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.

Application for Federal Assist	ance SF-424		Version 02						
*1, Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):							
Preapplication	⋉ New								
X Application	Continuation	* Other (Specify)	•						
Changed/Corrected Application	Revision	I PEDFULVED							
*3. Date Received:	4. Applicant Identifier:	FEB 0 3 2015							
Completed by Grants.gov upon submission.		0 0 00							
5a. Federal Emity Identifier:		*5b. Federal Award Identifier. STATE CLEARING HOUSE							
		William Company of Control of Con	•						
State Use Only:									
6. Date Received by State:	7. State Application	on Identifier:							
8. APPLICANT INFORMATION:	***************************************		· ·						
*a. Legal Name: Porifera, Inc.									
* 5. Employer/Taxpayer Identification No	mber (EIN/TIN):	* c. Organizational DUNS:							
26-2704998		827597811							
d. Address:									
'Street1: 3507 Breakwat	ter 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 p	person to be contacted on	matters involving this application:							
Prefix:	* First Na	nme: Olgica							
Middle Name:									
*Last Name: Bakajin									
Suffix: Ph.D		;							
True:									
Organizational Affiliation:									
*Telephone Number: 510 999 5393	}	Fax Number:							
• Email: olgica@porifera.com	1								

Application for Federal Assistance SF-424	sion 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:	
Sureau of Reclamation	
11. Catalog of Federal Domestic Assistance Number:	***
The state of the s	
CFDA Title:	
* 12. Funding Opportunity Number:	
R15AS00021	
`Title:	
Desalination and Water Purification Research and Development (DWPR) Filot	
13. Competition Identification Number:	
Title:	ļ
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.	
Add Affactiments Dolos Addisons Solve Statements	

Application	for Federal Assista	nce SF-424						Version 02
16. Congressi	ional Districts Of:							
* a. Applicant	CX-015			* b. Pr	ogram/F	Project CA-015		
Attach an addit	ional list of Program/Projec	t Congressional Districts if ne	eded.					
	,	Add Attachment	S 60 8 8 660	on end	Visit A	ate Unions		
17. Proposed	Project:			•	~~~		~~~~	
* a. Start Date:	10/01/2015		•		*b. En	nd Date: 09/30/2	:017	
18. Estimated	Funding (\$):							
* a. Federal		398,815.00			~~~~			
* b. Applicant		79,585.00						
*c. State		1,583,778.00						
4 d. Local		0.00						
³ e. Other		0.00	•					
*f. Program In	ncome	0.00						
g. TOTAL		2,062,178.00						
*20. Is the Ap Yes 21. *By signir herein are tru	No ng this application, I cerus, complete and accur	iny Federal Debt? (if "Yes"	ontained in	the list of ca	the rec	duired assurances	s** and agree to	
subject me to	oriminal, civil, or admin	ccept an award. I am award istrative penalties. (U.S. C	that any fai ode, Title 21	se, fictitious 3, Section 10	i, or fra 101)	udulent statement	s or claims may	
X ** I AGRE							• '	
" The list of c specific instruct	pertifications and assurance tions.	es, or an internet site where	you may obt	tain this list, i	is conta	nined in the announ	coment or agency	
Authorized Re	epresentative:							
Prefix:		* First Nam	e: Olgica					
Middle Name:								
* Last Name:	Bakajin							
Suffix:								
* Tide: CI	EO							
* Telephone Nu	imber: 510 999 5393			Fax Number	r. [*************************************]
·····	ca@porifera.com				*******			
	Authorized Representative:	Campleted by Grants.gav upon	aubmisalon.	* Date Sig	nęd:	Completed by Grants.go	v upon aubmission.	<u> </u>

