Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse February 16 - 28, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
# Application for Federal Assistance SF-424

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

<table>
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<tr>
<th>Preapplication</th>
<th>Application</th>
<th>Changed/Corrected Application</th>
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*If Revision, select appropriate letter(s):*  
[ ] New  
[ ] Continuation  
[ ] Revision  
[ ] Other (Specify)

**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:**  
[ ]  

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

**c. Organizational DUNS:**  
[ ]  

**d. Address:**  

<table>
<thead>
<tr>
<th>Street 1:</th>
<th>ADOO 10TH STREET, SUITE 2400</th>
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<tr>
<td>Street 2:</td>
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</tr>
<tr>
<td>City:</td>
<td>ROBESO</td>
</tr>
<tr>
<td>County/Parish:</td>
<td>STANISLAUS</td>
</tr>
<tr>
<td>State:</td>
<td>CALIFORNIA</td>
</tr>
<tr>
<td>Province:</td>
<td></td>
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<tr>
<td>Country:</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>95355</td>
</tr>
</tbody>
</table>

**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:**  
[ ]  

**Middle Name:**  
[ ]  

**Last Name:**  
[ ]  

**Suffix:**  
[ ]  

**Title:**  
[ ]  

**Organizational Affiliation:**  
[ ]  

**Telephone Number:**  
[ ]  

**Fax Number:**  
[ ]  

**Email:**  
[ ]  

**RECEIVED**  
[ ]  

**STATE CLEARING HOUSE**  
[ ]  

**FEB 10 2014**  
[ ]
**Application for Federal Assistance SF-424**

9. Type of Applicant 1 - Select Applicant Type:

<table>
<thead>
<tr>
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* Other (specify):

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10. Name of Federal Agency:

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11. Catalog of Federal Domestic Assistance Number:

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12. Funding Opportunity Number:

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* Title:

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13. Competition Identification Number:

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

<table>
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<tr>
<th>EMPIRE, STANISLAUS COUNTY, CA</th>
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</thead>
<tbody>
<tr>
<td>Add Attachment</td>
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</tbody>
</table>

15. Descriptive Title of Applicant's Project:

**EMPIRE STORM DRAIN PROJECT**

Installation of a positive storm drain collection system for the entire community of Empire. The storm drain collection system minimizes water and sediment runoff, preventing erosion of roads, streets, and other property - see attachment.

Attach supporting documents as specified in agency instructions.

<table>
<thead>
<tr>
<th>Attach Supporting Document</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
</table>
Application for Federal Assistance SF-424

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

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

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

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

22. Did application infringe on any Federal S&G? [Yes/No]
   - Yes [REDACTED]
   - No
   If "Yes", provide explanation and attach.

23. *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)

24. *I Agree

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

Authorized Representative:
Prefix: [REDACTED]
Middle Name: [REDACTED]
* Last Name: [REDACTED]
Suffic: [REDACTED]
Title: [REDACTED]
*Telephone Number: [REDACTED] Fax Number: [REDACTED]
* Email: [REDACTED]
* Signature of Authorized Representative: [REDACTED]
* Date Signed: [REDACTED]
February 12, 2014

California State Clearinghouse
Governor’s Office of Planning & Research
P.O. Box 3044
Sacramento, CA 95812

To Whom It May Concern,

Stanislaus County will submit an Application for funds to the United States Department of Agriculture (USDA) for the Empire Storm Drain Project. The purpose of the Empire Storm Drain Project is to provide a modern, low maintenance, storm drainage system for the disadvantaged rural community of Empire.

As part of the “Pre-Application”, USDA requires that a cover letter and the completed Form SF 424 be submitted to State and Local Clearinghouses. Attached you will find Form SF 424 also known as “Application for Federal Assistance”.

If you have any questions please feel free to contact me at 209-525-6330 or via email at angela@stancounty.com.

Sincerely,

Angela Freitas
Director
Application for Federal Assistance SF-424

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

2. Type of Application:
   - New [ ]
   - Continuation [ ]
   - Revision [X]
   - If Revision, select appropriate letter(s): A [ ]
   - Other (Specify) [ ]

3. Date Received: [ ]

4. Applicant Identifier:
   - CA Department of Food and Agriculture [ ]

5a. Federal Entity Identifier: [ ]

5b. Federal Award Identifier: 14-8505-1164-CA [ ]

6. Date Received by State: 02/10/14 [ ]

7. State Application Identifier: 13-0326-FR [ ]

8. APPLICANT INFORMATION:

   a. Legal Name: State of California [ ]

   b. Employer/Taxpayer Identification Number (EIN/TIN): 69-0325104 [ ]

   c. Organizational DUNS: 807487665 [ ]

   d. Address:
      - Street1: 3284 Meadowview Road [ ]
      - City: Sacramento [ ]
      - County: Sacramento [ ]
      - State: California [ ]
      - Zip / Postal Code: 95832 [ ]

   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: [ ]
      - * First Name: Duane [ ]
      - Middle Name: [ ]
      - Last Name: Schnabel [ ]
      - Suffix: [ ]

      - Title: Branch Chief [ ]

      - Organizational Affiliation: [ ]

      - * Telephone Number: 916-654-0312 [ ]

      - Fax Number: 916-654-0986 [ ]

      - * Email: duane.schnabel@CDFa.ca.gov [ ]
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
10-025
CFDA Title:
Plant & Animal Disease, Pest Control and Animal Care

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

State of California

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

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

16. Congressional Districts Of:
   
   * a. Applicant: CA; 3rd
   
   * b. Program/Project: Statewide

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

17. Proposed Project:
   
   * a. Start Date: 10/01/13
   
   * b. End Date: 09/30/14

18. Estimated Funding ($):
   
   * a. Federal: $600,000
   
   * b. Applicant: $0
   
   * c. State: $0
   
   * d. Local: $0
   
   * e. Other: $0
   
   * f. Program Income: $0
   
   * g. TOTAL: $600,000

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 02/19/2014.
   
