Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse January 16 - 31, 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

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

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

* If Revision, select appropriate letter(s):  
  - Replacement  
  - Other (Specify)

* 3. Date Received:      
  - [Received stamp]

4. Applicant Identifier:  
  - Our Town St. Helena

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  
  - JAN 16 2019

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  
  - STATE CLEARINGHOUSE

b. APPLICANT INFORMATION:

* a. Legal Name:  
  - Our Town St. Helena

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  - 264047407

* c. Organizational DUNS:
  - 023038091

d. Address:

* Street1:  
  - 1451 Oak St.

Street2:  

* City:  
  - St. Helena

County:  
  - Napa

* State:  
  - California

Province:  

* Country:  
  - USA

* Zip / Postal Code:  
  - 94574

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:  
  - Mary

Middle Name:  

* Last Name:  
  - Stephanso

Suffix:

* Title:  
  - President

Organizational Affiliation:

* Telephone Number:  
  - (707) 983-1548

Fax Number:  
  - (707) 983-0706

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

9. Type of Applicant 1: Select Applicant Type:
   0. Not for Profit Organization (☐) (☐)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA

11. Catalog of Federal Domestic Assistance Number:
   110 442 0

CPDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Napa County

* 15. Descriptive Title of Applicant's Project:

Mutual Self-Help Housing Development.
OTSH is continuing a Mutual Self-Help Housing Program tradition in Napa County. OTSH will seek properties that are appropriate for small Infill Mutual Self-Help projects.

Attach supporting documents as specified in agency instructions.
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):

* Other (Specify):

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

* RECEIVED *

*4. Applicant Identifier:

JAN 17 2014

*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 Sanger

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000425

* c. Organizational DUNS: 084516970000

d. Address:

- Street1: 1700 7th Street
- Street2:
- City: Sanger
- County: Fresno
- State: CA: California
- Province:
- Country: USA: UNITED STATES
- Zip / Postal Code: 93656

e. Organizational Unit:

Department Name: Public Works
Division Name:

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

Prefix: Mr.
First Name: John
Middle Name:
Last Name: Mulligan
Suffix:

Title: Director of Public Works
Organizational Affiliation:

Telephone Number: 5598766300
Fax Number:

*Email: jmulligan@ci.sanger.ca.us
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
<th>Version 02</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
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<td>C: City or Township Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<td>* 10. Name of Federal Agency:</td>
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<tr>
<td>Bureau of Reclamation</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<tr>
<td>15.507</td>
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<td>CFDA Title:</td>
<td></td>
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<td>WaterSMART (Sustaining and Manage America's Resources for Tomorrow)</td>
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<td>* 12. Funding Opportunity Number:</td>
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<td>R14AS000001</td>
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<td>* Title:</td>
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<td>13. Competition Identification Number:</td>
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<td>R14AS000001</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td>City of Sanger, Fresno County</td>
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<td>* 15. Descriptive Title of Applicant's Project:</td>
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<td>Sanger Conjunctive Use Intertie Project</td>
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<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
<td></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant  CA21
   * b. Program/Project  CA21

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

17. Proposed Project:
   * a. Start Date: 09/01/2014
   * b. End Date: 08/31/2016

18. Estimated Funding ($):
   * a. Federal  80,000.00
   * b. Applicant  80,000.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  160,000.00

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 01/21/2014.
   □ 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  [Provide 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: Mr.
First Name: Charles
Middle Name: Brian
Last Name: Haddix
Suffix:

Title: City Manager

* Telephone Number: 5598766300  Fax Number: 

* Email: bhaddix@ci.sanger.ca.us

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

Authorized for Local Reproduction
# 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:**
01/17/2014

**4. Applicant Identifier:**

**Se. 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:** San Francisco State University

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 921137247

**c. Organizational DUNS:** 842514855

**d. Address:**
- **Street1:** 1800 Holloway Ave
- **City:** San Francisco
- **County:** San Francisco
- **State:** CA: California
- **Zip / Postal Code:** 94132-1722

**e. Organizational Unit:**
- **Department Name:** ORSP
- **Division Name:** Academic Affairs

**f. Name and contact information of person to be contacted on matters involving this application:**
- **First Name:** Candy
- **Last Name:** Miu
- **Title:** Grants Administrator
- **Organizational Affiliation:** San Francisco State University

**Telephone Number:** 415-405-4223

**Fax Number:** 415-338-2483

**Email:** candy.miu@sfsu.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - H: Public/State Controlled 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:
   Geological Survey

11. Catalog of Federal Domestic Assistance Number:
   13.628

   CFDA Title:
   U.S. Geological Survey, Research and Data Collection

* 12. Funding Opportunity Number:
   G14AS500021

  * Title:
   Cooperative Ecosystem Studies Unit, Colorado Plateau CESU

13. Competition Identification Number:
   G14AS500021

  Title:

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

* 15. Descriptive Title of Applicant’s Project:

Development of a Climate Change Adaptation Tool for the NOAA National Estuarine Research Reserve System

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

16. Congressional Districts Of:
   * a. Applicant [CA-012]  
   * b. Program/Project [CA-012]
   
Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   * a. Start Date: 09/01/2014  
   * b. End Date: 02/01/2016

19. Estimated Funding ($):
   * a. Federal 24,402.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 24,402.00

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 01/17/2014
   - 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 and attach.)
   - 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

   ** 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:**

Prefix:  
* First Name: Alison  
Middle Name:  
Last Name: Sanders  
Suffix:  
Title: Director  
Telephone Number: 415-405-3943  
Fax Number: 415-396-2493  
Email: Sanders@fasu.edu  
Signature of Authorized Representative: Alison Sanders  
Date Signed: 01/17/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:
   - JAN 21, 2014
   - RECEIVED
   - JAN 21, 2014
   - STATE CLEARING HOUSE

4. Applicant Identifier:
   - JAN 21, 2014

5a. Federal Entity Identifier:

5b. Sb. Federal Award Identifier:

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

8. APPLICANT INFORMATION:

   a. Legal Name: Western Municipal Water District of Riverside County

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 95-6005108

   c. Organizational DUNS:
      - 030589311

   d. Address:
      - Street1: 14205 Meridian Parkway
      - Street2:
      - City: Riverside
      - County: Riverside
      - State: CA: California
      - Province:
      - Country: USA: UNITED STATES
      - Zip/Postal Code: 92518

   e. Organizational Unit:
      - Department Name: Engineering
      - Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - * First Name: Bazok
      - Middle Name:
      - * Last Name: Kawaii
      - Suffix:
      - Title: Director of Engineering
      - Organizational Affiliation:
      - * Telephone Number: 951-571-7230
      - Fax Number: 951-571-0592
      - * Email: dkawaii@wmwd.com
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 Manage America's Resources for Tomorrow)

* 12. Funding Opportunity Number:

R14A0300001

* Title:

13. Competition Identification Number:

R14A0300001

Title:

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

Communities within Western Riverside County, including the City of Norco, City of Corona and the unincorporated areas.

