Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse January 1 - 15, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<tbody>
<tr>
<td>☐ Preappllication</td>
<td>☑ New</td>
<td>01/03/2014</td>
<td>STATE CLEARING HOUSE</td>
</tr>
<tr>
<td>☒ Application</td>
<td></td>
<td></td>
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<tr>
<td>☐ Changed/Corrected Application</td>
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<tr>
<td>☐ Continuation</td>
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<tr>
<td>☐ Revision</td>
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* If Revision, select appropriate letter(s):

JAN 03 2014

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<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
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State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: National Indian Justice Center

* b. Employer/Taxpayer Identification Number (EIN/TIN): 1510953200000

* c. Organizational DUNS:

<table>
<thead>
<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>* Street: 5250 Aero Drive</td>
</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>* City: Santa Rosa</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>* State: CA: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>* Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>* Zip / Postal Code: 95403-9069</td>
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<th>e. Organizational Unit:</th>
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<tr>
<td>Department Name:</td>
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<tr>
<td>Division Name:</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Title: Staff Attorney</th>
</tr>
</thead>
</table>

Organizational Affiliation:

| National Indian Justice Center |

<table>
<thead>
<tr>
<th>* Telephone Number: 707-579-5507</th>
<th>Fax Number: 707-579-9019</th>
</tr>
</thead>
</table>

*Email: nijc@aol.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

- [ ] N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

Utilities Programs

11. Catalog of Federal Domestic Assistance Number:

- **10.762**

CFDA Title:

Solid Waste Management Grants

12. Funding Opportunity Number:

SWM-FY14

* Title:

Solid Waste Management Grant Program

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Sustainable Solid Waste Management Solutions Online

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

16. Congressional Districts Of:
   * a. Applicant  CA 002
   * b. Program/Project CA 002

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/30/2015

18. Estimated Funding ($):
   * a. Federal  52,684.00
   * b. Applicant  15,660.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  68,344.00

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 01/02/2013.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
   ** 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: Joseph
Middle Name:  
* Last Name: Myers
Suffix:  
* Title: Executive Director
* Telephone Number: 707-579-5507  Fax Number: 707-579-9019
* Email: josephmyers@njvc.org
* Signature of Authorized Representative: Joseph Myers  * Date Signed: 01/02/2014
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:
   - [ ] Compiled by GovInfo upon submission
   - [ ] JAN 03 2014

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name:
   - Sonoma County Water Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 946005539

* c. Organizational DUNS:
   - 071662503

d. Address:

   - Street: 404 Aviation Boulevard
   - City: Santa Rosa
   - County: Sonoma
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95403

e. Organizational Unit:

   - Department Name:
   - Division Name:

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

   - Prefix: Mr.
   - * First Name: Lynne
   - Middle Name:
   - * Last Name: Rosselli
   - Suffix:

   - Title: Administrative Services Officer

   - Organizational Affiliation:

   - * Telephone Number: 707-524-3771
   - Fax Number: 707-524-3767

   - * Email: Lynne.Rosselli@cow.co.gov
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

**10. Name of Federal Agency:**
- Bureau of Reclamation

**11. Catalog of Federal Domestic Assistance Number:**
- 13.504

**CFDA Title:**
- Title XVI Water Reclamation and Reuse Program

**12. Funding Opportunity Number:**
- R14AS00002

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

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

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Marin, Sonoma, and Napa Counties

**15. Descriptive Title of Applicant’s Project:**
- North Bay Water Reuse Program

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

16. Congressional Districts Of:
   * a. Applicant: **CA-002**
   * b. Program/Project: **002**
   
   Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   * a. Start Date: **07/01/2014**
   * b. End Date: **09/30/2016**

18. Estimated Funding ($):
   
   * a. Federal: **2,034,732.00**
   * b. Applicant: **0.00**
   * c. State: **0.00**
   * d. Local: **6,104,196.00**
   * e. Other: **0.00**
   * f. Program Income: **0.00**
   * g. TOTAL: **8,138,928.00**