Application for Federal Assist	ance SF-424	·	Version 02				
*1. Type of Submission:	*2. Type of Application * If Revision, select appropriate letter(s)						
☐ Preapplication	⊠ New						
	Continuation *Other (Specify)						
☐ Changed/Corrected Application	Revision	□ Revision □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
3. Date Received:	4. Applicant Identifier: 1117-1544		FEB 0 9 2015				
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	STATE CLEARING HOUSE				
State Use Only:			Secretary and the secretary an				
6. Date Received by State:	7. State Ar	oplication Identifier:					
8. APPLICANT INFORMATION:							
*a. Legal Name: Davis Energy Gro	up, Inc.		· ,				
*b. Employer/Taxpayer Identificatio		*c. Organizational DUNS: 102840907					
d. Address:							
*Street 1: <u>123 C S</u> Street 2:	reet						
*City: <u>Davis</u>							
County: <u>Yolo</u>	-						
*State: <u>Californi</u>	a						
Province:	<u> </u>		•				
*Country: <u>United S</u>	tates						
*Zip / Postal Code <u>95616</u>							
e. Organizational Unit: Department Name: N/A		Division Name: N/A					
f. Name and contact information	of person to be conta	cted on matters involving this	application:				
Prefix: Mr. Middle Name:	*First Name:	David	1				
*Last Name: <u>Springer</u> Suffix:	_						
Title: Vice President			· · · · · · · · · · · · · · · · · · ·				
Organizational Affiliation: Davis Energy Group, Inc.							
*Telephone Number: 530-753-11	00 x26	Fax Number: 530-753-4125	5				
*Email: springer@davisenergy.co	om		,				

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:	Y
and the second of the second o	·
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
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:	
<u>N/A</u>	
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 F	ederal Assistance SF-424			Version 02
16. Congressional	Districts Of:			
*a. Applicant: CA-0	03	*b.	Program/Project: C	A-all, Arkansas-all, Texas-all
17. Proposed Pro	ject:			
*a. Start Date: 06/2	2015	*b.	End Date: 06/2017	
18. Estimated Fun	ding (\$):			
*a. Federal	972,412			
*b. Applicant	69,576			•
*c. State				
*d. Local		•		
*e. Other	200,000			
*f. Program Incom	9.00			
*g. TOTAL	1,241,988			
☐ Yes ☐ 21. *By signing this herein are true, corwith any resulting to me to criminal, civii ■ ** I AGREE	ant Delinquent On Any Federal Debt? No application, I certify (1) to the statemer applete and accurate to the best of my known if I accept an award. I am aware to, or administrative penalties. (U. S. Contactions and assurances, or an internet stations.)	nts contained in t nowledge. I also that any false, fic de, Title 218, Se	he list of certification provide the required titious, or fraudulent ction 1001)	l assurances** and agree to comply statements or claims may subject
agency specific ins				
Authorized Repre	sentative:			
Middle Name:	Ar. *Fire	st Name: <u>David</u>		
*Title: Vice Presid	ent			
*Telephone Numb	er: 530-753-1100 x26		Fax Number: 530-	753-4125
* Email: springer@	Qdavisenergy.com			
*Signature of Auth	prized Representative:	- 7~		*Date Signed: 2/2/15

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

Application for Federal Assistan	ce SF-424				
* 1. Type of Submission	* 2. Type of Applic	cation	* If Revision, select a	appropriate letter(s):	
☐ Preapplication	■ New		E. Other (explain bel	ow)	
Application	Continuation		* Other (Specify)		
Changed/Corrected Application	Revision				
* 3. Date Received:	4. Application	Identifie	er:	Australians con and animals community to describe the control of t	
	Redding Mu	nicipal Air	port (RDD)	DECEN/ED	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: FEB 1 0 2015				
State Use Only:				STATE CLEARING HOUSE	
6. Date Received by State:		7. State	Application Identifier:	OTATE OF CAMING HOUSE	
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Redding, Ca					
* b. Employer/Taxpayer Identification	Number (EIN/TIN):		*c. Organizational DUN	S:	
94-6000401			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:			Division Name:		
Support Services					
f. Name and contact information of	-		-	application:	
Prefix: Mr.	Fi	rst 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: 4.) ADA Researce Leading Remn 2.) Airport Revenuent Management System (ADMS) Study (Including RCN); 3.) West Tip Down Aprop
 ADA Passenger Loading Ramp; Airport Pavement Management System (APMS) Study (Including PCN); West Tie-Down Apron Reconstruction – Design Only; T-Hangar Taxilane Reconstruction – Design Only; Runway/Taxiway Remarking and Signage (MAGVAR)
Attach supporting documents as specified in agency instructions.

