Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse February 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**

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

2. **DATE SUBMITTED**
   - Applicant Identifier: N/A

3. **DATE RECEIVED BY STATE**
   - State Application Identifier: SAI-EXEMPT

4. **DATE RECEIVED BY FEDERAL AGENCY**
   - Federal Identifier: 06-01757

5. **APPLICANT INFORMATION**
   - Legal Name: California - Department of Parks and Recreation
   - Organizational DUNS: 172070807
   - Address: PO Box 942896
   - City: Sacramento
   - County: Sacramento
   - State: California
   - Zip Code: 94296-0001
   - Country: USA

6. **EMPLOYER IDENTIFICATION NUMBER (EIN):** 68-0303606

7. **TYPE OF APPLICATION:**
   - New
   - Continuation
   - Revision

8. **TYPE OF APPLICANT:**
   - A. State
   - Other (specify)

9. **NAME OF FEDERAL AGENCY:**
   - U.S. Department of Interior, National Park Service

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 15-916

11. **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
    - Department of Parks and Recreation
    - Mendocino Woodlands State Park-Wastewater Rehabilitation
    - Little Lake Road
    - Mendocino, CA 95469

12. **AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):** 06-46814

13. **PROPOSED PROJECT**
   - Start Date: 
   - Ending Date: 06/30/2017

14. **CONGRESSIONAL DISTRICTS OF:**
   - a. Applicant: 03
   - b. Project: 02

15. **ESTIMATED FUNDING:**
   - a. Federal: $2,150,538.00
   - b. Applicant: $2,000,000.00
   - c. State: $150,538.00

16. **IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
   - a. Yes.
   - b. No.

17. **IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
   - a. Yes if "Yes" attach an explanation.
   - b. No

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: Ms.
   - First Name: Jean
   - Last Name: Lacher
   - Title: Chief
   - Signature of Authorized Representative

   b. Telephone Number (give area code)
   - (916) 651-8597

   c. Date Signed: 02/03/2014

---

**Standard Form 424 (Rev.9-2003)**

Authorized for Local Reproduction

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

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

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

*3. Date Received:*

- Completed by Grantee upon submission.

4. Applicant Identifier:

- Federal Entity Identifier:
- Federal Award Identifier:

**RECEIVED**

- State Use Only:

5. Date Received by State:

6. State Application Identifier:

7. State Application Identifier:

**STATE CLEARING HOUSE**

8. APPLICANT INFORMATION:

- a. Legal Name:

Shasta CSD

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

94-1567980

- c. Organizational DUNS:

009445586

9. Address:

- Street 1:

PO Box 2520

- Street 2:

- City:

Shasta

- County/Parish:

- State:

CA

- Province:

- Country:

USA: UNITED STATES

- Zip / Postal Code:

96087

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:

- Last Name:

Kooper

- Suffix:

- Title:

General Manager

- Organizational Affiliation:

- Telephone Number:

(530) 241-6264

- Fax Number:

- Email:

susjkkooper@att.net
**Application for Federal Assistance SF-424**

8. Type of Applicant 1 - Select Applicant Type:
   - G: Special District

9. Type of Applicant 2 - Select Applicant Type:

10. Type of Applicant 3 - Select Applicant Type:
    * Other (specify):

11. Name of Federal Agency:
    - USDA RD

12. Catalog of Federal Domestic Assistance Number:
    - Water Source Infrastructure Addition

13. CFDA Title:

14. *Funding Opportunity Number:

15. Title:

16. Competition Identification Number:

17. Areas Affected by Project (Cities, Counties, States, etc.):
    - SCSD, Shasta County, CA

18. Descriptive Title of Applicant's Project:
    - City of Redding Inter-Tie Project to ensure adequate water supply when normal conformance is interrupted by state or federal mandates.

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

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

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

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

18. Estimated Funding (6):
   * a. Federal [600,000]
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program income
   * g. TOTAL [600,000 00.00]

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 2-3-14.
   [ ] b. Program is subject to E.O. 12372 but has not been reviewed 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

   If "Yes", provide explanation and attach.