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 **01/03/2014**.
   - [ ] 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 21, Section 1001)
   - **X** I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* First Name:</td>
<td>Grant</td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Davis</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>General Manager</td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>707-547-1911</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>707-524-3787</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:grant.davis@acwa.ca.gov">grant.davis@acwa.ca.gov</a></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td>[Signature]</td>
</tr>
<tr>
<td>* Date Signed:</td>
<td>01/03/2014</td>
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</table>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

Version 02

1. Type of Submission:
   - ☑ Application
   - ☐ Preapplication
   - ☐ Change/Corrected Application

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

3. Date Received:
   - Complied by Grains.gov upon submission

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. State Use Only:

7. State Application Identifier:

8. Applicant Information:

   a. Legal Name: HI-Desert Water District

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

   c. Organizational DUNS:

   d. Address:

   - Street 1: 55430 29 Palms Highway
   - Street 2: 
   - City: Yucca Valley
   - County: 
   - State: CA: California
   - Province: 
   - Country: USA: United States
   - Zip / Postal Code: 92284

9. Organizational Unit:

   Department Name: 
   Division Name: 

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

   - Prefix: Ms.
   - Last Name: Clayton
   - First Name: Rochelle
   - Title: Chief Financial Officer

   Organization Affiliation:
   HI-Desert Water District

   - Telephone Number: 760.328.6282
   - Fax Number: 760.365.0599
   - Email: rochelle@hdwd.com
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:
   - X: Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
  - Public Utility

10. Name of Federal Agency:
    - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    - 15.504

CFDA Title:
    - Title XVI Water Reclamation and Reuse Program

12. Funding Opportunity Number:
    - R14AS00002

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

13. Competition Identification Number:
    - R14AS00002

Title:

14. Area Affected by Project (Cities, Counties, States, etc.):
    - Sacramento-San Joaquin Bay Delta hydrologic region, Town of Yucca Valley, Joshua Tree, San Bernardino County, Warren Groundwater Basin.

15. Descriptive Title of Applicant's Project:
    - Hi-Desert Water District's Wastewater Treatment and Reclamation Project

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

Version 02

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

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

17. Proposed Project:
   * a. Start Date: 04/01/2012
   * b. End Date: 09/30/2016

18. Estimated Funding ($):

   * a. Federal: 4,000,000.00
   * b. Applicant: 93,979,827.00
   * c. State: 3,000,000.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 99,979,827.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 12/30/2013.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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

First Name: Rochelle
Last Name: Clayton
Title: Chief Financial Officer
Telephone Number: 760.328.6282
Fax Number: 760.265.0599
Email: rochelle@dwd.com

Signature of Authorized Representative: [Signature]
Date Signed: 07/30/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:
   [RECEIVED]

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

   JAN 08 2014

5a. State Use Only:
   [STATE CLEARING HOUSE]

   STATE CLEARING HOUSE

   JAN 08 2014

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Hi-Desert Water District

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      98-2303211

   c. Organizational DUNS:
      881149304

   d. Address:
      P.O. Box 3026
      Yucca Valley, CA 92284

   e. Organizational Unit:
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Ms.
      * First Name: Rochelle
      Middle Name: 
      * Last Name: Clayton
      Suffix: 

      Title: Chief Financial Officer

      Organizational Affiliation:
      Hi-Desert Water District

      * Telephone Number: 760.228.6262
      Fax Number: 760.365.0599

      * Email: rochellec@hdwd.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - Other (specify)

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.504

12. Funding Opportunity Number:
    RI4AS00002

13. Competition Identification Number:
    RI4AS00002

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Hi-Desert Water District's Wastewater Treatment and Reclamation Project

*15. Descriptive Title of Applicant's Project:
    Hi-Desert Water District's Wastewater Treatment and Reclamation Project