   - [ ] 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
   
   - [x] No

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

   - [x] ** I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Crystal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Myers</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

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

| * Email: crystal.myers@cfla.ca.gov |

| * Signature of Authorized Representative: Crystal Myers | * Date Signed: 2/10/2014 |
Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received: 2/18/14
4. Applicant Identifier: 1666

5a. Federal Entity Identifier: 1666
5b. Federal Award Identifier: 1666

6. Date Received by State: 2/18/14
7. State Application Identifier: 1666

8. APPLICANT INFORMATION:
   a. Legal Name: City of Torrance (Torrance Transit System)
   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000803
   c. Organizational DUNS: 136190357
   d. Address:
      - 20500 Madrona Avenue
      - Torrance
      - Los Angeles
      - California
      - United States
      - 90503
   e. Organizational Unit:
      - Department Name: Transit
      - Division Name: Administration
   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - *First Name: Jim
      - Middle Name: 
      - *Last Name: Mills
      - Suffix: 
      - Title: Administration Manager
      - Organizational Affiliation: Division Manager
      - *Telephone Number: 310.618.6291
      - Fax Number: 310.618.6229
      - *Email: jmills@torranceca.gov
<table>
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<th>Answer</th>
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<td>Competition Identification Number:</td>
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<td>Title:</td>
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<td>Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>City of Torrance/ Los Angeles County/Southern California.</td>
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<td>Descriptive Title of Applicant's Project:</td>
<td>CA-95-X240 - FY2013 Call For Projects (Replacement Buses FY2007 &amp; FY2009 CFP) Torrance Transit System</td>
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16. Congressional Districts Of:
   *a. Applicant: 33/43
   *b. Program/Project: 33/43

17. Proposed Project:
   *a. Start Date: 07/01/2013
   *b. End Date: 12/31/2016

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL $7,710,800

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 2/18/14
   ☐ 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.)
   ☐ 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: Jim
Middle Name: ___________________________
*Last Name: Mills
Suffix: ___________________________

*Title: Administration Manager
*Telephone Number: 310.618.6291
Fax Number: 310.618.6229
*Email: jmills@torranceca.gov

*Signature of Authorized Representative: ___________________________
*Date Signed: ___________________________
February 18, 2014

Mr. Steve Nissen, Director
State Clearing House
Governor’s Office of Planning and Research
P.O. Box 3044
Sacramento, California 95812-3044

RE: Executive Order 12372 Intergovernmental Review

Dear Mr. Nissen,

Pursuant to a directive by the Federal Transit Administration Los Angeles Metro Office, please find enclosed the City of Torrance Transit System Section 5309 amended Capital Grant CA-95-X204-01 application and form SF 424 “Application for Federal Assistance” which will assist in the purchase of six(6) alternate fuel 40-foot transit bus.

It is my understanding this intergovernmental review was ordered to foster an intergovernmental partnership and a strengthened federalism by relying on State and local processes for the State and local coordination, and review of proposed Federal financial assistance and direct Federal development.

The forwarding of our grant application and SF 424 to your office meets that requirement. Should you have any questions, please do not hesitate to contact me at (310) 618-6291.

Sincerely,

[Signature]

James R. Mills
Transit Administration Manager

Cc: Enclosure
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)

*Other (Specify)  

3. Date Received: 2/18/14

4. Applicant Identifier: 1666

5a. Federal Entity Identifier: 1666

*5b. Federal Award Identifier: 1666

State Use Only:

6. Date Received by State: 2/18/14

7. State Application Identifier: 1666

8. APPLICANT INFORMATION:

*a. Legal Name: City of Torrance (Torrance Transit System)

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-0000803

*c. Organizational DUNS: 136190357

d. Address:

*Street 1: 20500 Madrona Avenue

Street 2: __________________________

*City: Torrance

County: Los Angeles

*State: California

Province: __________________________

*Country: United States

*Zip / Postal Code: 90503

e. Organizational Unit:

Department Name: Transit

Division Name: Administration

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

Prefix: Mr.  
*First Name: Jim

Middle Name: ________________________

Last Name: Mills

Suffix: ____________________________

Title: Administration Manager

Organizational Affiliation: Division Manager

*Telephone Number: 310.618.6291  
Fax Number: 310.618.6229

*Email: jmills@torranceca.gov
<table>
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<tr>
<td>10 Name of Federal Agency:</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>13. Competition Identification Number:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>City of Torrance/ Los Angeles County/Southern California.</td>
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<td>*15. Descriptive Title of Applicant's Project:</td>
<td>CA-90-Z126 &quot;FY14 PM, Tires, Remodel, Tanks and Roof&quot;</td>
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</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: 33/43
   *b. Program/Project: 33/43

17. Proposed Project:
   *a. Start Date: 01/01/2014
   *b. End Date: 12/31/2016

18. Estimated Funding ($):
   *a. Federal $3,960,722
   *b. Applicant $0
   *c. State $119,278
   *d. Local
   *e. Other Toll Credits - $720,000
   *f. Program Income
   *g. TOTAL $4,100,000

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 2/18/14
   ☐ 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.)
   ☐ 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: Jim
Middle Name: 
*Last Name: Mills
Suffix: 

*Title: Administration Manager

*Telephone Number: 310.618.6291 Fax Number: 310.618.6229
* Email: jmills@torranceca.gov

*Signature of Authorized Representative: *Date Signed:
February 18, 2014

Mr. Steve Nissen, Director
State Clearing House
Governor's Office of Planning and Research
P.O. Box 3044
Sacramento, California 95812-3044

RE: Executive Order 12372 Intergovernmental Review

Dear Mr. Nissen,

Pursuant to a directive by the Federal Transit Administration Los Angeles Metro Office, please find enclosed the City of Torrance Transit System Section 5307 Capital Grant CA-90-Z126 application and form SF 424 “Application for Federal Assistance” which will assist in the purchase of above ground storage tanks, bus tires, remodeling of the dispatch and parts room, roof replacement on the transit facility and in support of the preventive maintenance of our bus fleet.

It is my understanding this intergovernmental review was ordered to foster an intergovernmental partnership and a strengthened federalism by relying on State and local processes for the State and local coordination, and review of proposed Federal financial assistance and direct Federal development.

The forwarding of our grant application and SF 424 to your office meets that requirement. Should you have any questions, please do not hesitate to contact me at (310) 618-6291.