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 20, 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: Chris

Middle Name: [ ]

* Last Name: Kooper

Suffix: [ ]

* Title: General Manager

* Telephone Number: 530-241-6244

Fax Number: [ ]

* Email: SCSD Kooper @ att.net

* Signature of Authorized Representative: [ ]

Completed by Grants.gov upon submission.  Date Signed: [ ]

Completed by Grants.gov upon submission.
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  
   FEB 03 2014

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

   a. Legal Name:  Center Water Company Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN):  95-2587098

   c. Organizational DUNS:  0991625000000

   d. Address:
      - Street:  32774 Old Woman Springs Rd.
      - PO Box 615
      - City:  Lucerne Valley
      - County/Parish:  San Bernardino
      - State:  Ca: California
      - Province:  
      - Country:  USA: UNITED STATES
      - Zip / Postal Code:  92356

   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:  James
      - Middle Name:  P.
      - * Last Name:  Owens
      - Suffix:  P.E.
      - Title:  Consulting Engineer
      - Organizational Affiliation:  NV5, Consulting Engineer for Center Water Company, Inc.
      - * Telephone Number:  858-385-0500 x 187
      - Fax Number:  858-385-0400
      - * Email:  james.owens@nv5.com
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):
Mutual Water Company

10. Name of Federal Agency:
USDA Rural Development

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

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
2015 USDA Water System Improvements

Attach supporting documents as specified in agency instructions.

Add Attachments   Delete Attachments   View Attachments
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:  
   FEB 04 2014

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): 956006142W

*c. Organizational DUNS: 627797426

d. Address:

- Street 1: 200 University Office Building
- City: Riverside
- County: 
- State: CA; California
- Province: 
- Country: USA; United States
- Zip / Postal Code: 92521-0217

e. Organizational Unit:

- Department Name: CE-CERT
- Division Name: BCOE

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 and Grant Officer

- Organizational Affiliation: Research & Economic Development
- *Telephone Number: 951-827-4608
- Fax Number: 951-827-4483
- *Email: ursula.prins@ucr.edu
Application for Federal Assistance SF-424

*9. Type of Applicant 1: Select Applicant Type:
   S. Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:
H. Public/State Controlled Inst on of Higher Educ

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency:
   Department of Energy

11. Catalog of Federal Domestic Assistance Number:
   81.087

   CFDA Title:
   Renewable Energy Research and Development

*12 Funding Opportunity Number:
   DE-FOA-0000826

   *Title:
   Hydrogen Production Research and Development

13. Competition Identification Number:

   Title:

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

*15. Descriptive Title of Applicant's Project:
   Hydrogen Production through Integration of Production of Sugars and their Derivatives with Catalytic Reforming in a Hybrid Circulating Fluidized Bed Reactor
Application for Federal Assistance SF-424

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

17. Proposed Project:
   *a. Start Date: 07/01/2014
   *b. End Date: 06/30/2017

18. Estimated Funding ($):
   *a. Federal 1,190,226
   *b. Applicant 318,568
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL 1,508,812

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 01/31/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E. O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   ☑ 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: 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: 1/31/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
## APPLICATION FOR FEDERAL ASSISTANCE

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<tr>
<th>2. DATE SUBMITTED</th>
<th>Applicant Identifier</th>
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<th>3. DATE RECEIVED BY STATE</th>
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<th>4. DATE RECEIVED BY FEDERAL AGENCY</th>
<th>Federal Identifier</th>
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## 5. APPLICANT INFORMATION

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<th>Legal Name:</th>
<th>Norwalk Transit System</th>
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<tbody>
<tr>
<td>Address (give city, county, State, and zip code):</td>
<td>Norwalk, CA 90650</td>
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<td>FEB 05 2014</td>
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## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

<table>
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<tr>
<th>95</th>
<th>6005882</th>
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## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District
- I. State Controlled Institution of Higher Learning
- J. Private University
- K. Indian Tribe
- L. Individual
- M. Profit Organization
- N. Other (Specify) [Specify] 

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<th>Organizational Unit:</th>
<th>Norwalk Transit System</th>
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<tbody>
<tr>
<td>Name and telephone number of person to be contacted on matters involving this application (give area code):</td>
<td>Sudesh Paul</td>
</tr>
<tr>
<td>(562) 929-5660</td>
<td></td>
</tr>
</tbody>
</table>