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

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

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

17. Proposed Project:
   * a. Start Date: 04/01/2012
   * b. End Date: 09/30/2016

18. Estimated Funding ($):

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<td>b. Applicant</td>
<td>83,079,817.00</td>
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<tr>
<td>c. State</td>
<td>3,000,000.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program income</td>
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<tr>
<td>g. TOTAL</td>
<td>90,079,817.00</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 12/30/2013.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

21. By signing this application, I certify that (1) the statements contained in the list of certifications and assurances 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)

   ** 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: Rochelle
Middle Name: 
Last Name: Clayton
Suffix: 
Title: Chief Financial Officer

Telephone Number: 760.328.6282 Fax Number: 760.365.6599
Email: rochelle@hdwd.com

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

Authorized for Local Reproduction

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

* 1. Type of Submission:
   - [ ] Prospective
   - [X] Application
   - [ ] Change/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: RECEIVED

State Use Only:

6. Date Received by State:  
7. State Application Identifier: STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

   * a. Legal Name: Clear Creek Community Services District
   
   * b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1623667
   
   * c. Organizational DUNS: 095280740000

   d. Address:
      - [ ] Street: 5830 Oak Street
      - [ ] Street2:
      - [ ] City: Anderson
      - [ ] County:
      - [ ] State: CA: California
      - [ ] Province:
      - [ ] Country: USA: UNITED STATES
      - [ ] Zip / Postal Code: 96007-9126

   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: Kurt
      - [ ] Middle Name:
      - [ ] Last Name: Born
      - [ ] Suffix:
      - [ ] Title:
      - [ ] Organizational Affiliation:
      - [ ] Telephone Number: 530-357-2121
      - [ ] Fax Number: 530-357-3723
      - [ ] Email: skip@clearcreekcsd.com
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. **Name of Federal Agency:**

   Bureau of Reclamation

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

   L5.50?

   CFDA Title:

   WatersSMART (Sustaining and Manage America's Resources for Tomorrow)

12. **Funding Opportunity Number:**

   R14AS00001

   * Title:

   WatersSMART: Water and Energy Efficiency Grants, for FY 2014

13. **Competition Identification Number:**

   R14AS00001

   Title:

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

   The communities of Olinda/Happy Valley (Clear Creek CSD) and Centerville CSD.

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

   Clear Creek CSD Treatment Plant Backwash Recycle Project

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

Version 02

16. Congressional Districts Of:
   * a. Applicant: CA-202
   * b. Program/Project: CA-002

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

17. Proposed Project:
   * a. Start Date: 05/15/2014
   * b. End Date: 05/15/2014

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant: 179,162.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: 358,324.00

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 01/06/2014.
   - [ ] 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: Kurt
Middle Name: ____________________________
* Last Name: Borch
Suff: ____________________________
* Title: General Manager

* Telephone Number: 530-357-2121  Fax Number: 530-357-3723
* Email: skip@clearcreekcad.com

* 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

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

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

* 3. Date Received:

* 4. Applicant Identifier:

* 5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Clara Valley Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1693331

* c. Organizational DUNS:
   0691289990000

* d. Address:
   - Street1: 5750 Almaden Expressway
   - City: San Jose
   - County/Parish:
   - State: CA, California
   - Province:
   - Country: USA, United States
   - Zip / Postal Code: 95118

* 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: Katherine
 Middle Name:
* Last Name: Owen
 Suffix:

Title: Deputy Operating Officer, WUE Capital

Organizational Affiliation:

* Telephone Number: 408.630.3126
 Fax Number:

* Email: koven@valleywater.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:
Department of Interior, Bureau of Reclamation,

*11. Catalog of Federal Domestic Assistance Number:
15.504
OFDA Title:

*12. Funding Opportunity Number:
R14AS00002
Title:
WatersMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
South Santa Clara County Recycled Water Project

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

16. Congressional Districts Of:
   * a. Applicant: 2013, 18, 17
   * b. Program/Project: 20

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

17. Proposed Project:
   * a. Start Date: 07/01/2012
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal: 3,057,000.00
   * b. Applicant: 9,171,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: 12,228,000.00