Sincerely,

James R. Mills
Transit Administration Manager

Cc: Enclosure
APPLICATION FOR FEDERAL ASSISTANCE

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: 06-01758

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

Organizational Unit: Department: California Department of Parks and Recreation
Division: Office of Grants and Local Services
Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: Ms.
First Name: Jean
Middle Name:
Last Name: Lacher
Email: Jean.Lacher@parks.ca.gov
Suffix:
Phone Number (give area code): (916) 651-8597
Fax Number (give area code): (916) 653-6511

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

7. TYPE OF APPLICATION:
A. State

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

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916
TITLE (Name of Program):
Land & Water Conservation Fund

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
County of San Diego, Parks and Recreation
Tijuana River Valley Regional Park
2724 Monument Road
San Diego, CA 92154

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-1870402

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

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 03
b. Project 51

15. ESTIMATED FUNDING:
a. Federal $923,563.00
b. Applicant $99,355.00
c. State $1,320,000.00
d. Local $2,342,918.00
e. Other
f. Program Income $0

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: 02/19/2014
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 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 DULY 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

Middle Name:
Suffix:
Phone Number (give area code) (916) 651-8597
Date Signed: 2-19-14

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Previous Edition Usable
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:

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

8. APPLICANT INFORMATION:
   - a. Legal Name: California Department of Fish and Wildlife
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 941697567
   - c. Organizational DUNS: 8083223580000

7. Address:
   - Street1: 830 "B" Street
   - City: Sacramento
   - State: CA: California
   - Zip / Postal Code: 95811-7023

8. Organizational Unit:
   - Department Name: Fish and Wildlife
   - Division Name: Wildlife and Fisheries

9. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Ms.
   - * First Name: Patty
   - Last Name: Forbes
   - Title: Senior Environmental Scientist
   - Organizational Affiliation: Coordinator CDFW Fisheries Restoration Grant Program

10. Telephone Number: 916-327-8842
    Fax Number: 916-327-8854
    * Email: patty.forbes@wildlife.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   Department of Commerce

11. Catalog of Federal Domestic Assistance Number:
   11.438

   CFDA Title:
   Pacific Coast Salmon Recovery Pacific Salmon Treaty Program

12. Funding Opportunity Number:
   NOAA-NMFS-NWRO-2014-2003967

* Title:
   Pacific Coastal Salmon Recovery Fund

13. Competition Identification Number:
   2462225

   Title:

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

15. Descriptive Title of Applicant's Project:
   CA Department of Fish and Wildlife Fisheries Restoration Grant Program

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

16. Congressional Districts Of:
   * a. Applicant CA-005
   * b. Program/Project CA-ALL
   
   Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2018

18. Estimated Funding ($):
   * a. Federal 25,000,000.00
   * b. Applicant
   * c. State 4,900,000.00
   * d. Local
   * e. Other 3,350,000.00
   * f. Program Income
   * g. TOTAL 33,250,000.00

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 02/21/2014.
   -  b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   -  c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix:    * First Name: Stafford
Middle Name: 
* Last Name: Lehr
Suffix: 

* Title: Fisheries Branch Chief

* Telephone Number: 916-327-8840  Fax Number: 916-327-8854

* Email: stafford.lehr@wildlife.ca.gov

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

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

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

State Use Only:

6. Date Received by State: 

7. State Application Identifier: G1498003

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697567

* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1831 9TH STREET
Street2: 

* City: SACRAMENTO

* State: CA: California

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: 95811-7011

Division Name: GRANTS MANAGEMENT BRANCH

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

Prefix: 

* First Name: KHANH

Middle Name: 

* Last Name: NGUYEN

Suffix: 

Title: Grant Administrator

Organizational Affiliation: 

* Telephone Number: 916-445-3525

Fax Number: 

* Email: KHANH.NGUEN@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.605
    CFDA Title:
    Sport Fish Restoration Program

* 12. Funding Opportunity Number:
    F14AS00033
    * Title:
    RB (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    
    Title:

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

15. Descriptive Title of Applicant’s Project:
    Population Dynamics of Hatchery and Wild Trout in Lentic Waters of the Sierra Nevada

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
  * a. Applicant: CA-006
  * b. Program/Project: CA-all

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

17. Proposed Project:
  * a. Start Date: 07/01/2014
  * b. End Date: 06/30/2015

18. Estimated Funding ($):
  * a. Federal: 101,208.00
  * b. Applicant: 0.00
  * c. State: 33,736.00
  * d. Local: 0.00
  * e. Other: 0.00
  * f. Program Income: 0.00
  * g. TOTAL: 134,944.00

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 02/21/2014
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)

   - [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: Lisa

Middle Name: __________________________

* Last Name: Bays'

Suffix: __________________________

* Title: BSMI

* Telephone Number: (916) 445-3701  Fax Number: __________________________

* Email: lisa.bays@wildlife.ca.gov

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

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

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

*If Revision, select appropriate letter(s):*

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

*4. Applicant Identifier:*

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*

**STATE CLEARING HOUSE**

**RECEIVED**

**FEB 21 2014**

**STATE CLEARING HOUSE**

*6. Date Received by State:*

*7. State Application Identifier:*

**8. APPLICANT INFORMATION:**

*a. Legal Name:*

**STATE OF CALIFORNIA**

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

94-1697567

*c. Organizational DUNS:*

8083223580000

*d. Address:*

*Street 1:*

1831 9TH STREET

*City:*

SACRAMENTO

*State:*

CA: California

*Province:*


*Country:*

USA: UNITED STATES

*Zip / Postal Code:*

95811-7011

*e. Organizational Unit:*

**Department Name:**

95811-7011

**Division Name:**

GRANTS MANAGEMENT BRANCH

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

*Prefix:*


*First Name:*

KHANH

*Middle Name:*


*Last Name:*

NGUYEN

*Suffix:*


*Title:*

Grant Administrator

**Organizational Affiliation:**


*Telephone Number:*

916-445-3525

*Fax Number:*


*Email:*

KHANH.NGUYEN@WILDLIFE.CA.GOV
9. Type of Applicant 1: Select Applicant Type:
   A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.605
    CFDA Title:
    Sport Fish Restoration Program

* 12. Funding Opportunity Number:
    F14AS00033
    * Title:
    R6 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

    Title:

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

* 15. Descriptive Title of Applicant's Project:
    Population Dynamics of Hatchery and Wild Trout in Lentic Waters of the Sierra Nevada

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

16. Congressional Districts Of:
   * a. Applicant CA-006
   * b. Program/Project CA-all

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2015

18. Estimated Funding ($):
   *a. Federal 101,208.00
   *b. Applicant 0.00
   *c. State 33,736.00
   *d. Local 0.00
   *e. Other 0.00
   *f. Program Income 0.00
   *g. TOTAL 134,944.00

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 02/21/2014.
   