## 8. TYPE OF APPLICATION:

- ☑ New
- ☐ Continuation
- ☐ Revision

If Revision, enter appropriate letter(s) in box(es) [None] 

A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  E. Other (Specify) [None] 

## 9. NAME OF FEDERAL AGENCY:

- Federal Transit Administration (FTA - Region IX)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

- FTA Grant # CA-90-Z115
- FTA Section 5307 UZA Formula Capital Program

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

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<tr>
<th>City of Norwalk</th>
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## 13. PROPOSED PROJECT

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<tr>
<th>Start Date</th>
<th>Ending Date</th>
<th>a. Applicant</th>
<th>b. Project</th>
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<td>7/1/13</td>
<td>6/30/16</td>
<td>39</td>
<td>39</td>
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## 14. CONGRESSIONAL DISTRICTS OF:

| 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
|---|---|
| a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: |  |
| DATE | 04/29/14 |
| b. No. | ☑ PROGRAM IS NOT COVERED BY E. O. 12372 | ☑ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |

## 15. ESTIMATED FUNDING:

| a. Federal | $1,703,069 |
| b. Applicant | $0 |
| c. State   | $112,569   |
| d. Local   | $325,767  |
| e. Other   | $0         |
| f. Program Income | $0 |
| g. TOTAL | $2,141,395 |

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- ☑ Yes  If "Yes," attach an explanation.  ☑ No

## 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUTY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

<table>
<thead>
<tr>
<th>a. Type Name of Authorized Representative</th>
<th>James C. Parker</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Title</td>
<td>Director of Transportation</td>
</tr>
<tr>
<td>c. Telephone Number</td>
<td>(562) 929-5533</td>
</tr>
<tr>
<td>d. Signature of Authorized Representative</td>
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<td>e. Date Signed</td>
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<th>Previous Edition Usable</th>
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<td>Standard Form 424 (Rev. 7-97)</td>
<td>Prescribed by OMB Circular A-102</td>
</tr>
</tbody>
</table>
### APPLICATION FOR FEDERAL ASSISTANCE

**5. APPLICANT INFORMATION**

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

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

**Organizational Unit:**
Regional Program Management

**Name and telephone number of the person to be contacted regarding this application (give area code):**
James Allen
(213) 922-2556

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

**8. TYPE OF APPLICATION:**
- [ ] New
- [ ] Continuation
- [ ] Revision – A (Increase of Award)

**Revision, enter appropriate letter(s) in box(es):**
- A Increase Award
- B Decrease Award
- C Increase Duration
- D Decrease Duration
- Other (specify)

**9. NAME OF FEDERAL AGENCY:**
Federal Transit Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
20507

**11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:**
Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-95-X214-01

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

**13. PROPOSED PROJECT**

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<th>Start Date</th>
<th>Ending Date</th>
<th>Districts 37</th>
<th>Project</th>
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<td>9/30/13</td>
<td>6/30/16</td>
<td>Same as Applicant</td>
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**15. ESTIMATED FUNDING**

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<th>Type</th>
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<td>Federal</td>
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<tr>
<td>Local</td>
<td>$2,968,000.00</td>
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<td>Other</td>
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<td>Program Income</td>
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<td>TOTAL</td>
<td>$14,496,000.00</td>
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</table>

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

- [ ] YES
- [ ] NO

**DATE:** 01/28/14

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

- [ ] Yes
- [ ] No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUTY 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
- [ ] Title
- [ ] Telephone number
- [ ] Date Signed

**COSETTE STARK**

**(213) 922-2822**

**02/04/2014**

---

**Standard Form 424 REV 4/88; Prescribed by OMB Circular A-102**

Previous Editions Not Usable
**Application for Federal Assistance SF-424**

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

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

3. Date Received:  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

   a. Legal Name: State Water Resources Control Board

   b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0281886

   c. Organizational DUNS: 808321913

   d. Address:
      - Street1: 1001 I Street
      - City: Sacramento
      - State: California
      - Zip / Postal Code: 95812-0100
      - Country: USA: UNITED STATES