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
   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 21, Section 1001)

   ☑ 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: Beau
Middle Name:
* Last Name: Goldie
Suffix:

* Title: CEO
* Telephone Number: 406.630.2334 Fax Number:
* Email: bgoldie@rallywater.org

Signature of Authorized Representative: [Signature] * Date Signed: 09/09/2013
Application for Federal Assistance SF-424

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

**Type of Application:**
- [ ] New
- [ ] Continuation
- [ ] Revision

**Date Received:** 01/07/2014

**Applicant Identifier:**

**Federal Entity Identifier:**
- G.S. Bureau of Reclamation

**State Use Only:**

**Date Received by State:**

**State Application Identifier:**

**APPLICANT INFORMATION:**

**Legal Name:**
- Inland Empire Utilities Agency

**Employer/Taxpayer Identification Number (EIN/TIN):**
- 95-6006599

**Organizational DUNS:**
- 043656206

**Address:**
- **Street:** 6075 Kimball Ave
- **City:** Chino
- **County:** San Bernardino
- **State:** CA: California
- **Zip / Postal Code:** 91708-9174
- **Country:** USA: UNITED STATES

**Organizational Unit:**
- **Department Name:** Finance & Accounting
- **Division Name:** Grants Administration

**Name and contact information of person to be contacted on matters involving this application:**
- **First Name:** Jason
- **Title:** Grants Officer

**Organizational Affiliation:**
- Inland Empire Utilities Agency

**Telephone Number:** 909-993-1636

**Fax Number:** (909) 993-1888

**Email:** jgu@ieua.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
   15.504
   CPDA Title:
   Title XVI Water Reclamation and Reuse Program

* 12. Funding Opportunity Number:
   R14AS000002
   * Title:
   WatersHART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

13. Competition Identification Number:
   R14AS000002
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   City of Ontario, County of San Bernardino, State of California

* 15. Descriptive Title of Applicant’s Project:
   Lower Chino Dairy Area Desalination and Reclamation Well Field and Pipeline Project

Attach supporting documents as specified in agency instructions.

[Add Attachments]  [Delete Attachments]  [View Attachments]
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant  CA-44
   * b. Program/Project  CA-35

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

17. Proposed Project:
   * a. Start Date: 06/01/2014
   * b. End Date: 09/30/2016

18. Estimated Funding ($) :
   * a. Federal  4,000,000.00
   * b. Applicant  0.00
   * c. State  0.00
   * d. Local  10,189,789.00
   * e. Other  7,502,342.00
   * f. Program Income  0.00
   * g. TOTAL  21,692,222.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under Executive Order 12372 Process for review on 03/07/2014
   [ ] 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: Mr.
Middle Name: Joseph
Last Name: Grindstaff
Suffix: 

Title: General Manager

Telephone Number: 909-993-1600  Fax Number: 909-993-1985

Email: j.grindstaff4@esus.org

Signature of Authorized Representative: Jason Qu  Date Signed: 01/07/2014
# Application for Federal Assistance SF-424

**Version 02**

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

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

### 3. Date Received:
Completed by Grantor upon submission.

### 4. Applicant Identifier:

### 5. Federal Entity Identifier:

### 5b. Federal Award Identifier:

### 6. Date Received by State:

### 7. State Application Identifier:

### 8. APPLICANT INFORMATION:

#### a. Legal Name:
Rancho California Water District

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
95-2415751

#### c. Organizational DUNS:
053836235

#### d. Address:

- **Street1:** 42135 Winchester Rd.
- **City:** Temecula
- **State:** CA: California
- **Zip / Postal Code:** 92590

#### e. Organizational Unit:

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

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

- **Prefix:**
- **First Name:** Denise
- **Last Name:** Landstedt
- **Suffix:**
- **Title:** Senior Water Resources Planner
- **Organizational California Water District**

- **Telephone Number:** 951-296-6916
- **Fax Number:** 951-296-6860
- **Email:** landstedt8@ranchowater.com
**Application for Federal Assistance SF-424**

**Version 02**

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

10. **Name of Federal Agency:**
    - Bureau of Reclamation

11. **Catalog of Federal Domestic Assistance Number:**
    - 15.504

12. **Funding Opportunity Number:**
    - R14AS00002

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

14. **Areas Affected by Project (Cities, Counties, States, etc.):**
    - City of Temecula, portions of the City of Murrieta, and unincorporated areas of southwest Riverside County, California.