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   
   c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: Bays
Suffix: 
* Title: SSMI

*Telephone Number: (916) 445-3701 Fax Number: 

*Email: lisa.bays@wildlife.ca.gov

Signature of Authorized Representative: Completed by Grants.gov upon submission.  * Date Signed: Completed by Grants.gov upon submission.
* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
**Application for Federal Assistance SF-424**

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

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

3. **Date Received:** 02/21/2014

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:**
   - RECEIVED

6. **State Use Only:**

7. **Date Received by State:**

8. **APPLICANT INFORMATION:**

   *a. Legal Name: 1050 Kendrea Pl., L.P.

   *b. Employer/Taxpayer Identification Number (EIN/TIN): 46-3010648

   *c. Organizational DUNS: 0790956600000

9. **Address:**

   - Street1: 5947 Variel Avenue
   - City: Woodland Hills
   - County/Parish: 
   - State: CA: California
   - Province: 
   - Country: USA: UNITED STATES
   - Zip/Postal Code: 91367-5111

10. **Organizational Unit:**

    - Department Name: 
    - Division Name: 

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

    - Prefix: 
    - * First Name: Justin
    - Middle Name: 
    - * Last Name: Hardt
    - Suffix: 
    - Title: Executive Vice President
    - Organizational Affiliation: 

12. **Telephone Number:** 818-905-2430

13. **Fax Number:** 818-905-2440

14. **Email:** jhardt@coxophysics.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type: Limited partnership with non-profit GR.

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Rural Housing Services, 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.):

* 15. Descriptive Title of Applicant's Project:

See attached description

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

16. Congressional Districts Of:
   * a. Applicant CA-027
   * b. Program/Project CA-016

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

17. Proposed Project:
   * a. Start Date: 08/16/2013
   * b. End Date: 05/01/2014

18. Estimated Funding ($):
   * a. Federal 2,964,019.00
   * b. Applicant 449,873.00
   * c. State
   * d. Local
   * e. Other 8,365,986.00
   * f. Program Income
   * g. TOTAL 11,779,880.00

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 02/21/2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

   ☑ ** I AGREE

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

Authorized Representative:

Prefix:
Middle Name:
* Last Name: Hardt
SUFFIX:
* Title: Executive Vice President
* Telephone Number: 818-905-2430
Fax Number: 818-905-2440
* Email: jhardt@corpoффices.org

* Signature of Authorized Representative: [Signature]
* Date Signed: 02/21/2014
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:
   - Received by Grant.gov upon submission.

* 4. Applicant Identifier:

* 5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

   RECEPTION

   FEB 2-4-2014

   STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:
   
   a. Legal Name:
      STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-1697557

   c. Organizational DUNS:
      8083223580000

   d. Address:
      1831 5TH STREET
      SACRAMENTO
      CA: California
      USA: UNITED STATES
      95811-7011

   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: PETER
   Middle Name:
   * Last Name: MARCELLANA
   Suffix:
   Title: GRANTS ADMINISTRATOR
   Organizational Affiliation:
   * Telephone Number: 916-445-4658
   Fax Number:
   * Email: PETER.MARCELLANA@WILDLIFE.CA.GOV
### Application for Federal Assistance SF-424

**Version 02**

**8. Type of Applicant:**
- A: State Government
- Type of Applicant 2: [Select Applicant Type]
- Type of Applicant 3: [Select Applicant Type]
- Type of Applicant 4: [Select Applicant Type]
- *Other (specify):*

**10. Name of Federal Agency:**
- Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15.603

**CFDA Title:**
- Sport Fish Restoration Program

**12. Funding Opportunity Number:**
- P14A800033

**Title:**
- NB (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- **JUVENILE ANADROMOUS SALMONID (SMOLT) ABUNDANCE IN REDWOOD CREEK**

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

16. Congressional Districts Of:
   a. Applicant  CA-005
   b. Program/Project  CA-01

17. Proposed Project:
   a. Start Date:  07/01/2014
   b. End Date:  06/30/2015

18. Estimated Funding ( $ ):
   a. Federal  40,782.00
   b. Applicant  0.00
   c. State  13,594.00
   d. Local  0.00
   e. Other  0.00
   f. Program Income  0.00
   g. TOTAL  54,376.00

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  02/15/2014
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

   [X] ** I AGREE

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

Authorized Representative:

Prefix:  
Middle Name:  
Last Name:  BAYS
Suffix:  
Title:  BSMI

Telephone Number:  916-445-3701
Fax Number:  
Email:  LISA.BAYS@WILDLIFE.CA.GOV

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

**Version 02**

<table>
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<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
<th><strong>If Revised, select appropriate letter(s):</strong></th>
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<td>[ ] Preapplication</td>
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<td>[ ] Application</td>
<td>[ ] Continuation</td>
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<td>[ ] Changed/Corrected Application</td>
<td>[ ] Revision</td>
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**STATE CLEARING HOUSE**

**FEB 24 2014**

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**State Use Only:**

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<th><strong>6. Date Received by State:</strong></th>
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**8. APPLICANT INFORMATION:**

