

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1 - 15, 2015**. 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.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

FEB 03 2015

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Porifera, Inc.

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

26-2704996

* c. Organizational DUNS:

827597811

d. Address:

* Street1:

3507 Breakwater Ave.

Street2:

* City:

Hayward

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94545

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:

Olgica

Middle Name:

* Last Name:

Bakajin

Suffix:

Ph.D

Title:

Organizational Affiliation:

* Telephone Number:

510 999 5393

Fax Number:

* Email:

olgica@porifera.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

R: Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

R15AS00021

* Title:

Desalination and Water Purification Research and Development (DWPR) Pilot

13. Competition Identification Number:

Title:

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

Hayward, Alameda, CA

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

PFO Solutions for Industrial Water Reuse: 3 Pilot Projects

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="398,815.00"/>
* b. Applicant	<input type="text" value="79,585.00"/>
* c. State	<input type="text" value="1,583,778.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,062,178.00"/>

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

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

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

c. Program is not covered by E.O. 12372.

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
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RECEIVED
FEB 09 2015
STATE CLEARING HOUSE

3. Date Received:	4. Applicant Identifier: 1117-1544
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier: STATE CLEARING HOUSE
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** Davis Energy Group, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2763265	*c. Organizational DUNS: 102840907
---	--

d. Address:

***Street 1:** 123 C Street
Street 2: _____
***City:** Davis
County: Yolo
***State:** California
Province: _____
***Country:** United States
***Zip / Postal Code:** 95616

e. Organizational Unit:

Department Name: N/A	Division Name: N/A
--------------------------------	------------------------------

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

Prefix: Mr. ***First Name:** David
Middle Name: _____
***Last Name:** Springer
Suffix: _____
Title: Vice President
Organizational Affiliation:
Davis Energy Group, Inc.
***Telephone Number:** 530-753-1100 x26 **Fax Number:** 530-753-4125
***Email:** springer@davisenergy.com

Application for Federal Assistance SF-424

Version 02

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

R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Department of Energy Office of Energy Efficiency and Renewable Energy

11. Catalog of Federal Domestic Assistance Number:

81.086 _____

CFDA Title:

Conservation Research and Development _____

***12 Funding Opportunity Number:**

DE-FOA-0001117 _____

*Title:

Building America Industry Partnerships for High Performance Housing Innovations _____

13. Competition Identification Number:

N/A _____

Title:

N/A _____

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

Davis, Yolo, California, Arkansas, Texas

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

Low Cost, Low Impact HVAC Measures for Hot-Humid and Cold Climates

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-003

*b. Program/Project: CA-all, Arkansas-all, Texas-all

17. Proposed Project:

*a. Start Date: 06/2015

*b. End Date: 06/2017

18. Estimated Funding (\$):

*a. Federal	972,412
*b. Applicant	69,576
*c. State	
*d. Local	
*e. Other	200,000
*f. Program Income	0.00
*g. TOTAL	1,241,988

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 02/02/15
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

- Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: David

Middle Name: _____

*Last Name: Springer

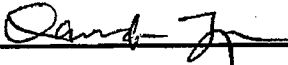
Suffix: _____

*Title: Vice President

*Telephone Number: 530-753-1100 x26

Fax Number: 530-753-4125

* Email: springer@davisenergy.com

*Signature of Authorized Representative: 

*Date Signed: 2/2/15

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): E. Other (explain below) * Other (Specify)	
* 3. Date Received:		4. Application Identifier: Redding Municipal Airport (RDD)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 10 2015 STATE CLEARING HOUSE </div>	
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 Redding, California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401			*c. Organizational DUNS: 07-378-0413		
d. Address:					
* Street1: 777 Cypress Avenue Street 2: * City: Redding County: Shasta * State: California Province: Country: USA					
*Zip/ Postal Code: 96001					
e. Organizational Unit:					
Department Name: Support Services			Division Name: Airports		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Rod			
Middle Name: A.					
* Last Name: Dinger					
Suffix:					
Title: Support Services/Airport Director					
Organizational Affiliation: City of Redding, California					
* Telephone Number: (530) 224-4321			Fax Number: (530) 224-4318		
* Email: rdinger@ci.redding.ca.us					