15. **Descriptive Title of Applicant's Project:**
    - Demineralization and Non-Potable Water Conversion Project, Indirect Potable Reuse Preliminary Design Study Component

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

16. Congressional Districts Of:
   * a. Applicant CA-049
   * b. Program/Project CA-049

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

17. Proposed Project:
   * a. Start Date: 06/02/2014
   * b. End Date: 09/30/2016

18. Estimated Funding ($):
   * a. Federal 503,315.00
   * b. Applicant 1,569,944.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 2,013,259.00

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 01/07/2014.
   - [ ] 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)

   ** 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: Richard

Middle Name:

* Last Name: Williamson

Suffix:

* Title: Assistant General Manager

* Telephone Number: 951-296-6900

Fax Number: 951-296-6860

* Email: williamsonr@ranchowater.com

* 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

*1. Type of Submission:
☐ Preapplication
☒ Application
☐ Continuation
☐ Changed/Corrected Application

*2. Type of Application:
☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

*3. Date Received:
JAN 09 2014

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

State Use Only:
6. Data Received by State: ____________________________
7. State Application Identifier: 61399013

8. APPLICANT INFORMATION:

*b. Legal Name: STATE OF CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1597567

*b. Organizational DUNS: 8083223580000

*d. Address:

* Street: 1831 9th STREET

* City: SACRAMENTO

* County/Parish: ____________________________

* State: CA: California

* Province: ____________________________

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

*a. 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: Mr.
* First Name: JASON

Middle Name: ____________________________
* Last Name: WILLIAMS
Suffix: ____________________________

Title: GRANT ADMINISTRATOR

Organizational Affiliation: ____________________________

* Telephone Number: 916-327-0062
Fax Number: 916-327-6320

* Email: jason.williams@wildlife.ca.gov
Application for Federal Assistance SF-424

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<th>* 9. Type of Applicant 1: Select Applicant Type:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<th>* 15. Descriptive Title of Applicant's Project:</th>
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<td>HEAVY EQUIPMENT &amp; VEHICLES SUPPORTING WILDLIFE RESTORATION &amp; MANAGEMENT GRANTS</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 12/30/2013
   * b. End Date: 12/30/2014

18. Estimated Funding ($):

   * a. Federal  1,713,000.00
   * b. Applicant  0.00
   * c. State  571,000.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  2,284,000.00

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 12/30/2013.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

If "Yes", provides 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 1081)
   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: Ms.
Middle Name: 
* Last Name: BAYS
Suffix: 
Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701  Fax Number: 916-327-6320
* Email: Lisa.bays@wildlife.ca.gov

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

1. Type of Submission:
- Preapplication
- Application [X]
- Changed/Corrected Application
2. Type of Application:
- New [X]
- Continuation
- Revision
3. Date Received:
   - Completed by Grants.gov upon submission
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier:
   - RECEIVED
   - JAN 09 2014
   - STATE CLEARING HOUSE
6. Date Received by State:
7. State Application Identifier:
8. APPLICANT INFORMATION:
   a. Legal Name: Sweetwater Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 95-2759399
   c. Organizational DUNS:
      - 094248467
   d. Address:
      - Street1: 585 Garrett Avenue
      - Street2:
      - City: Chula Vista
      - Country:
      - State: CA: California
      - Province:
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 91910
   e. Organizational Unit:
      - Department Name:
      - Division Name:
   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix:
      - * First Name: James
      - Middle Name: L.
      - * Last Name: Smyth
      - Suffix:
      - Title: General Manager
      - Organizational Affiliation:
      - * Telephone Number: 1-619-409-6701
      - Fax Number:
      - * Email: jsmyth@sweetwater.org
**Application for Federal Assistance SF-424**