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - First Name: James
      - Middle Name: 
      - Last Name: Maughan
      - Suffix: 
      - Title: Assistant Deputy Director
      - Organizational Affiliation: State Water Resources Control Board - Division of Financial Assistance
      - Telephone Number: (916) 341-5694
      - Fax Number: (916) 341-5707
      - Email: jmaughan@waterboards.ca.gov
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<th><strong>Application for Federal Assistance SF-424</strong></th>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>U.S. Environmental Protection Agency</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>66.458</td>
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<td><strong>CFDA Title:</strong></td>
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<td>Capitalization Grants for Clean Water State Revolving Fund</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>* Title:</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>State of California (all counties)</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a non-point source management program, and development and implementation of estuary conservation and management plans.</td>
</tr>
<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
</tr>
</tbody>
</table>
## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:

- **a.** Applicant: CA-6  
- **b.** Program/Project: California - All

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

### 17. Proposed Project:

- **a.** Start Date: 7/01/2014  
- **b.** End Date: 6/30/2024

### 18. Estimated Funding ($):

- **a.** Federal: 133,425,000  
- **b.** Applicant: 26,685,000  
- **c.** State  
- **d.** Local  
- **e.** Other  
- **f.** Program Income  
- **g.** TOTAL: 160,110,000

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

- **☐** a. This application was made available to the State under the Executive Order 12372 Process for review on 2/7/2014.  
- **☐** b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
- **☐** c. Program is not covered by E.O. 12372.

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

- **☐** Yes  
- **☑** No

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

- **☐** I AGREE

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

### Authorized Representative:

- **Prefix:** Mr.  
- **First Name:** Thomas  
- **Middle Name:**  
- **Last Name:** Howard  
- **Suffix:**  
- **Title:** Executive Director  
- **Telephone Number:** (916) 341-5615  
- **Fax Number:** (916) 341-5621  
- **Email:** thoward@waterboards.ca.gov  
- **Signature of Authorized Representative:**  
- **Date Signed:** 2/12/2014
**APPLICATION FOR FEDERAL ASSISTANCE**

1. **TYPE OF SUBMISSION:**
   - ☐ Preapplication
   □ Construction
   □ Non-Construction

2. **DATE SUBMITTED:**
   02/06/14

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:** Regional Grants Management

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

   **Name and telephone number of the person to be contacted on matters involving this application (give area code):**
   Nela De Castro
   (213) 922-6166

   **STATE CLEARING HOUSE**
   FFB 1 0 2014

6. **EMPLOYER IDENTIFICATION NUMBER (EIN):** 95 - 440 19 75

7. **TYPE OF APPLICANT:**
   - A State
   - B Independent School Dist.
   - C County
   - D Special District
   - E City
   - F Special District
   - G Other (Specify)

8. **TYPE OF APPLICATION:**
   - New
   - Continuation
   - Revision

   **If Revision, enter appropriate letter(s) in box(es):**
   A Increase Award
   B Decrease Award
   C Increase Duration
   D Decrease Duration
   Other (specify)

9. **NAME OF FEDERAL AGENCY:**
   Federal Transit Administration

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 20507

11. **DESCRIPTIVE TITLE OF APPLICANTS PROJECT:**
    Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Z054-01

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

13. **PROPOSED PROJECT**

    | Start Date | Ending Date | Districts 25 – 39, 42 and 46 | Same as Applicant |
    |------------|-------------|-----------------------------|-------------------|
    | 7/6/11     | 12/31/15    |                             |                   |

14. **CONGRESSIONAL DISTRICTS OF**

15. **ESTIMATED FUNDING**

    | Category     | Amount      |
    |--------------|-------------|
    | Federal      | $4,764,192.00 |
    | Applicant    | $0.00       |
    | State        | $0.00       |
    | Local        | $1,191,048.00 |
    | Other        | $0.00       |
    | Program Income | $0.00   |
    | TOTAL        | $5,955,240.00 |

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

    - a. YES
      - This Preapplication Application was made available to the State Executive Order 12272 Process for Review on
      - Date: 2/7/14
    - b. NO
      - Program is not covered by E O 12272
      - or Program has not been selected by State for Review

17. **IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

    - □ Yes  If "Yes" attach an explanation  ☒ No

18. **TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCE IF THE ASSISTANCE IS AWARDED**

   a. Typed Name of Authorized Representative
   b. Title
   c. Telephone number
   d. Signature of Authorized Representative
   e. Date Signed