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<tr>
<th><strong>a. Legal Name:</strong></th>
<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></th>
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<tr>
<td>STATE OF CALIFORNIA</td>
<td>94-1697587</td>
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<tr>
<th><strong>c. Organizational DUNS:</strong></th>
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<tbody>
<tr>
<td>8083223580000</td>
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<table>
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<tr>
<th><strong>d. Address:</strong></th>
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<tbody>
<tr>
<td>1831 5TH STREET</td>
</tr>
<tr>
<td>SACRAMENTO</td>
</tr>
<tr>
<td>CA: California</td>
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<th><strong>e. Organizational Unit:</strong></th>
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<td>95811-7011</td>
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<tr>
<td>GRANTS MANAGEMENT BRANCH</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prefix:</strong></td>
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<tr>
<td><strong>First Name:</strong> KHAMH</td>
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<tr>
<td><strong>Middle Name:</strong></td>
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<tr>
<td><strong>Last Name:</strong> NGUYEN</td>
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<tr>
<td><strong>Suffix:</strong></td>
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<tr>
<td><strong>Title:</strong> Grant Administrator</td>
</tr>
<tr>
<td><strong>Organizational Affiliation:</strong></td>
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<tr>
<td><strong>Telephone Number:</strong> 916-445-3525</td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:KHAMH.NGUYEN@WILDLIFE.CA.GOV">KHAMH.NGUYEN@WILDLIFE.CA.GOV</a></td>
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Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.685

CFDA Title:
Sport Fish Restoration Program

* 12. Funding Opportunity Number:

PIAAS00033

* Title:
R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

Lake County

* 16. Descriptive Title of Applicant's Project:

Clear Lake Fisheries Resource Assessment

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

16. Congressional Districts Of:
   - a. Applicant: CA-006
   - b. Program/Project: CA-003

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

17. Proposed Project:
   - a. Start Date: 07/01/2014
   - b. End Date: 06/30/2015

18. Estimated Funding ($):
   - a. Federal: 85,219.00
   - b. Applicant: 0.00
   - c. State: 27,740.00
   - d. Local: 0.00
   - e. Other: 0.00
   - f. Program Income: 0.00
   - g. TOTAL: 112,959.00

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 02/21/2014.
   - ☐ 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: Bays
Suffix:  
*Title: SBA
*Telephone Number: (516) 445-5701
Fax Number:  
*Email: lisa.bays@wildlife.ca.gov
*Signature of Authorized Representative: LISA BAYS  
*Date Signed: 02/21/2014
**Application for Federal Assistance SF-424**

**Version 02**

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**8. APPLICANT INFORMATION:**

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<td>*c. Organizational DUNS:</td>
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<td>*d. Address:</td>
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<td>Division Name:</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

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<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>KHANK</th>
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<tr>
<td>Middle Name:</td>
<td>* Last Name:</td>
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<tr>
<th>Title:</th>
<th>Grant Administrator</th>
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<tr>
<td>Organizational Affiliation:</td>
<td></td>
</tr>
</tbody>
</table>

| *Telephone Number: | 916-445-3525 |
| Fax Number: | |

| *Email: | KHANK.NGUYEN@WILDLIFE.CA.GOV |

**RECEIVED**

**STATE CLEARING HOUSE**
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   a. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:
   Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
   15.605

CFDA Title:
   Sport Fish Restoration Program

*12. Funding Opportunity Number:
   F14AS00033

*Title:
   RE (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Butte, Colusa, Glen, Sacramento, San Joaquin, Sutter, and Yolo counties

*15. Descriptive Title of Applicant's Project:
   Lower Sacramento River Anadromous Fish Restoration

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

16. Congressional Districts Of:
   * a. Applicant  CA-003
   * b. Program/Project  CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2015

18. Estimated Funding ($):
   * a. Federal  357,437.00
   * b. Applicant  0.00
   * c. State  118,146.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  476,589.00

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 02/21/2014.
   □ 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
   [Signature]

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms. If I accept an award, I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)
   √ 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: Lisa
Middle Name:  
Last Name: Bays
Suffix:  
Title: SSE
Telephone Number: (916) 445-3701  Fax Number:  
Email: lisa.bays@wildlife.ca.gov

*Signature of Authorized Representative: Lisa Bays  *Date Signed: 02/21/2014
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):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

STATE CLEARING HOUSE
FEB 24 2014

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1697567

* c. Organizational DUNS:
8063223560000

d. Address:
- Street 1: 1831 9TH STREET
- City: SACRAMENTO
- County:
- State: CA: California
- Province:
- Country: USA: UNITED STATES
- Zip / Postal Code: 95811-7011

e. Organizational Unit:
- Department Name: 95811-7011
- Division Name: GRANTS MANAGEMENT BRANCH

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

Organizational Affiliation:

* Telephone Number: 916-445-3525
Fax Number:

* Email: KHANH.NGUYEN@WILDLIFE.CA.GOV
9. Type of Applicant 1: Select Applicant Type:
   A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.605
    CFDA Title:
    Sport Fish Restoration Program

12. Funding Opportunity Number:
    FS4A8000033
    * Title:
    R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Alpine, Amador, Calaveras, El Dorado, Lake, Nevada, Placer, Plumas, Sacramento, and Sierra Counties

15. Descriptive Title of Applicant's Project:
    North Central Region Sport Fish Management

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

16. Congressional Districts Of:
   * a. Applicant  CA-006  
   * b. Program/Project  CA-all 

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

17. Proposed Project:
   * a. Start Date: 07/01/2014  
   * b. End Date: 06/30/2015 

18. Estimated Funding ($):
   * a. Federal  186,176.00 
   * b. Applicant  0.00 
   * c. State  62,059.00 
   * d. Local  0.00 
   * e. Other  0.00 
   * f. Program Income  0.00 
   * g. TOTAL  248,235.00 

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 02/18/2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

Explanation:

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

   X  ** I AGREE

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

Authorized Representative:

Prefix: 
* First Name: Lisa
Middle Name:
* Last Name: Bays
Suffix: 

* Title: SSMM

* Telephone Number: (916) 445-3701  
Fax Number: 

* Email: lisa.bays@wildlife.ca.gov

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

*1. Type of Submission:
[ ] Preapplication
[X] Application
[ ] Continuation
[ ] Revision

*2. Type of Application:
[X] New

* If Revision, select appropriate letter(s):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

FEB 24 2014

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier: GL498005

8. APPLICANT INFORMATION:

*a. Legal Name: STATE OF CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1697567