**Version 02**

5. Type of Applicant 1: Select Applicant Type:
   - Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
   - 15.504

   CPDA Title:
   - Title XVI Water Reclamation and Reuse Program

12. Funding Opportunity Number:
   - R4A8000002

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

13. Competition Identification Number:
   - R4A8000002

   Title:

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

16. Descriptive Title of Applicant's Project:
   - Sweetwater Authority Water Reclamation Project, Phase II

*Attach supporting documents as specified in agency instructions.*

**Add Attachments** | **Delete Attachments** | **View Attachments**
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*
01/07/2014

*4. Applicant Identifier:*

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*

**State Clearing House**

**State Use Only:**

*6. Date Received by State:*

*7. State Application Identifier:*

**8. APPLICANT INFORMATION:**

*a. Legal Name:*
City of Corona

*b. Employer/Taxpayer Identification Number (EIN/TIN):*
95-6000697

*c. Organizational DUNS:*
088513155

**d. Address:**

- **Street1:**
  755 Public Safety Way
- **City:**
  Corona
- **County:**
  Riverside
- **State:**
  CA: California
- **Province:**
  USA: UNITED STATES
- **Zip / Postal Code:**
  92880

**e. Organizational Unit:**

- **Department Name:**
  Department of Water and Power
- **Division Name:**

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

- **Prefix:**
  Ms.
- **First Name:**
  Jacqueline
- **Middle Name:**
  
- **Last Name:**
  Zukeran
- **Suffix:**
  
- **Title:**
  Business Supervisor

- **Organizational Affiliation:**
  City of Corona

- **Telephone Number:**
  951-739-4983
- **Fax Number:**
  
- **Email:**
  Jacqueline.Zukeran@ci.corona.ca.us
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
   15.504
   CFDA Title:
   Title XVI Water Reclamation and Reuse Program

* 12. Funding Opportunity Number:
   R14AS00002
   * Title:
   WaterSMART: Title XVI Water Reclamation and Reuse program Funding for Fiscal Year 2014

13. Competition Identification Number:
   R14AS00002
   * Title:

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

* 15. Descriptive Title of Applicant's Project:
   Corona, CA: Foothill Parkway Extension Reclaimed Waterline and Main Street Reclaimed Water Storage Tank

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

16. Congressional Districts Of:
   * a. Applicant CA-044
   * b. Program/Project CA-044

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

17. Proposed Project:
   * a. Start Date: 03/01/2014
   * b. End Date: 09/30/2016

18. Estimated Funding ($):

   * a. Federal 2,418,000.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 7,254,000.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 9,672,000.00

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 01/07/2014.
   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 216, 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: Jonathan
Middle Name: 
Last Name: Daly
Suffix: 
Title: General Manager

Telephone Number: 951-736-2477
Fax Number: 951-736-2455
Email: Jonathan.Daly@ci.corona.ca.us

Signature of Authorized Representative: Cristy Gavett
Date Signed: 01/07/2014

Authorized for Local Reproduction
Application for Federal Assistance SF-424

* 1. Type of Submission: Application

☐ Preapplication

☐ Application

☐ Changed/Corrected Application

* 2. Type of Application: Continuation

☐ New

* Other (Specify)

* 3. Date Received: JAN 19, 2014

4. Applicant Identifier:

5a. Federal Entity Identifier: 11AP20121

5b. Federal Award Identifier: G11AP20121

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

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

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

* c. Organizational DUNS: 604591925

d. Address:

* Street1: 1111 Franklin Street, 10th Floor

Street2:

City: Oakland

County: Alameda

State: CA

Province:

Country: USA

* Zip / Postal Code: 94607-9200

e. Organizational Unit:

Department Name: Water Resources

Division Name: Agriculture and Natural Resources

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

Prefix:

* First Name: Doug

Middle Name:

* Last Name: Parker

Suffix: Ph.D.

