Signature of Authorized Representative:  
*Date Signed: 12-19-13
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   Application
   Construction
   Non-Construction

2. DATE SUBMITTED
   12-20-13

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION
   Legal Name: South Coast Air Quality Management District
   Organizational Unit:
   Address:
   Street: 21866 Cooley Dr.
   City: Diamond Bar, CA
   County: Los Angeles
   State: CA
   Zip Code: 91765
   Last Name: Leonard
   First Name: Mary
   Middle Name: RECIIVED
   Suffix:
   USA
   Phone Number (Give area code): 909-396-2730
   Fax Number (Give area code): 909-396-2765
   Email: mleard@aqmd.gov

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   85-3689419

7. TYPE OF APPLICATION:
   New
   Continuation
   Revision

8. TYPE OF APPLICATION:
   (See back of form for Application Types)

9. NAME OF FEDERAL AGENCY:
   United States Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    000-03-0101

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    S105 Air Pollution Control Program Support

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

13. PROPOSED PROJECT
    Start Date: 10/1/2013
    Ending Date: 09/30/14
    a. Applicant
    b. Project
    25-49

14. CONGRESSIONAL DISTRICTS OF:
    25-49

15. ESTIMATED FUNDING:
    a. Federal
    74,374
    b. Applicant
    c. State
    d. Local
    e. Other
    f. Program Income
    g. TOTAL
    74,374

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSES:
    a. Yes
    b. No
    PROGRAM IS NOT COVERED BY E. O. 12372

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

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DURILY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
    a. Authorized Representative
    Prefix:
    First Name: Barry
    Middle Name: R.
    Suffix:
    Last Name: Wallerstein
    b. Title
    Executive Officer
    C. Telephone Number (Give area code): 909-396-2100
    d. Signature of Authorized Representative
    12-20-13
    12-24-2013
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:
   Complied by Grants.gov upon submission.

4. Applicant Identifier:

   * 5a. Federal Entity Identifier:

   State Use Only:

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

8. APPLICANT INFORMATION:

   a. Legal Name: Water Replenishment District of Southern California
   b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6066456
   c. Organizational DUNS: 076235431

d. Address:

   - Street 1: 4040 Paramount Boulevard
   - Street 2:
   - City: Lakewood
   - County:
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 90712

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: Paul
   - Middle Name:
   - * Last Name: Fo
   - Suffix:
   - Title: Senior Engineer
   - Organizational Affiliation:

   * Telephone Number: 562-275-4251
   Fax Number: 562-921-6101
   * Email: pf@wrd.org
### Application for Federal Assistance SF-424

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

**9. Type of Applicant 2: Select Applicant Type:**

**9. 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:**
- R14AS00002

*Title:
- WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

**13. Competition Identification Number:**
- R14AS00002

*Title:

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

**15. Descriptive Title of Applicant's Project:**
- Alamosa Barrier Recycled Water Project Expansion- Construction

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

**Version 02**

16. Congressional Districts Of:
   - a. Applicant: [redacted]
   - b. Program/Project: CA-047

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

17. Proposed Project:
   - a. Start Date: 03/30/2012
   - b. End Date: 09/30/2016

18. Estimated Funding ($):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>8,805,300.00</td>
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<tr>
<td>b. Applicant</td>
<td>22,740,300.00</td>
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<tr>
<td>c. State</td>
<td>4,576,000.00</td>
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<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>35,222,600.00</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 12/31/2013.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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 1081)"

   **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: Anthony
Middle Name: 
*Last Name: La
Suffix: [redacted]

**Title:** Assistant General Manager/Chief Engineer

**Telephone Number:** 562-921-5521  **Fax Number:** 562-921-6101

**Email:** all@wrd.org

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