Application for Fed	leral Assistance SF-424						
16. Congressional Di	stricts 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: 04/01/2	2015	*b	. End Date: 09/30/2	016			
18. Estimated Fundin	g (\$):						
*a. Federal	680,403.00						
*b. Applicant	70,097.00						
*c. State							
*d. Local							
*e. Other	.						
*f. Program Income							
*g. TOTAL	750,500.00						
*19. Is Application Sເ	bject to Review By State U	Inder Executive Order	12372 Process?				
a. This application	was made available to the S	tate under the Executive	e Order 12372 Proce	ess for review on <u>02/04/2015</u>			
🗖 b. Program is subje	ect to E.O. 12372 but has not	t been selected by the S	state for review.				
C. Program is not o	overed by E.O. 12372						
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)							
☐ Yes ☐ No							
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
✓ ** I AGREE							
** The list of certification agency specific instructions		ternet site where you ma	ay obtain this list, is	contained in the announcement or			
Authorized Represen	tative:		······································				
Prefix: Mr.		*First Name: Rod					
Middle Name: A.							
*Last Name: Dinger							
Suffix:							
*Title: Support Service	es/Airport Director						
*Telephone Number:	(530) 224-4321		Fax Number: (530	0) 224-4318			
* Email: rdinger@ci.re	dding.ca.us		_				
*Signature of Authorize	ed Representative:			*Date Signed:			

Application for Federal Assistan	ce SF-424				
* 1. Type of Submission					
☐ Preapplication	■ New		E. Other (explain b	elow)	
Application	☐ Continuation		* Other (Specify)		
☐ Changed/Corrected Application	Revision		Revised to reflect "	Based on Bids" costs.	
* 3. Date Received:	4. Application		er:		
	Benton Airpa		- I I A I I I 127		
5a. Federal Entity Identifier:		^ 5D. F	ederal Award Identifier: r	Sand Rent And Area 6.3 1 Em 8.4	
			THE STATE OF THE S	RECEIVED	
State Use Only:			**************************************	FFR 1 0 2015	
6. Date Received by State:		7. State	Application Identifier:		
8. APPLICANT INFORMATION:				TARING HOUSE	
* a. Legal Name: City of Redding, Ca	lifornia			STATE CLEARING HOUSE	
* b. Employer/Taxpayer Identification	Number (EIN/TIN):		*c. Organizational DL	JNS:	
94-6000401			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:			Division Name:		
Support Services			Airports		
''					
f. Name and contact information of	nerson to be cont	acted o	 n matters involving thi	s application:	
Prefix: Mr.		rst Name			
Middle Name: A.	• •		- Rou		
* Last Name: Dinger					
Suffix:					
Title: Support Services/Airport Director					
Organizational Affiliation:					
City of Redding, California					
* Tolophono Number: (530) 834 4334		En	Number: (FOO) OO4 404	0	
* Telephone Number: (530) 224-4321 * Email: rdinger@ci.redding.ca.us		гал	Number: (530) 224-431	0	
rginger@ci.regging.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.

Application for Federal Assistance SF-424							
16. Congressional Di	stricts Of:						
*a. Applicant: #02		*t	o. Program/Project: #	1 02			
Attach an additional list of Program/Project Congressional Districts if needed.							
17. Proposed Project	:						
*a. Start Date: 04/01/2	2015	*t	o. End Date: 09/30/2	015			
18. Estimated Fundin	g (\$):						
*a. Federal	45,000.00						
*b. Applicant	2,750.00						
*c. State	2,250.00						
*d. Local							
*e. Other							
*f. Program Income							
*g. TOTAL	50,000.00						
*19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on 02/04/2015 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372 *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.) Yes No 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply							
with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE							
** The list of certification agency specific instruction	ons and assurances, or an internet sit tions.	e where you m	ay obtain this list, is	contained in the announcement or			
Authorized Represen	tative:						
Prefix: Mr.	*Firs	Name: Rod					
Middle Name: A.							
*Last Name: Dinger							
Suffix:							
*Title: Support Service	es Director/Airports Manager						
*Telephone Number:	(530) 224-4321		Fax Number: (530)) 224-4318			
* Email: rdinger@ci.re	dding.ca.us						
*Signature of Authorize	Representative:			*Date Signed: 1			