* 15. Descriptive Title of Applicant's Project:

Arlington Basin Water Quality Improvement Project

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

16. Congressional Districts Of:
   * a. Applicant CA-41
   * b. Program/Project CA-11

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

1-16-List of Congressional O Add Attachment Delete Attachment View Attachment

17. Proposed Project:
   * a. Start Date: 01/06/2014
   * b. End Date: 06/16/2017

18. Estimated Funding ($):
   * a. Federal 1,000,000.00
   * b. Applicant 8,955,350.00
   * c. State 1,000,000.00
   * d. Local 1,000,000.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 11,955,350.00

* 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 01/21/2014.
   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

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 219, 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: John
Middle Name: V.
Last Name: Rossi
Suffix:
Title: General Manager
Telephone Number: 951-571-7200
Fax Number: 951-571-0592
Email: jrossi@mmvd.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
   - [ ] Changed/Corrected Application

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

   * Other (Specify): REACHED

* 3. Date Received: 01/15/2014

* 4. Applicant Identifier: JAN 21 2014

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

8. APPLICANT INFORMATION:

* a. Legal Name: Santa Ana Watershed Project Authority

* b. Employer/Taxpayer Identification Number (EIN/TIN): 952899964

* c. Organizational DUNS: 086591575

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

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

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) 354 4220

* Fax Number: (951) 785 7076

* Email: dungere@sawpa.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 - Lower Colorado Region

11. Catalog of Federal Domestic Assistance Number:
    15.530

   CFDA Title:
   Water Conservation Field Services Program (WCFSP)

12. Funding Opportunity Number:
    R14SF15010

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

13. Competition Identification Number:
    R14SF15010

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

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-031

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?
   ☒ 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  ☐ 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)

   ☑ * 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.
First Name:  Celeste
Middle Name: 
Last Name:  Cantú
Suffix: 
Title:  General Manager
Telephone Number:  (951) 354 4220
Fax Number:  (951) 785 7076
Email:  ccantu@sawga.org
Signature of Authorized Representative:  Richard Whetzel  Date Signed:  01/19/2014
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:
   - [Blank]

4. Applicant Identifier:
   - Department of Food and Agriculture
   - JAN 21 2014

5a. Federal Entity Identifier:
   - United States Forest Service

5b. Federal Award Identifier:
   - 14-DG-11052021-037

State Use Only:

6. Date Received by State:
   - [Blank]

7. State Application Identifier:
   - [Blank]

8. APPLICANT INFORMATION:

   * a. Legal Name:
     - State of California

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 68-0325104

   * c. Organizational DUNS:
     - 807487885

   d. Address:
     - Street1: 1220 N Street, Room 341
     - City: Sacramento
     - County: Sacramento
     - State: California
     - Province: [Blank]
     - Country: USA
     - Zip / Postal Code: 95814

   e. Organizational Unit:
     - Department Name:
     - Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Dr.
     - First Name: Dean
     - Middle Name:
     - Last Name: Kelch
     - Suffix:
     - Title: Senior Plant Taxonomist

Organizational Affiliation:

* Telephone Number: 916-403-6650
* Fax Number: 916-653-2403
* Email: dean.kelch@cdfa.ca.gov
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:

United States Forest Service

11. Catalog of Federal Domestic Assistance Number:

10-680

CFDA Title:

Cooperative Forestry Assistance

*12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

*16. Descriptive Title of Applicant's Project:

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

18. Congressional Districts Of:
* a. Applicant California
* b. Program/Project California

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

17. Proposed Project:
* a. Start Date: 7/1/14
* b. End Date: 6/30/19

18. Estimated Funding ($) :
* a. Federal 270,000
* b. Applicant
* c. State 270,000
* d. Local
* e. Other
* f. Program Income
* g. TOTAL 540,000

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

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

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

Title: Federal Funds Manager

Telephone Number: 916-403-6533
Fax Number:

Email: crystal.myers@cofe.ca.gov

Signature of Authorized Representative: Crystal Myers Date Signed: 1/21/2014
**Application for Federal Assistance SF-424**

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

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

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

**4.** Applicant Identifier:

**5a.** Federal Entity Identifier:

**5b.** Federal Award Identifier:

**5c.** Legal Name:
City of Sanger

**5d.** Employer/Taxpayer Identification Number (EIN/TIN):
94-600425

**5e.** Organizational DUNS:
0845169700000

**6.** Date Received by State:

**7.** State Application Identifier:

**B. APPLICANT INFORMATION:**

**d.** Address:
- Street1: 1700 7th Street
- City: Sanger
- County: Fresno
- State: CA: California
- Province: 
- Country: USA: UNITED STATES
- Zip / Postal Code: 93656

**e.** Organizational Unit:
- Department Name: Public Works
- Division Name:

**f.** Name and contact information of person to be contacted on matters involving this application:
- Prefix: Mr.
- * First Name: John
- Last Name: Mulligan
- Title: Director of Public Works
- Organizational Affiliation:

**Telephone Number:** 5599766300

**Fax Number:**

**Email:** jmulligan@ci.sanger.ca.us
## Application for Federal Assistance SF-424

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

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

**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 Manage America's Resources for Tomorrow)

**12. Funding Opportunity Number:**
- R14AS00001

*Title:

**13. Competition Identification Number:**
- R14AS00001

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- City of Sanger, Fresno County

**15. Descriptive Title of Applicant's Project:**
- Sanger Conjunctive Use Intertie Project

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

16. Congressional Districts Of:
   * a. Applicant: CA21
   * b. Program/Project: CA21

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

17. Proposed Project:
   * a. Start Date: 09/01/2014
   * b. End Date: 08/31/2016

18. Estimated Funding ($):
   * a. Federal: 80,000.00
   * b. Applicant: 80,000.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 160,000.00

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 01/21/2014.
   ☐ 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 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.
Middle Name: Brian
* Last Name: Haddix
Suffix: 

* Title: City Manager

* Telephone Number: 5599766300  Fax Number: 

* Email: bhaddix@ci.sanger.ca.us

* 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  
   - [ ] Other (Specify):  

3. Date Received:  

4. Applicant Identifier:  

   - JAN 21 2014  

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:  

   - The Metropolitan Water District of Southern California  

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

   - 95-60020071  

   c. Organizational DUNS:  

   - 06-389-2975  

   d. Address:  

   - Street:  

   - 700 North Alameda Street  

   - Street2:  

   - * City:  

   - Los Angeles  

   - County/Parish:  

   - * State:  

   - CA: California  

   - Province:  

   - * Country:  

   - USA: UNITED STATES  

   - Zip / Postal Code:  

   - 90012  

   e. Organizational Unit:  

   - Department Name:  

   - Water Resources management  

   - Division Name:  

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

   - Prefix:  

   - * First Name:  

   - Andrew M.  

   - Middle Name:  

   - * Last Name:  

   - Hui  

   - Suffix:  

   - Title:  

   - Regional Supply Unit Manager  

   - Organizational Affiliation:  

   - * Telephone Number:  

   - (213) 217-6557  

   - Fax Number:  

   - (213) 217-6119  

   - * Email:  

   - ahui@mwdh2o.com
### Application for Federal Assistance SF-424

#### 8. Type of Applicant 1: Select Applicant Type:
- Special District Government

#### 9. Type of Applicant 2: Select Applicant Type:
- Regional Organization

#### 10. Name of Federal Agency:
- U.S. Department of Interior - Bureau of Reclamation

#### 11. Catalog of Federal Domestic Assistance Number:
- 15.507

#### CFDA Title:
- WaterSMART: Sustain and Manage America's Resources for Tomorrow

#### 12. Funding Opportunity Number:
- R14AS000001

#### Title:

#### 13. Competition Identification Number:

#### Title:

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

#### 15. Descriptive Title of Applicant's Project:
- Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura counties

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

16. Congressional Districts Of:
   *a. Applicant CA-025 through CA-053
   *b. Program/Project CA-025 through CA-053

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

17. Proposed Project:
   *a. Start Date: 10/01/2014
   *b. End Date: 09/30/2016

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant 300,000.00
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL 1,300,000.00

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 01/23/2014
   ☐ 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 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: Jeffrey
Middle Name: ______________________
Last Name: Kightlinger
Suffix: _____________________________
Title: General Manager
Telephone Number: (213) 217-6211 Fax Number:
Email: kightlinger@wvh2o.com

Signature of Authorized Representative: ___________________________  Date Signed: 1/24/14
**Application for Federal Assistance SF-424**

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**6a. Federal Entity Identifier:**

**6b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**B. APPLICANT INFORMATION:**

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<th><em>a. Legal Name:</em></th>
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<td><em>b. Employer/Taxpayer Identification Number (EIN/TIN):</em></td>
<td>95-6002071</td>
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<td><em>c. Organizational OUNS:</em></td>
<td>06-381-2375</td>
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**d. Address:**

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<tr>
<td><em>County/Parish:</em></td>
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<td><em>Province:</em></td>
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<td><em>Zip / Postal Code:</em></td>
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**e. Organizational Unit:**

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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>Mr.</th>
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<tbody>
<tr>
<td><em>First Name:</em></td>
<td>Andrew</td>
</tr>
<tr>
<td><em>Last Name:</em></td>
<td>Hui</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Regional Supply Unit Manager</th>
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**Organizational Affiliation:**

<table>
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<th><em>Telephone Number:</em></th>
<th>(213) 217-6557</th>
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<td><em>Fax Number:</em></td>
<td>(213) 217-6119</td>
</tr>
<tr>
<td><em>Email:</em></td>
<td><a href="mailto:shui@mwdr2o.com">shui@mwdr2o.com</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:
   - Regional Organization

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   U.S. Department of the Interior - Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
   15.507

CFDA Title:
   WatershARC: Sustain and Manage America's Resources for Tomorrow

12. Funding Opportunity Number:
   R140500001

* Title:
   WatershARC: Water and Energy Efficiency Grants 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:
   On-site Retrofit Pilot Program

Attach supporting documents as specified in agency instructions.

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

16. Congressional Districts Of:
   * a. Applicant CA-023 THROUGH CA-053
      * b. Program/Project CA-023

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 09/29/2017

18. Estimated Funding ($):

   * a. Federal 1,000,000.00
   * b. Applicant 1,000,000.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 2,000,000.00

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 01/17/2014.
   □ 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 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:

Prefix: 
Middle Name: 
* Last Name: Rightlinger
Suffix: 
* Title: General Manager
* Telephone Number: (213) 217-6115
Fax Number: (213) 576-5425
* Email: krightlinger@mwdh2o.com
* Signature of Authorized Representative: 
* Date Signed: 11/6/10
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*

*4. Application Identifier:*

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*

**State Use Only:**

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

**Applicant Information:**

- *a. Legal Name:* South Coast Air Quality Management District
- *b. Employer/Taxpayer Identification Number (EIN/TIN):* 953099419
- *c. Organizational DUNS:* 025986159

- *d. Address:*
  - Street 1: 21865 Copley Dr.
  - City: Diamond Bar
  - State: California
  - Province: Country: *Zip/Postal Code:* 91765

- *e. Organizational Unit:*
  - Department Name:
  - Project Director e-mail: jlow@aqmd.gov
  - Division Name:
  - Science & Technology Advancement