*c. Organizational DUNS:
8083223590000

d. Address:

* Street1: 1416 9TH STREET
Street2:

* City: SACRAMENTO
County:

* State: CA: California
Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE
Division Name: GRANTS MANAGEMENT BRANCH

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

Prefix: * First Name: KHANG
Middle Name:

* Last Name: NGUYEN
Suffix:

Title: ASSOCIATE GOVERNMENTAL PROGRAM ANALYST.
Organizational Affiliation:

* Telephone Number: (916) 445-3525
Fax Number:

* Email: KHANG.NGUYEN@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.605
    CFDA Title:
    Sport Fish Restoration Program

12. Funding Opportunity Number:
    F14AS00033
    * Title:
    R9 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    
    Title:

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

15. Descriptive Title of Applicant's Project:
    FISH FEED PROCUREMENT FOR TRIPLOID (STERILE) RAINBOW TROUT

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

16. Congressional Districts Of:
   * a. Applicant CA-005
   * b. Program/Project CA-ALL

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2015

18. Estimated Funding ($):

   * a. Federal 373,890.00
   * b. Applicant 0.00
   * c. State 124,630.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 498,520.00

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 01/15/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: ___________________________  * First Name: LISA
Middle Name: ____________________
* Last Name: BAYS
Suffix: __________________________
* Title: SSNI

* Telephone Number: (916) 445-3701  Fax Number: __________________________
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

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

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**State Use Only:**

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<th><strong>6. Date Received by State:</strong></th>
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## Applicant Information:

- **a. Legal Name:** County of Imperial - Fire Department
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000924
- **c. Organizational DUNS:** 073354673
- **d. Address:**
  - **Street:** 1078 Dogwood Road Ste 104
  - **City:** Hespero
  - **County:** Imperial
  - **State:** California
  - **Country:** USA: UNITED STATES
  - **Zip / Postal Code:** 92249
- **e. Organizational Unit:**
  - Department Name: Multiple Imperial County Stations
  - Division Name: 
- **f. Name and contact information of person to be contacted on matters involving this application:**
  - **Prefix:** Mr.
  - **First Name:** Tony
  - **Middle Name:**
  - **Last Name:** Rouhola
  - **Suffix:**
  - **Title:** Fire Chief
  - **Organizational Affiliation:**
  - **Telephone Number:** 760-482-2422
  - **Fax Number:**
  - **Email:** tonyrouhola@co.imperial.ca.us
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<td>Title:</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>Communities of Heber, Niland, Palo Verde, Ocotillo, Seeley and surrounding unincorporated Imperial County areas.</td>
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<td>* 15. Descriptive Title of Applicant’s Project:</td>
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<td>Essential Fire Station Furniture (Desks, Lockers, Book Shelves)</td>
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<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: 51
   - b. Program/Project: 51

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

17. Proposed Project:
   - a. Start Date: 7/1/2014
   - b. End Date: 8/30/2015

18. Estimated Funding ($):
   - a. Federal: $22,500
   - b. Applicant: $7,500
   - c. State
   - d. Local
   - e. Other
   - f. Program Income
   - g. TOTAL: $30,000

19. Is Application Subject to Review By State Under Executive Order 13272 Process?
   - a. This application was made available to the State under the Executive Order 13272 Process for review on
   - b. Program is subject to E.O. 13272 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 13272.

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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* First Name:</td>
<td>Tony</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Rouholaas</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td>Fire Chief</td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>760-462-2422</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:Tonyrouholaas@co.imperial.ca.us">Tonyrouholaas@co.imperial.ca.us</a></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td></td>
</tr>
<tr>
<td>* Date Signed:</td>
<td>02/11/14</td>
</tr>
</tbody>
</table>
**APPLICATION FOR FEDERAL ASSISTANCE**

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

2. DATE SUBMITTED  
   - 2/24/14

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

   - Address: 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):

     Emma Nogales  
     (213) 922-3066

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

7. TYPE OF APPLICANT: (enter appropriate letter in box)  
   - N

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

   - If Revision, enter appropriate letter(s) in box(es):

     A Increase Award  
     B Decrease Award  
     C Decrease Duration  
     D Other (Specify)

9. NAME OF FEDERAL AGENCY:  
   - Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
    - 20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  
    - Growing States – PM Rail, CA-90-Z122

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

13. PROPOSED PROJECT  
    - Start Date: 09/01/13  
    - Ending Date: 6/30/14

14. CONGRESSIONAL DISTRICTS OF  
    - Applicant Distincts: 27,29,30,32,33,34,37,38,40,43,44,47
    - Project Same as Applicant

15. ESTIMATED FUNDING  
   - Federal $7,699,762.00
   - Applicant $0.00
   - State $0.00
   - Local $1,924,941.00
   - Other $0.00
   - Program Income $0.00
   - TOTAL $9,624,703.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 1272 PROCESS?  
   - a YES  
     - This Preapplication Application was made available to the State Executive Order 1272 Process for Review on  
     - DATE: 2/24/14
   - b NO
     - Program is not covered by E.O. 1272
     - 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 DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

   - a Typed Name of Authorized Representative  
     - Cosette Stark
   - b Deputy Executive Officer, Regional Grants Management  
     - Regional Grants Management
   - c Telephone number  
     - (213) 922-2822
   - d Signature of Authorized Representative  
     - [Signature]
   - e Date Signed  
     - 2/24/14

Previous Editions Not Usable

Standard Form 424 REV 4/88;  
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application
   - Construction ☒
   - Non-Construction ☐

2. DATE SUBMITTED: 1-1-2013

3. DATE RECEIVED BY STATE: 2-27-2014

4. DATE RECEIVED BY FEDERAL AGENCY: 2-27-2014

5. STATE APPLICATION ID: 051720915

6. APPLICANT INFORMATION
   - Legal Name: The Beginning Project (aka Tree of Life Charter School)
   - Organization ID: 051720915
   - Address: PO Box 966 (241 Ford Rd)
   - City: Ukiah
   - County: Mendocino
   - State: CA
   - Zip Code: 95482
   - Phone Number (give area code): 707-462-0913
   - Fax Number (give area code): 707-462-0914
   - Email: celeste.beck@pacific.net
   - First Name: Celeste
   - Middle Name: Rosemary
   - Last Name: Beck

7. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0465188

8. TYPE OF APPLICATION:
   - New ☒
   - Continuation ☐
   - Revision ☐
   - Other (specify): See back of form for application type

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tree of Life Charter School Low Gap Campus

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

13. PROPOSED PROJECT
   - Start Date: 10/1/2013
   - Ending Date: 9/30/2014

14. CONGRESSIONAL DISTRICTS:
   - a. Applicant ☐
   - b. Project ☒

15. ESTIMATED FUNDS:
   - 3. Federal $1,069,000
   - 4. Applicant $0
   - 5. State $0
   - 6. Local $0
   - 7. Other $0
   - 8. Program Income $0
   - 9. TOTAL $1,069,000

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?
   - 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.