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

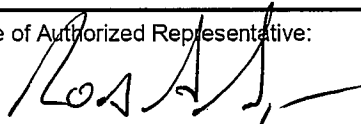
14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

* 15. Descriptive Title of Applicant's Project:

1.) ADA Passenger Loading Ramp; 2.) Airport Pavement Management System (APMS) Study (Including PCN); 3.) West Tie-Down Apron Reconstruction – Design Only; 4.) T-Hangar Taxiway Reconstruction – Design Only; and 5.) Runway/Taxiway Remarking and Signage (MAGVAR)

Attach supporting documents as specified in agency instructions.

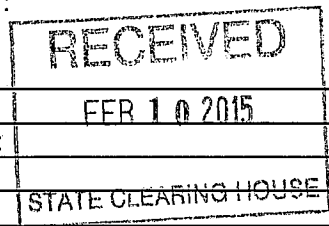
Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: #02	*b. Program/Project: #02
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 04/01/2015	*b. End Date: 09/30/2016
18. Estimated Funding (\$):	
*a. Federal	<u>680,403.00</u>
*b. Applicant	<u>70,097.00</u>
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	<u>750,500.00</u>
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>02/04/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> ** 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: Rod
Middle Name: A.	
*Last Name: Dinger	
Suffix:	
*Title: Support Services/Airport Director	
*Telephone Number: (530) 224-4321	Fax Number: (530) 224-4318
* Email: rdinger@ci.redding.ca.us	
*Signature of Authorized Representative: 	*Date Signed: <u>2/3/15</u>

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): E. Other (explain below) * Other (Specify) Revised to reflect "Based on Bids" costs.
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* 3. Date Received:	4. Application Identifier: Benton Airpark (O85)
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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State Use Only:	6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name: City of Redding, California	*c. Organizational DUNS: 07-378-0413
--	--------------------------------------

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000401
--

d. Address:	
* Street1: 777 Cypress Avenue	* Zip/ Postal Code: 96001
Street 2:	
* City: Redding	
County: Shasta	
* State: California	
Province:	
Country: USA	

e. Organizational Unit:	
Department Name: Support Services	Division Name: Airports

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

Prefix: Mr.	First Name: Rod
Middle Name: A.	
* Last Name: Dinger	
Suffix:	

Title: Support Services/Airport Director
--

Organizational Affiliation: City of Redding, California
--

* Telephone Number: (530) 224-4321	Fax Number: (530) 224-4318
------------------------------------	----------------------------

* Email: rdinger@ci.redding.ca.us

Application for Federal Assistance SF-424

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

N/A

Title:

N/A

13. Competition Identification Number: N/A

Title: N/A

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

Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California

* 15. Descriptive Title of Applicant's Project:

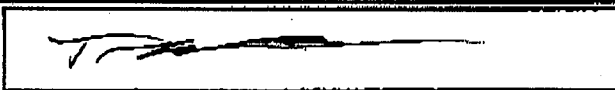
Airport Pavement Management System (APMS) Study

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: R15AS00021	
State Use Only:	RECEIVED FEB 13 2015 STATE CLEARING HOUSE	
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Sephton Water Technology, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 71-093-1128	* c. Organizational DUNS: 0979227310000	
d. Address:		
* Street1: 120 York Avenue	Street2: _____	
* City: Kensington	County/Parish: Contra Costa	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 94708-1045	
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: Thomas	
Middle Name: _____	* Last Name: Sephton	
Suffix: _____	Title: President	
Organizational Affiliation: Sephton Water Technology, Inc.		
* Telephone Number: 760-623-2583	Fax Number: 510-868-8073	
* Email: tomsephton@sephtonwatertech.com		