- *f. Name and contact information of person to be contacted on matters involving this application:*
  - Prefix:
  - Middle Name:
  - Last Name: Leonard
  - Suffix:
  - Title: Financial Analyst
  - Organizational Affiliation: South Coast Air Quality Management District
  - Telephone Number: 909-396-2780
  - Fax Number: 909-396-2765
  - Email: mleonard@aqmd.gov

**Received JAN 21 2014**
**Application for Federal Assistance SF-424**

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

   Type of Applicant 2: Select Applicant Type:
   - Select One -

   Type of Applicant 3: Select Applicant Type:
   - Select One -

   *Other (specify):  Special District

*10. Name of Federal Agency:
   U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   66.034

   CFDA Title:
   *Surveys, Studies, Investigations, Special Purpose Activities to the CCA*

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:
   Near-Road Nitrogen Dioxide, PM2.5, and Carbon Monoxide Monitoring Sites

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

16. Congressional Districts Of:
   *a. Applicant  42
   *b. Program/Project:  24-49

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

17. Proposed Project:
   *a. Start Date:  June 1, 2012  
   *b. End Date:  May 31, 2015

18. Estimated Funding ($):
   *a. Federal  $400,000.00
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL  $400,000.00

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 1-21-24.
   □ 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 claim 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: [Signature]
Prefix: [Prefix]
First Name: Barry
Middle Name: R.
Last Name: Wallerstein
Suffix: D. Env.
Title: Executive Officer
Telephone Number: 909-396-2100
Fax Number: 909-396-3340
Email: bwallerstein@agmd.gov
Signature of Authorized Representative: [Signature]
Date Signed: 1-21-14
**Application for Federal Assistance SF-424**

**Version 02**

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<td>□ Application</td>
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**8. APPLICANT INFORMATION:**

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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<table>
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<td>Senior Water Resources Planner</td>
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<tbody>
<tr>
<td><a href="mailto:landstedt@ranchowater.com">landstedt@ranchowater.com</a></td>
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</table>
**Application for Federal Assistance SF-424**

**Version 02**

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

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

   **RCWD Congressional Districts**
   [Attach/Attachment] [Note/Attachment]

17. Proposed Project:
   * a. Start Date: 01/14/2014
   * b. End Date: 04/29/2016

18. Estimated Funding ($):
   
   - a. Federal: 499,926.58
   - b. Applicant: 2,145,187.61
   - c. State: 0.00
   - d. Local: 0.00
   - e. Other: 0.00
   - f. Program Income: 0.00
   - g. TOTAL: 2,645,114.19

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 01/22/2014.
   - [ ] 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: williamsonc@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  
  □ Changed/Corrected Application  

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

* 3. Date Received:  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

* 6b. Federal Award Identifier:  

JAN 2 2 2014

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

* a. Legal Name: Upper San Gabriel Valley Municipal Water District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 962060031

* c. Organizational DUNS: 021083698

d. Address:

* Street1: 602 E. Huntington Drive, Suite B

Street2:  

* City: Monrovia  

County: Los Angeles  

* State: California  

Province:  

* Country: USA: United States  

* Zip / Postal Code: 91016

e. Organizational Unit:

Department Name: Water Conservation

Division Name: Water Use Efficiency

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

Prefix: Ms.  

* First Name: Elena

Middle Name:  

* Last Name: Layugan

Suffix:  

Title: Water Conservation Coordinator

Organizational Affiliation:  

* Telephone Number: (626) 443-2287  

Fax Number: (626) 443-0617

* Email: elena@usgvmwd.org
**Application for Federal Assistance SF-424**

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<thead>
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<th>5. Type of Applicant 1: Select Applicant Type:</th>
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| Type of Applicant 2: Select Applicant Type: |

| Type of Applicant 3: Select Applicant Type: |

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<th>* Other (specify):</th>
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<th>* 10. Name of Federal Agency:</th>
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<th>CFDA Title:</th>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<td>Bradbury, Monrovia, Duarte, Azusa, Glendora, Covina, West Covina, Vallada, La Puente, City of Industry, Bassett, Hacienda Heights, South El Monte, El Monte, Baldwin Park, Irwindale, Arcadia, Temple City, San Gabriel, South Pasadena and Rosemead,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* 15. Descriptive Title of Applicant's Project:</th>
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<tbody>
<tr>
<td>Upper San Gabriel Valley Municipal Water District: Large Landscape Survey and Retrofit Program</td>
</tr>
</tbody>
</table>

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

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

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

*3. Date Received:

*4. Applicant Identifier:

*5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University Enterprises, Inc. on behalf of CSU Sacramento

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

941337638

* c. Organizational DUNS:

028031796

d. Address:

* Street1: 6000 J Street

Street2:

* City: Sacramento

County: Sacramento

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95819-6111

e. Organizational Unit:

Department Name:

Division Name:

Research Administration

Academic Affairs

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

Prefix: Mr

* First Name: David

Middle Name:

* Last Name: Earwicker

Suffix:

Title: Assistant Vice President

Organizational Affiliation:

California State University, Sacramento

* Telephone Number: 916-278-3669

Fax Number: 916-278-6163

* Email: david.earwicker@csus.edu
### Application for Federal Assistance SF-424

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<td></td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
<td>CSU Sacramento auxiliary org</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
<td>Geological Survey</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>15.808</td>
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<td>CFDA Title:</td>
<td>U.S. Geological Survey, Research and Data Collection</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>* Title:</td>
<td>USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch</td>
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<td>G14ASU00003</td>
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<td>Title:</td>
<td></td>
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<td>**14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>Placer Hall - Regional Director Fifth Floor Alterations</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

1. Type of Submission

- Preapplication
- Application
- Changed/Corrected Application

2. Type of Application

- New
- Continuation
- Revision

If Revision, select appropriate letter(s):

3. Date Received:

4. Application 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: City of Redding, California

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

c. Organizational DUNS:
   07-378-0413

d. Address:

   - Street 1: 777 Cypress Avenue
   - City: Redding
   - County: Shasta
   - State: California
   - Province:
   - Country: USA
   - Zip/Postal Code: 96001-2718

e. Organizational Unit:

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

   - Prefix: Mr.
   - Middle Name: A.
   - Last Name: Dinger
   - Suffix:

   - Title: Support Services Director/Airports Manager

Organizational Affiliation:

City of Redding, California

- Telephone Number: 530-224-4321
- Fax Number: 530-224-4318
- Email: rdinger@ci.redding.ca.us
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type: - Select One -

Type of Applicant 3: Select Applicant Type: - Select One -

* Other (specify):

**10. Name of Federal Agency:**
   Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:
    20.106

   CFDA Title:
   Airport Improvement Program

12. Funding Opportunity Number:

   Title: N/A

13. Competition Identification Number:

   Title: N/A

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

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

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

   Construct Wash Rack - Phase 2 (Construction)

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

16. Congressional Districts Of:
   * a. Applicant #02
   * b. Program/Project: #02

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

17. Proposed Project:
   * a. Start Date: 3/1/14
   * b. End Date: 12/31/14

18. Estimated Funding ($):
   *a. Federal $270,000.00
   *b. Applicant $16,500.00
   *c. State $13,500.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $300,000.00

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 1/22/14
   ☐ 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: Rod

Middle Name: A.

*Last Name: Dinger

Suffix: 

*Title: Support Services Director/Airports Manager

*Telephone Number: 530-224-4321

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

*Signature of Authorized Representative: [Signature]

Date Signed: 1/22/14
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Application Identifier:

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

8. APPLICANT INFORMATION:

   a. Legal Name: City of Redding, California

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

   c. Organizational DUNS: 07-378-0413

   d. Address:
      - Street 1: 777 Cypress Avenue
      - City: Redding
      - County: Shasta
      - State: California
      - Country: USA
      - Zip/Postal Code: 96001-2718

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - Middle Name: A.
      - Last Name: Dinger
      - Suffix:  
      - First Name: Rod
      - Title: Support Services Director/Airports Manager
      - Organizational Affiliation: City of Redding, California
      - Telephone Number: 530-224-4321
      - Fax Number: 530-224-4318
      - Email: rdinger@ci.redding.ca.us
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
<th>C. City or Township Government</th>
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<tbody>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td>- Select One -</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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* Other (specify):  

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<th>10. Name of Federal Agency:</th>
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<tr>
<td>Federal Aviation Administration (FAA)</td>
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<th>11. Catalog of Federal Domestic Assistance Number:</th>
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<tr>
<td>20.106</td>
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CFDA Title:  
Airport Improvement Program

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<tr>
<th>12. Funding Opportunity Number:</th>
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<tr>
<td>Title:</td>
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<tr>
<th>13. Competition identification Number:</th>
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<tbody>
<tr>
<td>Title:</td>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tbody>
<tr>
<td>Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California</td>
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</tbody>
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<table>
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<tr>
<th>15. Descriptive Title of Applicant's Project:</th>
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<tbody>
<tr>
<td>Airport Master Plan Update (Including an Aeronautical Survey per FAA AC 150/5300-18B)</td>
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</table>

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

16. Congressional Districts Of:

* a. Applicant #02

* b. Program/Project: #02

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

17. Proposed Project:

* a. Start Date: 3/1/14

* b. End Date: 9/30/15

18. Estimated Funding ($):

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<th>*a. Federal</th>
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<td>*b. Applicant</td>
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<td>*c. State</td>
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<td>*d. Local</td>
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<td>*e. Other</td>
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<td>*f. Program Income</td>
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<td>*g. TOTAL</td>
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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 Jan. 22, 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: Mr.  *First Name: Rod

Middle Name: A.

*Last Name: Dinger

Suffix:

*Title: Support Services Director/Airports Manager

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

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

*Signature of Authorized Representative: [Signature]  Date Signed: 1/22/14
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:

4. Application Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

5c. Organizational DUNS:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: City of Redding, California

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

c. Organizational DUNS:
   07-378-0413

d. Address:
   - Street 1: 777 Cypress Avenue
   - City: Redding
   - County: Shasta
   - State: California
   - Province: USA
   - Zip/Postal Code: 96001-2718

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Mr.
   - Middle Name: A.
   - Last Name: Dinger
   - Suffix: 
   - First Name: Rod
   - Title: Support Services Director/Airports Manager
   - Organizational Affiliation:
     City of Redding, California

* Telephone Number: 530-224-4321
* Fax Number: 530-224-4318
* Email: rdinger@ci.redding.ca.us
**Application for Federal Assistance SF-424**

<table>
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<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
<th>C. City or Township Government</th>
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<td>Type of Applicant 2: Select Applicant Type:</td>
<td>- Select One -</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td>- Select One -</td>
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* Other (specify):

| 10. Name of Federal Agency: | Federal Aviation Administration (FAA) |

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<th>11. Catalog of Federal Domestic Assistance Number:</th>
<th>20.106</th>
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<tr>
<td>CFDA Title:</td>
<td>Airport Improvement Program</td>
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<tr>
<th>12. Funding Opportunity Number:</th>
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<tr>
<td>Title:</td>
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<th>13. Competition Identification Number:</th>
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<tbody>
<tr>
<td>Title:</td>
<td>N/A</td>
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| 14. Areas Affected by Project (Cities, Counties, States, etc.): |
| Cities of Redding, Anderson, and Red Bluff; Counties of Shasta, Tehama, Trinity, Siskiyou, Modoc, and Lassen; State of California |

| 15. Descriptive Title of Applicant's Project: |
| Acquire New ARFF Vehicle - Index B (including ancillary equipment) |

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

16. Congressional Districts Of:

* a. Applicant #02

* b. Program/Project: #02

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

17. Proposed Project:

* a. Start Date: 3/1/14

* b. End Date: 9/30/15

18. Estimated Funding ($):

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<td>Other</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$950,000.00</strong></td>
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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 Jan. 22, 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: Mr.

*First Name: Rod

Middle Name: A.

*Last Name: Dinger

Suffix: 

*Title: Support Services Director/Airports Manager

*Telephone Number: 530-224-4321

Fax Number: 530-224-4318

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

*Signature of Authorized Representative: 

Date Signed: 10/21/14
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. Data Received:
   - Completed by Grant.gov upon submission.