Title: Director, California Institute for Water Resources

Organizational Affiliation:

University of California, Agriculture and Natural Resources

* Telephone Number: 510-887-0036

Fax Number:

* Email: doug.parker@ucop.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   I. State Controlled Institution of Higher Learning

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   U.S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:
   1 5 8 0 5

   CFDA Title:
   Assistance to State Water Resources Research Institutes

* 12. Funding Opportunity Number:
   11HQPA0002

* Title:
   STATE WATER RESOURCES RESEARCH INSTITUTE PROGRAM
   FISCAL YEAR 2014 REQUEST FOR APPLICATIONS

13. Competition Identification Number:
   N/A

   Title:
   N/A

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

* 16. Descriptive Title of Applicant's Project:
   State Water Resources Research Institute Program, Fiscal Year 2014

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

16. Congressional Districts Of:
   a. Applicant CA-013
   b. Program/Project Statewide

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

17. Proposed Project:
   a. Start Date: 03/01/2014
   b. End Date: 02/28/2015

18. Estimated Funding ($):
   a. Federal
   b. Applicant 92,335
   c. State 509,262
   d. Local
   e. Other
   f. Program Income
   g. TOTAL 601,597

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 01/13/14
   □ 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  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 215, 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: Kandra
Middle Name: 
* Last Name: Rose
Suffix:  
Title:  Contracts and Grants Analyst
* Telephone Number:  550-750-1276  Fax Number: 
* Email: ktrose@ucen.edu
* Signature of Authorized Representative: [Signature]
* Date Signed: 01/13/14
APPLICATION FOR FEDERAL ASSISTANCE

<table>
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<tr>
<th>1. TYPE OF SUBMISSION:</th>
<th>2. DATE SUBMITTED:</th>
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<td>Non-Construction</td>
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<th>Federal Identifier</th>
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5. APPLICANT INFORMATION

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<td>19681 Railroad</td>
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<table>
<thead>
<tr>
<th>Street:</th>
<th>Name and telephone number of person to be contacted on matters involving this application (give area code)</th>
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<tbody>
<tr>
<td></td>
<td>Profit: Mr. First Name: James</td>
</tr>
<tr>
<td></td>
<td>Middle Name: H.</td>
</tr>
<tr>
<td></td>
<td>Last Name: Wiegley</td>
</tr>
<tr>
<td></td>
<td>Suffix:</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:kelwegi@aol.com">kelwegi@aol.com</a></td>
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<tr>
<th>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</th>
<th>Phone Number (give area code)</th>
<th>Fax Number (give area code)</th>
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<td>Wastewater Facility Improvement Project</td>
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15. ESTIMATED FUNDING:

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<td>b. Applicant</td>
<td>$ 0</td>
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<tr>
<td>c. State</td>
<td>$ 44000,000</td>
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<td>d. Local</td>
<td>$</td>
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<tr>
<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>$ 5,029,100</td>
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUTY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

<table>
<thead>
<tr>
<th>Authorized Representative</th>
<th>Profit</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mr.</td>
<td>Jeff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last Name: Gonzalez</td>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Title: President</td>
<td>Telephone Number (give area code)</td>
<td>559-947-3037</td>
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<tr>
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<td>Date Signed: 1-8-14</td>
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PREAPPLICATION GUIDE: Water and Wastewater Programs - Page 4
# Application for Federal Assistance SF-424

**Version 02**

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

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

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

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Data Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**a. Legal Name:**
El Dorado Irrigation District

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
94-6036480

**c. Organizational DUNS:**
048846420

**d. Address:**
- Street: 2890 Mosquito Rd
- City: Placerville
- State: CA: California
- Country: USA: UNITED STATES
- Zip / Postal Code: 95667