Standard Form 424 REV 4/88
APPLICATION FOR FEDERAL ASSISTANCE

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

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:
City of Crescent City
Organizational DUNS:
908962661
Address:
3721 S. Street

State:
CA

City:
Crescent City
County:
Del Norte

State Code:
90631

City Code:
216

Email:
e.taylor@crescentcity.org
Fax Number:
707-345-2568

Phone Number:
707-345-2568

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. TYPE OF APPLICATION:
   □ New
   □ Continuation
   □ Revision

8. TYPE OF FUNDING:
   □ Federal
   □ State
   □ Local
   □ Other

9. NAME OF FEDERAL AGENCY:
   USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    Purchase of a New Patrol Car

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
    City of Crescent City & Del Norte County

13. PROPOSED PROJECT

   Start Date:
   July 1, 2013

   Ending Date:

14. CONGRESSIONAL DISTRICTS OF:

   1st District

15. ESTIMATED FUNDING:

   a. Federal
      \$ 28,000

   b. Applicant
      \$ 17,366

   c. State
      \$ 10,000

   d. Local
      \$ 3,000

   e. Other
      \$ 0

   f. Program Income
      \$ 0

   g. TOTAL
      \$ 42,366

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

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

      DATE:

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

   Yes □ No ☒

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

   Authorized Representative
   Prefix: M
   First Name: Eugene
   Middle Name:
   Last Name: Taylor
   Suffix:
   Title: City Manager
   Telephone Number:
   707-345-2568 ext. 232
   Date Signed: 12/1/2014

Authorized for Local Reproduction

Standard Form 424 (Rev.3-2005)
Prepared by OMB Circular A-112
**Application for Federal Assistance SF-424**

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

**RECEIVED**

**3. Date Received:** 2/6/14

4. Applicant Identifier: Department of Food and Agriculture

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

5b. Federal Award Identifier: 14-8506-1005-CA

**STATE CLEARING HOUSE**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th><em>a. Legal Name:</em></th>
<th>State of California</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>b. Employer/Taxpayer Identification Number (EIN/TIN):</em></td>
<td>68-0325104</td>
</tr>
<tr>
<td><em>c. Organizational DUNS:</em></td>
<td>807487665</td>
</tr>
</tbody>
</table>

**d. Address:**

<table>
<thead>
<tr>
<th><em>Street:</em></th>
<th>3294 Meadowview Road</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>City:</em></td>
<td>Sacramento</td>
</tr>
<tr>
<td><em>State:</em></td>
<td>California</td>
</tr>
<tr>
<td><em>Country:</em></td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td><em>Zip / Postal Code:</em></td>
<td>95832</td>
</tr>
</tbody>
</table>

**e. Organizational Unit:**

Department Name: Food and Agriculture

Division Name: Plant Health and Pest Prevention Services

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

Prefix: Dr.

* First Name: Patrick

Middle Name: 

Last Name: Akers

Suffix: 

Title: Acting 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 & Animal Care

12. Funding Opportunity Number:

13. Competition Identification Number:

   Title:

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

15. Descriptive Title of Applicant's Project:

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

### 16. Congressional Districts Of:
- **a. Applicant**: CA; 3rd
- **b. Program/Project**: [District Information]

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

### 17. Proposed Project:
- **a. Start Date**: 10/22/13
- **b. End Date**: 9/30/14

### 18. Estimated Funding ($):
- **a. Federal**: 316,000
- **b. Applicant**: 0
- **c. State**: 0
- **d. Local**: 0
- **e. Other**: 0
- **f. Program Income**: 0
- **g. TOTAL**: 316,000

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- **a. This application was made available to the State under the Executive Order 12372 Process for review on**: [Date 2/10/14]
- **b. Program is subject to E.O. 12372 but has not been selected by the State for review.**
- **c. Program is not covered by E.O. 12372.**

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

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

- **** I AGREE

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

### Authorized Representative:
- **Prefix:**
- **First Name**: Crystal
- **Middle Name:**
- **Last Name**: Myers
- **Suffix:**
- **Title**: Federal Funds Manager
- **Telephone Number**: 916-403-6533
- **Fax Number:**
- **Email**: crystal.myers@cdfa.ca.gov
- **Signature of Authorized Representative**: [Signature]
- **Date Signed**: 2/11/14