* 4. Applicant Identifier:
   - [ ] RECEIVED

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - JAN 23 2014
   - 18507

State Use Only:

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

B. APPLICANT INFORMATION:

* a. Legal Name: Inland Empire Utilities Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 95-6004609

* c. Organizational DUNS:
   - 043656206

* d. Address:
   - 6075 Kimball Ave
   - City: Chino
   - County: [Blank]
   - State: CA, California
   - Province: [Blank]
   - Country: USA, UNITED STATES
   - Zip / Postal Code: 91709

* e. Organizational Unit:
   - Department Name: [Blank]
   - Division Name: [Blank]
   - Finance & Accounting
   - Grants Administration

* f. Name and Contact Information of person to be contacted on matters involving this application:
   - Prefix: Mr.
   - * First Name: Jason
   - Middle Name: [Blank]
   - Last Name: Gu
   - Suffix: [Blank]
   - Title: Grants Officer

Organizational Affiliation:
   - Inland Empire Utilities Agency employee

* Telephone Number:
   - 909-993-1626

* Fax Number:
   - 909-993-1966

* Email:
   - jgubianu.org
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant 35
   b. Program/Project 35

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

17. Proposed Project:
   a. Start Date: 09/30/2014
   b. End Date: 08/31/2015

18. Estimated Funding ($):
   a. Federal
   b. Applicant 836,557.93
   c. State 0.00
   d. Local 0.00
   e. Other 0.00
   f. Program Income 0.00
   g. TOTAL 1,136,557.93

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 01/23/2014
   □ 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:

Prefix:  
Middle Name: JOSH  
Last Name: Grin staff  
Suffix:  
Title: General Manager

Telephone Number: 909-991-1600  
Fax Number: (909) 991-1985

Email: jgrinstaff@usna.org

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:  
   [X] New  
   [ ] Continuation  
   [ ] Revision  
   * Other (Specify):  

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:  City of Dixon  
   
   b. Employer/Taxpayer Identification Number (EIN/TIN):  94-600321  
   
   c. Organizational DUNS:  619720584  

   d. Address:  
      600 East A Street  
      Dixon, CA: California  
      Solano County  
      95620 Zip/Postal Code  

   e. Organizational Unit:  
      Public Works Department  
      Engineering Division  

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

   Prefix:  Mr.  
   * First Name:  Chris  
   Middle Name:  
   Last Name:  Gioia  
   Suffix:  
   Title:  Associate Civil Engineer  
   Organization:  
   * Telephone Number:  707 678 7031 ext. 303  
   Fax Number:  707 678 7039  
   * Email:  cgioia@dixon.ca.us  

RECEIVED  JAN 23 2014  STATE CLEARING HOUSE
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   C: City or Township Government
   
   Type of Applicant 2: Select Applicant Type:
   
   Type of Applicant 3: Select Applicants Type:
   
   * Other (specify):

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:
    15.517

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

12. Funding Opportunity Number:
    FOR No. RIFA800001

   * Title:
    WaterSMART: Water and Energy Efficiency Grant

13. Competition Identification Number:
   
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Solano County—refer to Technical Proposal for further information

   * 15. Descriptive Title of Applicant’s Project:
    City of Dixon Wastewater Treatment Facilities (WWT) Improvements Project - Salinity and Nitrate Compliance Through Water Conservation and Energy Efficiency

Attach supporting documents as specified in agency instructions.

Add Attachment ▼ Delete Attachment ▼ View Attachment ▼
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   a. Start Date: 01/23/2014
   b. End Date: 12/31/2014

16. Estimated Funding ($):
   a. Federal: 3,000,000.00
   b. Applicant: 27,500,000.00
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. TOTAL: 20,500,000.00

19. Is Application Subject to Review By State Under Executive Order 12272 Process?
   ☑ a. This application was made available to the State under the Executive Order 12272 Process for review on 01/23/2014
   ☐ b. Program is subject to E.O. 12272 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12272.

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 civil, criminal, or administrative penalties. (U.S. Code, Title 21, Section 1091)

   ☑ 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: 
First Name: Jim
Last Name: Lindsey
Suffix: 
Title: City Manager
Telephone Number: 970 678 7600
Fax Number: 970 678 0760
Email: jldlindsey@dixon.co.in

Signature of Authorized Representative: [Signature]
Date Signed: 1-21-14
Application for Federal Assistance SF-424

Version 02

1. Type of Submission:
   - [ ] Pre-application
   - [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:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

a. Legal Name: Los Angeles Department of Water and Power

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 95-6000756

c. Organizational DUNS:
   - 603080136

d. Address:
   - 111 North Hope Street, Room 1455
   - [ ] City: Los Angeles
   - [ ] County:
   - [ ] State: CA: California
   - [ ] Province:
   - [ ] Country: USA: UNITED STATES
   - [ ] Zip / Postal Code: 90012

e. Organizational Unit:
   - Department Name:
     Department of Water and Power
   - Division Name:
     Water Executive Division

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: [ ] Ms.
   - First Name: Juliet
   - Middle Name: S.
   - Last Name: Wong
   - Suffix:
   - Title: Management Analyst
   - Organizational Affiliation:
     Los Angeles Department of Water and Power
   - Telephone Number: (213) 367-8739
   - Fax Number: (213) 367-5285
   - Email: Juliet.Wong@ladwp.com
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:
   15.507
   
   CFDA Title:
   WaterSMART (Sustaining and Manage America's Resources for Tomorrow)

* 12. Funding Opportunity Number:
   R14AS00001
   
   * Title:

13. Competition Identification Number:
   R14AS00001
   
   Title:
   
14. Areas Affected by Project (Cities, Counties, States, etc.):

   City of Los Angeles, County of Los Angeles

* 15. Descriptive Title of Applicant's Project:

   Valley Generating Station Stormwater Capture Project (Phase I)

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

**16. Congressional Districts Of:**
- **a. Applicant:** CA-29
- **b. Program/Project:** CA-29
- Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**
- **a. Start Date:** 09/01/2014
- **b. End Date:** 09/01/2017