Application for Federal Assistance SF-424			
* 9. Type of Applicant 1: Select Applicant Type:			
<input type="text" value="R: Small Business"/>			
Type of Applicant 2: Select Applicant Type:			
<input type="text"/>			
Type of Applicant 3: Select Applicant Type:			
<input type="text"/>			
* Other (specify):			
<input type="text"/>			
* 10. Name of Federal Agency:			
<input type="text" value="Department of the Interior, Bureau of Reclamation"/>			
11. Catalog of Federal Domestic Assistance Number:			
<input type="text" value="15.506"/>			
CFDA Title:			
<input type="text" value="Water Desalination Research and Development Program"/>			
* 12. Funding Opportunity Number:			
<input type="text" value="R15AS00021"/>			
* Title:			
<input type="text" value="Desalination and Water Purification Research and Development Program (DWPR)"/>			
13. Competition Identification Number:			
<input type="text"/>			
Title:			
<input type="text"/>			
14. Areas Affected by Project (Cities, Counties, States, etc.):			
<input type="text" value="AffectedAreas01.txt"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
* 15. Descriptive Title of Applicant's Project:			
<input type="text" value="Concentrate Management for Beneficial Use, Pilot Project"/>			
Attach supporting documents as specified in agency instructions.			
<input type="button" value="Add Attachments"/>	<input type="button" value="Delete Attachments"/>	<input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant <input type="text" value="CA-011"/>	* b. Program/Project <input type="text" value="CA-051"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="10/01/2015"/>	* b. End Date: <input type="text" value="06/12/2016"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="199,915.04"/>
* b. Applicant	<input type="text" value="17,669.59"/>
* c. State	<input type="text" value="279,365.80"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="496,950.43"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="02/13/2015"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** 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: <input type="text"/>	* First Name: <input type="text" value="Thomas"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Sephton"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="President"/>	
* Telephone Number: <input type="text" value="760-623-2593"/>	Fax Number: <input type="text" value="510-868-8073"/>
* Email: <input type="text" value="tomsephton@sephtonwatertech.com"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="02/13/2015"/>

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

Application for Federal Assistance SF-424		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 3. Date Received:	4. Applicant Identifier:	
Completed by Grants.gov upon submission.	<input type="text"/>	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
95-2755743	<input type="text"/>	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
<input type="text"/>	<input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: San Simeon Community Services District		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
95-2755743	008068843	
d. Address:		
* Street 1:	111 Pico Avenue	
* Street 2:	<input type="text"/>	
* City:	San Simeon	
* County/Parish:	<input type="text"/>	
* State:	CA	
* Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	93452	
e. Organizational Unit:		
Department Name:	Division Name:	
San Simeon CBD Water Facility	N/A	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	<input type="text"/>
Mr.	Charles	<input type="text"/>
Middle Name:	Robert	
* Last Name:	Grace	
Suffix:	<input type="text"/>	
Title:	General Manager	
Organizational Affiliation:		
<input type="text"/>		
* Telephone Number:	Fax Number:	<input type="text"/>
(805) 927-4776	(805) 927-0399	<input type="text"/>
* Email:	sansimeoncommunityservices@yahoo.com	

RECEIVED
FEB 13 2015
STATE CLEARING HOUSE

Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

Water Program- Drought Assistance

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

Wellhead Treatment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="24th"/>	* b. Program/Project: <input type="text" value="24th"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="07-01-2015"/>	* b. End Date: <input type="text" value="09-30-2015"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="\$500,000.00"/>
* b. Applicant	<input type="text" value="\$500,000.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$1,000,000.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach.	
<input type="text"/>	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>
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)	
<input checked="" type="checkbox"/> ** 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: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Charles"/>
Middle Name: <input type="text" value="Robert"/>	
* Last Name: <input type="text" value="Grace"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="General Manager"/>	
* Telephone Number: <input type="text" value="(805) 927-4778"/>	* Fax Number: <input type="text" value="(805) 927-0399"/>
* Email: <input type="text" value="sansimeoncommunityservices@yahoo."/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>