**e. Organizational Unit:**

**f. Name and contact Information of person to be contacted on matters involving this application:**
- Prefix: Ms.
- * First Name: Cindy
- Middle Name:
- Last Name: Megerdigan
- Suffix:
- Title: Engineering Manager

**Organizational Affiliation:**

**Telephone Number:** 530-622-9516
**Fax Number:** 530-622-9597
**Email:** cmegerdigan@aid.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:
   * Other (specify):

10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
   15.507

CFDA Title:
   WaterSMART (Sustaining and Managing America's Resources for Tomorrow)

12. Funding Opportunity Number:
   R14AS00001

   * Title:

13. Competition Identification Number:
   R14AS000001

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Pollock Pines and Camino, El Dorado County, California

15. Descriptive Title of Applicant's Project:
   Construct approximately 3-mile pipeline to convey water from Foray Reservoir to Reservoir 1 Water Treatment Plant. Project replaces the open earthen ditch that currently conveys water in this area.

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

16. Congressional Districts Of:
   * a. Applicant [CA-004]
   * b. Program/Project [CA-004]

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

Add Attachment  Delete Attachment

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

18. Estimated Funding ($):

   * a. Federal 1,000,000.00
   * b. Applicant 6,100,000.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 5,100,000.00

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 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: Mr.  * First Name: Jim
Middle Name:
Last Name: Abercrombie
Suffix:

Title: General Manager

Telephone Number: 530-642-4041  Fax Number: 530-642-4341

Email: jabercrembie@id.org

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

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Standard Form 424 (Revised 10/2008)

Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424
Version 02

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

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

3. Date Received:
   01/15/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

APPLICANT INFORMATION:

8. *a. Legal Name: Santa Ana Watershed Project Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN):
   922699564

*c. Organizational DUNS:
   066591575

9. d. Address:
   * Street1: 11615 Sterling Avenue
   Street2:
   * City: Riverside
   County: Riverside
   * State: CA, California
   Province:
   * Country: USA, UNITED STATES
   * Zip / Postal Code: 92503

10. e. Organizational Unit:
    Department Name: Water Resources & Planning
    Division Name:

11. f. Name and contact information of person to be contacted on matters involving this application:
    Prefix: Mr.
    * First Name: Dean
    Middle Name:
    * Last Name: Unger
    Suffix:
    Title: Information Technology Manager
    Organizational Affiliation:

   * Telephone Number: (951) 394 4220
   Fax Number: (951) 785 7076

   * Email: dunger@awpa.org
**Application for Federal Assistance SF-424**

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

10. Name of Federal Agency:
    - Bureau of Reclamation - Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:
    - 15.530

   CFDA Title:
   - Water Conservation Field Services Program (WCFSP)

12. Funding Opportunity Number:
    - RI4SF350010

   Title:
   - Water Conservation Field Services Program - Southern California Area Office

13. Competition Identification Number:
    - RI4SF350010

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    - City of Mentone, San Bernardino County, California; City of Hemet, Riverside County, California; City of Huntington Beach, Orange County, California

15. Descriptive Title of Applicant's Project:
    - Santa Ana River Watershed LIDAR/Inferred Imagery Landscape Mapping Demonstration Project
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: CA-041
   * b. Program/Project: CA-021

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 10/30/2015

18. Estimated Funding ($) :
   * a. Federal: 38,448.50
   * b. Applicant: 38,448.50
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 76,897.00

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.)
   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 21, Section 1001).
   X ** I AGREE

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

   Authorized Representative:

   Prefix: Mr.
   * First Name: Calame
   Middle Name:
   * Last Name: Canti
   Suffix:

   * Title: General Manager

   * Telephone Number: (951) 356 4220
   Fax Number: (951) 785 7076

   * Email: ccanti@svapa.org

   * Signature of Authorized Representative: Richard Wheat
   * Date Signed: 01/15/2014

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