   - Authorized Representative:
     - First Name: Celeste
     - Last Name: Beck
     - Title: Principal
     - Signature: Celeste Beck

   - Authorized for Local Reproduction:
     - Date Signed: 1-1-2013

Standard Form 424 (Rev. 3-2009)
Prescribed by OMB Circular A-102
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the CPMP.xls document of the CPMP tool.

**SF 424**

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Applicant Identifier</th>
<th>Type of Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2014</td>
<td>E-14-UC-06-0602</td>
<td>Pre-application</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Received by state</th>
<th>Date Received by HUD</th>
<th>Federal Identifier</th>
<th>Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Identifier</td>
<td></td>
<td>□ Construction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X Non Construction</td>
<td></td>
</tr>
</tbody>
</table>

**Applicant Information**

- **COUNTY OF KERN**
- **2700 “M” Street, Suite 250**
- **Bakersfield, California**
- **93301**
- **Country: U.S.A.**
- **DUNS Number: 063-811-350**
- **CA69029 KERN COUNTY**
- **Board of Supervisors**
- **Division**
- **Employer Identification Number (EIN):**
- **95-6000925**
- **County: Kern County**
- **Program Year Start Date (MM/DD): 07/01/2014**
- **Specify Other Type if necessary:**
- **Local Government: County**
- **Specify Other Type**
- **Program Funding:**
- **U.S. Department of Housing and Urban Development**

**Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding**

**Community Development Block Grant**

14,218 Entitlement Grant

The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.

- **Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.**
- **$CDBG Grant Amount - $4,769,103 est.**
- **$Additional HUD Grant(s) - $0**
- **Describe — N/A**
- **$Additional Federal Funds Leveraged - $0**
- **$Additional State Funds Leveraged - $0**
- **$Locally Leveraged Funds - $28,560**
- **$Grantee Funds Leveraged - $0**
- **$Anticipated Program Income - $188,560**
- **Other (Describe) — $ (Certificates of Participation; Developer fees; Redevelopment) **

**Total Funds Leveraged for CDBG-based Project(s) - $188,560**
<table>
<thead>
<tr>
<th>Home Investment Partnerships Program</th>
<th>14.239 HOME</th>
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</thead>
<tbody>
<tr>
<td>Applicant Identifier - M-14-UC-06-0517</td>
<td></td>
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</tbody>
</table>

To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.

<table>
<thead>
<tr>
<th>$HOME Grant Amount - $1,390,928 est.</th>
<th>$Additional HUD Grant(s) Leveraged - $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>$Additional Federal Funds Leveraged - $0</td>
<td>$Additional State Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Locally Leveraged Funds - $0</td>
<td>$Grantee Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Anticipated Program Income - $350,000</td>
<td>Other (Describe) - $0</td>
</tr>
</tbody>
</table>

Total Funds Leveraged for HOME-based Project(s) - $350,000

<table>
<thead>
<tr>
<th>Housing Opportunities for People with AIDS</th>
<th>14.241 HOPWA: The County of Kern does not receive/administer HOPWA funds</th>
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</table>

Emergency Solutions Grants Program

<table>
<thead>
<tr>
<th>14.231 ESG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Identifier - S-14-UC-06-0502</td>
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</tbody>
</table>

The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless.

<table>
<thead>
<tr>
<th>$ESG Grant Amount - $329,388 est.</th>
<th>$Additional HUD Grant(s) Leveraged - $0</th>
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<tbody>
<tr>
<td>$Additional Federal Funds Leveraged - $0</td>
<td>$Additional State Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Locally Leveraged Funds - $329,388</td>
<td>$Grantee Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Anticipated Program Income - $0</td>
<td>Other (Describe) - $0</td>
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</tbody>
</table>

Total Funds Leveraged for ESG-based Project(s) - $329,388

<table>
<thead>
<tr>
<th>Congressional Districts of:</th>
<th>Is application subject to review by state Executive Order 12372 Process?</th>
</tr>
</thead>
<tbody>
<tr>
<td>21st &amp; 23rd Congressional Districts</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.

☐ Yes ☒ No

☐ Yes ☐ No ☐ N/A Program is not covered by EO 12372 Program has not been selected by the state for review

Person to be contacted regarding this application

<table>
<thead>
<tr>
<th>Lorelei H. Oviatt, AICP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director (661) 862-5050 (661) 862-5052 -FAX</td>
</tr>
<tr>
<td><a href="mailto:lorelei@co.kern.ca.us">lorelei@co.kern.ca.us</a> Grantee Website Other Contact</td>
</tr>
</tbody>
</table>

Signature of Authorized Representative Date Signed

I:\PLANNING\Con Plan 10-15\2014-15\AAPWorkingFile\HUD424_EQ12372LttrSF424 Year5 Interim.docx

SF 424 ii Version 2.0
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 1.a. Type of Submission:  
    ☑ Application  
    ☐ Plan  
    ☐ Funding Request  
    ☐ Other

* 1.b. Frequency:  
    ☑ Annual  
    ☐ Quarterly  
    ☐ Other

* 1.c. Consolidated Application/Plan/Funding Request?  
    Yes ☐  No ☑

* 1.d. Version:  
    ☑ Initial  
    ☐ Resubmission  
    ☐ Revision  
    ☐ Update

* 2. Date Received:  
    STATE USE ONLY:
    Completed by Grants.gov upon submission.