**18. Estimated Funding ($):**

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<thead>
<tr>
<th>Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Federal</td>
<td>750,000.00</td>
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<tr>
<td>Applicant</td>
<td>665,454.00</td>
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<td>State</td>
<td>0.00</td>
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<tr>
<td>Local</td>
<td>0.00</td>
</tr>
<tr>
<td>Other</td>
<td>0.00</td>
</tr>
<tr>
<td>Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,615,454.00</td>
</tr>
</tbody>
</table>

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
- **a. This application was made available to the State under the Executive Order 12372 Process for review on:** 01/23/2014
- **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 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:** James
- **Middle Name:**
- **Last Name:** McDaniel
- **Suffix:**

- **Title:** Sr. Assistant General Manager - Water System

- **Telephone Number:** (213) 367-1022
- **Fax Number:**

- **Email:** James.McDaniel@ladwp.com

- **Signature of Authorized Representative:** [Signature]
- **Date Signed:** 1/23/17

---

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

2. DATE SUBMITTED
January 23, 2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:
Sacramento Suburban Water District

Organizational DUNS:
795624291

Address:
3701 Marconi Avenue, Suite 1000

City:
Sacramento

County:
Sacramento

State:
CA

Zip Code:
95821-5346

Country:
United States

Organizational Unit:

Department:

Division:

Name and telephone number of person to be contacted on matters involving this application (give area code)
Prefix:

First Name:
Robert

Middle Name:

Last Name:
Swartz

Suffix:

Email:
nsawartz@nwah2o.org

Phone Number (give area code):
916-967-7692

Fax Number (give area code):
916-967-7222

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. TYPE OF APPLICANT: (See back of form for Application Types)

G. Special District

Other (specify):

8. TYPE OF APPLICATION:

V New  [ ] Continuation  [ ] Revision

In the case of a Continuation, the application must include
the previous application on which it is based.

Other (specify):

9. NAME OF FEDERAL AGENCY:

Dept of Interior, Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Sacramento Regional Residential Water Meter Installation Project

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

Sacramento city and county, CA

13. PROPOSED PROJECT

Start Date:
October 1, 2014

Ending Date:
September 30, 2015

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

CA-003, CA-005

15. ESTIMATED FUNDING:

a. Federal

$ 300,000

b. Applicant

$ 3,643,168

c. State

$ 0

d. Local

$ 0

e. Other

$ 0

f. Program Income

$ 0

g. TOTAL

$ 3,943,168

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: January 24, 2014

b. No. [ ]

Program is not covered by EO 12372

OR Program has not been selected by State for review

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

a. Yes [ ]

If "Yes" attach an explanation.

b. No [ ]

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

Authorized Representative

Prefix
Mr.

First Name
Robert

Middle Name

Last Name
Swartz

Suffix

Title
General Manager

b. Telephone Number (give area code)

916-972-7171

c. Date Signed

Jan 14, 2014

Previous Edition Usable

Authorized for Local Reproduction
## APPLICATION FOR FEDERAL ASSISTANCE

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

**2. DATE SUBMITTED:** January 23, 2014

**3. DATE RECEIVED BY STATE:**

**4. DATE RECEIVED BY FEDERAL AGENCY:**

**5. APPLICANT INFORMATION**

- **Legal Name:** Placer County Water Agency
- **Organizational DUNS:** 008-06-7643
- **Address:** 144 Ferguson Road
- **City:** Auburn
- **County:** Placer
- **State:** CA
- **ZIP Code:** 95664
- **Email:** mgserola@rwah2o.org

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):** 4-1-0-2-7-8-6

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

**8. NAME OF FEDERAL AGENCY:** Dept of Interior, Bureau of Reclamation

**9. DESCRIBED TITLE OF APPLICANT'S PROJECT:**

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

**11. CONGRESSIONAL DISTRICTS OF:**

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

- a. Applicant
- b. Project

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

- Yes
- No

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

- **Authorized Representative**
- **Prefix:**
- **First Name:**
- **Last Name:**
- **Middle Name:**
- **Suffix:**

**21. SIGNATURE OF AUTHORIZED REPRESENTATIVE**

- **Telephone Number (give area code):** 550-623-4888
- **Date Signed:** 2/11/14

---

*Standard Form 424 (Rev.0-2003)*

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

1. **TYPE OF SUBMISSION:**
   - [ ] Application
   - [ ] Preapplication
   - [ ] Construction
   - [ ] Non-Construction

2. **DATE SUBMITTED:**
   - 01/22/2014

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

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

5. **APPLICANT INFORMATION**
   - Legal Name: Los Angeles County Metropolitan Transportation Authority
   - Organizational Unit: Regional Grants Management
   - Address (give city, state, and zip code): One Gateway Plaza, Los Angeles, California 90012-2952
   - Name and telephone number of the person to be contacted: Anne Flores (213) 922-4894
   - Name and date: JAN 27 2014

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

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

8. **TYPE OF APPLICATION:**
   - A Increase Award
   - B Decrease Award
   - C Increase Duration
   - D Decrease Duration
   - Other (specify)

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

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

11. **DESCRIPTIVE TITLE OF APPLICANTS PROJECT:**
    - Section 5307 CMAQ - CA-95-X245

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

13. **PROPOSED PROJECT**
   - **Start Date:** 05/21/2010
   - **Ending Date:** 06/30/2014
   - **a. Applicant:** Districts 27, 28
   - **b. Project:** Acquisition of Replacement Buses

14. **CONGRESSIONAL DISTRICTS OF**

15. **ESTIMATED FUNDING**
   - a Federal: $1,839,600.00
   - b Applicant: $0.00
   - c State: $0.00
   - d Local: $680,400.00
   - e Other: $0.00
   - f Program Income: $0.00
   - g TOTAL: $2,520,000.00

16. **IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?**
   - a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12272 PROCESS FOR REVIEW ON DATE: 01-31-2014
   - b NO PROGRAM IS NOT COVERED BY EO 12272 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. **IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
   - [ ] Yes
   - [ ] No

18. **TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULLY 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 Title: DEO, Regional Grants Management
   - c Telephone number: (213) 922-2822
   - d Signature of Authorized Representative
   - e Date Signed: 01/22/2014