Water Technology, 5108688073

Application for Federal Assistance SF-424						
1. Type of Submission: Preapplication Application	*2. Type of Application: New Continuation	* If Revision, select appropriate letter(s): **Other (Specify):				
Changed/Corrected Application	Revision					
*3. Date Received:	4. Applicant Identifier:	DELLY DWART WAS LOCAL S.P. & Barrier March				
	DECEN					
5a. Federal Entity Identifier:		5b. Federal Award Ide	nunor:			
State Use Only:			STATE CLEARING HOUSE			
6. Date Received by State:	7. State Application	ldentifier:	STATE LET SUITE THE STATE OF TH			
B. APPLICANT INFORMATION:						
*a, Legal Name: Sephton Water '	Sechnology, Inc.	•				
* b. Employer/Taxpayer Identification Number (EiN/TIN): 71-093-1128 * c. Organizational DUNS: 0979227310000						
d. Address:		~				
*Street1: 120 York Aver	uue					
Street2: *City: Kennington						
County/Parish: Contra Costa	Breefring					
* State:		CA: Californ	nia			
Province:						
* Country;		USA: UNITED ST	PATES			
*Zip / Postal Code: 94708-1045						
e. Organizational Unit:						
Department Name:		Division Name:				
f. Name and contact information of p	erson to be contacted on m	atters involving this ap	plication:			
Prefix:	* First Name	e: Thomas				
Middle Name:			•			
*Last Name: Sephtion						
Suffix:						
Title: President						
Organizational Affiliation:						
Sephton Water Technology, Inc.						
*Telephone Number: 760-623-2583 Fax Number: 510-868-8073						
Email: townsephton@sephtonwatertech.com						

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type:	
R: Small Business	
Typo of Applicant 2: Select Applicant Type:	
·	
Туре of Applicant 3: Select Applicant Type:	
* Other (specify):	
A 40 Name of Endown Amount	
* 10. Name of Federal Agency:	
Department of the Interior, Bureau of Reclamation	
11. Catalog of Federal Domestic Assistance Number:	
15.506	
CFDA Title:	
Water Desalination Research and Development Program	
	·
* 12. Funding Opportunity Number:	
R15AS00021	
*Title:	
Desalination and Water Purification Research and Development Program (DWPR)	
13. Competition Identification Number:	
Title:	
·	
	•
	····
14. Areas Affected by Project (Cities, Countles, States, etc.):	
AffectedAreas01.0x0 Add Attachment Delete Attachment View Attachment	
* 15. Descriptive Title of Applicant's Project:	
Concentrate Management for Beneficial Use, Filot Project	. :
Attach supporting documents as specified in agency instructions.	
Add Attachments October Attachments View Attachments	

Application for Federal Assistance SF-424			
16. Congressional Districts Of:			
*a. Applicant CA-011		* b. Program/Project	CA-051
Attach an additional list of Program/Project Congressional Distric	cts if needed.		
	Add Attachmen	t Oelete Al(actiment	View Attachment
17. Proposed Project:			
a. Stert Date: 10/01/2015		* b. End Date:	06/12/2016
18. Estimated Funding (\$):			
*a. Federal 199, 915.04			
*b. Applicant 17, 669.59		ı	
"c: State 279,365.80			
*d, Local 0.00			
*e. Other 0.00			
*f. Program Income 0.00			
*g. TOTAL 496, 950.43			
19. Is Application Subject to Review By State Under Exe	cutive Order 12372	? Process?	
a. This application was made available to the State und	er the Executive O	rder 12372 Process for review	von 02/13/2015 .
b. Program is subject to E.O. 12372 but has not been s	elected by the Stat	e for review.	
c. Program is not covered by E.O. 12372.			
* 20. Is the Applicant Delinquent On Any Federal Debt? (If	"Yes," provide ex	planation in attachment.)	
Yee No			and the second
If "Yes", provide explanation and attach			
	Add Attachmen	t Delete Attachment	View Aftachment
21. *By signing this application, I certify (1) to the statem herein are true, complete and accurate to the best of no comply with any resulting terms if I accept an award. I am subject me to criminal, civil, or administrative penalties. (I ** I AGREE* *** The list of certifications and assurances, or an internet site specific instructions.	ny knowledge. I a aware that any fal U.S. Code, Title 21	iso provide the required as se, fictitious, or fraudulent s 8, Section 1001)	surances** and agree to tatements or claims may
Authorized Representative:			
Prefix: Fin	st Name: Thomas		
Middle Name:	4.1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
*Last Name: Sephton			
Suffix:			
Title: President			•
*Telephone Number: 760-623-2593		Fax Number: 510-868-807	73
*Email: tomsephton@sephtonwatertech.com		1 10 11 1 10 10 11 11	
* Signature of Authorized Representative:			* Date Signed: 02/13/2015