3. Applicant Identifier:  
5. Date Received by State:

4a. Federal Entity Identifier:  
4b. Federal Award identifier:

7. APPLICANT INFORMATION:

* a. Legal Name:  
   Elsinore Valley Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
   95-6607663

* c. Organizational DUNS:  
   042609618

d. Address:  

3315 Chaney Street  
Elsinore, CA 92532

* Street1:  

* Street2:  

* City:  
Lake Elsinore

* County:  
Riverside

* State:  
CA: California

* Province:  

* Country:  
USA: UNITED STATES

* Zip / Postal Code:  
92532

e. Organizational Unit:  
Department Name:  
Division Name:  

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

Prefix:  
* First Name:  
Serena  
Middle Name:  

* Last Name:  
Jones  
SUFFIX:

Title:  
Management Analyst
Organizational Affiliation:

* Telephone Number:  
951-674-3146  
Fax Number:  
951-346-3352

* Email:  
sjohns@evmwd.net

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)  
Prescribed by OMB Circular A-102
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

<table>
<thead>
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<th>* 8a. TYPE OF APPLICANT:</th>
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<tbody>
<tr>
<td>D: Special District Government</td>
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<table>
<thead>
<tr>
<th>* Other (specify):</th>
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<table>
<thead>
<tr>
<th>b. Additional Description:</th>
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</table>

<table>
<thead>
<tr>
<th>* 9. Name of Federal Agency:</th>
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<tbody>
<tr>
<td>Bureau of Reclamation</td>
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<table>
<thead>
<tr>
<th>10. Catalog of Federal Domestic Assistance Number:</th>
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<table>
<thead>
<tr>
<th>CFDA Title:</th>
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</table>

<table>
<thead>
<tr>
<th>11. Areas Affected by Funding:</th>
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<tbody>
<tr>
<td>Cities of Lake Elsinore, Canyon Lake, and Wildomar, CA.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>12. CONGRESSIONAL DISTRICTS OF:</th>
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</thead>
<tbody>
<tr>
<td>a. Applicant:</td>
</tr>
<tr>
<td>b. Program/Project:</td>
</tr>
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</table>

| 42 |
| 42 |

<table>
<thead>
<tr>
<th>Attach an additional list of Program/Project Congressional Districts if needed:</th>
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</table>

<table>
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<tr>
<th>13. FUNDING PERIOD:</th>
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<tbody>
<tr>
<td>a. Start Date:</td>
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<tr>
<td>11/31/2014</td>
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| b. End Date: |
| 11/30/2016 |

<table>
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<tr>
<th>14. ESTIMATED FUNDING:</th>
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<tbody>
<tr>
<td>a. Federal ($):</td>
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<tr>
<td>53,100.00</td>
</tr>
</tbody>
</table>

| b. Match ($): |
| 163,121.20 |

<table>
<thead>
<tr>
<th>15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 02/27/2014</td>
</tr>
</tbody>
</table>

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

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

---

*Authorized for Local Reproduction*

*Standard Form 424 Mandatory (Effective 08/2008)*

*Prescribed by OMB Circular A-102*
**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

* 16. Is the Applicant Delinquent On Any Federal Debt?
   - Yes [ ] No [x]  

17. 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 [x]

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Serene</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suffix:</th>
<th>* Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Management Analyst</td>
</tr>
</tbody>
</table>

**Organizational Affiliation:**

<table>
<thead>
<tr>
<th>* Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>551-674-3146</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>* Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>551-346-3352</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>* Email:</th>
</tr>
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<tbody>
<tr>
<td><a href="mailto:bjohnes@ymail.net">bjohnes@ymail.net</a></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>* Signature of Authorized Representative:</th>
</tr>
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<tbody>
<tr>
<td>Completed by Grants.gov upon submission.</td>
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</tbody>
</table>

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<tr>
<th>* Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by Grants.gov upon submission.</td>
</tr>
</tbody>
</table>

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
   - [x] Application
   - [ ] Changed/Corrected Application

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

* 3. Date Received:
   02/26/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

FEB 28 2014

8. APPLICANT INFORMATION:

* a. Legal Name:
   STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1697567

* c. Organizational DUNS:
   8003223560000

* d. Address:
   1831 9TH STREET
   SACRAMENTO
   CA: California
   USA: UNITED STATES
   95811-7011

* e. Organizational Unit:
   Department Name:
   95811-7011
   Division Name:
   GRANTS MANAGEMENT BRANCH

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

Prefix: ____________________________________________  * First Name: BHAN
Middle Name: ______________________________________
* Last Name: NGUYEN
Suffix: _____________________________________________

Title: Grant Administrator

Organizational Affiliation: ____________________________

* Telephone Number: 916-445-3525  Fax Number: ________

* Email: BHAN. NGUYEN@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

8. Type of Applicant 1: Select Applicant Type:
   A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
   [5.005]

   CFDA Title: Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   [F14S0000033]

   * Title: R8 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Mono, Plumas, Merced, Fresno, Solano, and Contra Costa Counties

* 15. Descriptive Title of Applicant's Project:
   Sacramento Perch Management and Aquaculture Partnership

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

16. Congressional Districts Of:
   * a. Applicant CA-006
   * b. Program/Project CA-all

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2015

18. Estimated Funding ($):

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<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>a. Federal</td>
<td>18,750.00</td>
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<td>b. Applicant</td>
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<td>c. State</td>
<td>6,250.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>25,000.00</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 02/26/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1601)

   - [x] I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<th>Title</th>
<th>Telephone Number</th>
<th>Fax Number</th>
<th>Email</th>
<th>Signature of Authorized Representative</th>
<th>Date Signed</th>
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<tbody>
<tr>
<td></td>
<td>Lisa</td>
<td></td>
<td>Bayo</td>
<td></td>
<td>SSMX</td>
<td>(916) 465-3701</td>
<td></td>
<td><a href="mailto:lisa.baya@wildlife.ca.gov">lisa.baya@wildlife.ca.gov</a></td>
<td></td>
<td>Lisa Bayo</td>
</tr>
</tbody>
</table>

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