Application for	Federal Acels	tance SF-424					
* 1. Type of Submissi	on:	* 2. Type of Application:	* If Revision, select appropriate letter(s):				
Preapplication		New	, opinion and the second of th				
✓ Application	•	Continuation	Other (Specify)				
Changed/Correct	ed Application	Revision					
* 3. Date Received:	` .	4. Applicant Identifier:					
Completed by Grants.gov (spon aubinfesion.						
ба, Federal Entity Ide	antifier;		* 5b. Federal Award Identifier:				
95-2755743							
State Use Only:			^				
6. Date Received by	Stato:	7. State Application	on Identifier:				
8. APPLICANT INFO	RMATION:		es District c. Organizational DUNS: 4/47 200				
• a. Legal Name:	San Simeon	Community Serivice	es District				
* b. Employer/Taxpay	er identification Nu	mber (EIN/TIN):	c. Organizational DUNS: O08068843 O08068843				
95-2755743			008068843 CIEAR				
d. Address:			YG HOLL				
• Street 1:	111 Pico A	Venue					
Street 2:							
· City:	San Simeon						
County/Periah:							
* State:	CA						
Province							
* Country:			USA: UNITED STATES				
▼Zip / Postal Code:	93452						
e. Organizational Un	ilti						
Department Name:			Division Name:				
San Simeon C	9D Water Fac	cility	N/A				
f. Name and contact	information of per	son to be contacted on matt	tters involving this application:				
Prefix: Mr.		"First Name	ne: Charles				
	pert						
· Last Name: Gra	.ce						
Suffix:							
Title: General Manager							
Organizational Affiliation:							
* Telephone Number:	(805) 927	-4778	Fax Number: (805) 927-0399				
· Email: sansi	meoncommun1	ysarvices@yahoo.c					

Application for Federal Assistance SF-424	
9. Type of Applicant J - Select Applicant Type:	
Water Program- Drought Assistance	
Type of Applicant 2- Select Applicant Type;	-
	<u></u>
Type of Applicant 3- Select Applicant Type:	,
]
* Olher (apacity);	
* 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 Affacted by Project (Cities, Counties, States, etc.):	
The state of the s	
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	
Add Attachments View Attachments	
<u> </u>	İ

A == 11 == A1 ===	#== == .11 A . 1 A						
Application	for Federal Assista	nce SF-424					
16. Congressio	nal Districts Of:						
* a. Applicant	24th			* b. Program	/Project	24th	
Attach en additio	onal list of Program/Project	Congressional Districts	if needed.				·.
		Ad	d Attachments	Delete Attachi	monte	View Attachments	
17. Proposed P	roject:						
* a. Start Dale:	07-01-2015	•		* b, 6	nd Dale:	09-30-2015	
18. Estimated F	Funding (\$):						
* u. Federal		\$500 000 0 0					
* b. Applicant		\$500,000.00 \$500,000.00	\neg				
° c. State		4500,000,00	Ť .				
d. Local			i				
* e. Other		************	<u> </u>				
* f. Program inco	ome		1				
* g, TOTAL		\$1,000,000.00	i				
* 19. is Applicat	tion Subject to Review By			rocess?			
<u> </u>	etion was made available to				lew on [-	
í <u> </u>	aubject to E.O. 12372 but					·	
1	not covered by E.O. 12372		•				
20. is the App	licant Delinquent On Any	Fodoral Dabt? (If "Yes	", provide expla	netion.)			
Yes	√ No						
If "Yes, provide	explanation and attach.						
 				_ <u></u>			
	·		Add Attachme	nts Dolete Atta	chments	View Attachments	
21. "By signing	this application, I certify	(1) to the statements of	ontained in the	list of cartifications	••• and (2) t	hat the statements	,
Learnnub cause	ir i accept an award. I am	aware that any faiso.	fictitious, or frat	vide the required a Idulent statements	eurances' seurances ro	" and agree to comply with any may subject me to criminal,	y
CIVII, OF BOINING	urauve penalues, (U.S. Co	ode, Title 218, Section	1001)			•	
✓ "IAGREE	<u>- </u>						
** The list of cert specific instruction	ifications and assurances,	or an internet site where	you may obtain t	this list, is contained	in the enno	uncement or agency	
apacine manuem	2(18.						
Authorized Rep	resentative:						•
Prefix:	Mr.	First (lame: Char	las		<u> </u>	
Middle Name:	Robert						
*Last Name:	Grace						
Suffix:							
Title; Gen	eral Manager				<u> </u>		
Telephone Num	iber (805) 927-4	770	NT N	Fax Number: (805) 92	7-0399	
*Email: sai	nsimeondommunity	services@vaho	o.				=
	sthorized Representative:	Completed by Granta.gov		* Date Signed:	Complete	d by Grante, gov upon submission.	<u> </u>
	<u>_</u>						