Previous Editions Not Usable

Standard Form 424 REV 4/88; Prescribed by OMB Circular A-192
Application for Federal Assistance SF-424

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

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

* 3. Date Received:  

* 4. Applicant Identifier:  
   Dept. of Food and Agriculture

5a. Federal Entity Identifier:  
   14-8506-1317-CA

5b. Federal Award Identifier:  
   JAN 27 2014

State Use Only:

6. Date Received by State:  
   January 17, 2014

7. State Application Identifier:  
   13-0444-FR

8. APPLICANT INFORMATION:

   * a. Legal Name:  
     State of California

   * b. Employer/Taxpayer Identification Number (EIN/TIN):  
     68-0325104

   * c. Organizational DUNS:  
     807487565

   d. Address:
      
      * Street:  
        1220 N Street, Room 315
      
      * City:  
        Sacramento
      
      * Country:  
        USA: UNITED STATES
      
      * Zip / Postal Code:  
        95814

   e. Organizational Unit:
      
      Department Name:  
      California Department of Food and Agriculture

      Division Name:  
      Plant Health & Pest Prevention Services

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

      Middle Name:  
      K

      Last Name:  
      Chan

      Title:  
      
      Organizational Affiliation:  
      California Department of Food and Agriculture

      * Telephone Number:  
      (916) 654-1211

      Fax Number:  
      (916) 654-0555

      * Email:  
      jason.chan@cdfas.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:
    USDA/APHIS/PPQ

11. Catalog of Federal Domestic Assistance Number:
    10-025

   CFDA Title:
   Plant and 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:
    European Grapevine Moth

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

16. Congressional Districts Of:
   * a. Applicant District 6
   * b. Program/Project CA-all

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

17. Proposed Project:
   * a. Start Date: 1/1/2014
   * b. End Date: 12/31/2014

18. Estimated Funding ($):
   * a. Federal 100,000
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 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 January 17, 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 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: Crystal

Middle Name: 

* Last Name: Myers

Suffix: 

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number: 

* Email: crystal.myers@cdf.ca.gov

* Signature of Authorized Representative: 

* Date Signed: 
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:
   - Competed 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:

8. APPLICANT INFORMATION:

   a. Legal Name: California Rural Water Association

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      69-0224404

   c. Organizational DUNS:
      797674760003

   d. Address:
      - Street1: 4131 Northgate Blvd
      - City: Sacramento
      - County/Parish: Sacramento
      - State: CA: California
      - Province: USA: UNITED STATES
      - Zip/Postal Code: 95834-1218

   e. Organizational Unit:
      - Department Name: Resource Development
      - Division Name: 

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - First Name: Dustin
      - Middle Name: 
      - Last Name: Hardwick
      - Suffix: 
      - Title: Director of Resource Development
      - Organizational Affiliation:

      - Telephone Number: 760-920-0842
      - Fax Number: 816-553-4904
      - Email: ohardwick@calruralwater.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   Nonprofit with 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.):
   1.1-Attachment - Congressional Districts.pdf

* 15. Descriptive Title of Applicant's Project:
   California Native American SWMF Training and Technical Assistance 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 DA-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 227,205.00
   * b. Applicant 34,888.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 262,094.00

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

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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 omissions may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1091)
   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: Dustin
* Last Name: Hardwick
Suffix: 
* Title: Director of Resource Management

* Telephone Number: 760-920-0842
* Fax Number: 
* Email: dhardwick@culturalwater.org

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

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

2. DATE SUBMITTED:
   - Applicant Identifier
   - State Application Identifier
   - Federal Identifier

3. DATE RECEIVED BY STATE:
   - Name and telephone number of person to be contacted on matters involving this application (give area code)
   - Prefix: Mr.
   - First Name: James
   - Middle Name: H.
   - Last Name: Wegley
   - Email: kelweg1@aol.com
   - Phone Number (give area code): 559-732-7938
   - Fax Number (give area code): 559-732-7937

4. DATE RECEIVED BY FEDERAL AGENCY:

5. APPLICATION INFORMATION

   Legal Name:
   - Stratford Public Utility District

   Organizational DUNS:
   - RECON

   Address:
   - 19681 Railroad
   - Stratford
   - Kings State 93266

   County:
   - CA

   State:
   - USA

   Zip Code:
   - 93266

   Country:
   - N/A

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   - 94-60-34393

7. TYPE OF APPLICATION:
   - New
   - Continuation
   - Revision
   - Other (specify)

8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   - 10-7650

9. NAME OF FEDERAL AGENCY:
   - United States Dept. of Agriculture-RD

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
     - Wastewater Facility Improvement Project

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

12. PROPOSED PROJECT

   Start Date:
   - December 2014

   Ending Date:
   - March 2016

13. ESTIMATED FUNDING:
   - a. Federal
   - b. Applicant
   - c. State
   - d. Local
   - e. Other
   - f. Program Income
   - g. TOTAL

   $1,029,100

   $1,029,100

14. CONGRESSIONAL DISTRICTS OF:
   - a. Applicant 21
   - b. Project 21

15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   - a. Yes: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
     - Date: 
   - b. No: PROGRAM IS NOT COVERED BY E.O. 12372

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   - Yes
   - No

17. 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: Mr.
   - First Name: Jeff
   - Last Name: Gonzalez
   - Suffix: 
   - b. Telephone Number (give area code): 559-947-3037
   - c. Date Signed: 1/6/14

Standard Form 424 (Rev. 3-2003) 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
   [x] New
   [ ] Continuation
   [ ] Revision

*If Revision, select appropriate letter(s):

*3. Date Received: 4. Application Identifier:
   [ ]

5a. Federal Entity Identifier: 5b. Federal Award Identifier:
   7178

State Use Only:
6. Date Received by State:
   [ ]
7. State Application Identifier:

8. APPLICANT INFORMATION:

   * a. Legal Name: Marin County Transit District
   * b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3835348
   *c. Organizational DUNS: 828720842

   d. Address:
      *Street1: 711 Grand Ave, Suite 110
      *City: San Rafael
      *State: CA
      *Zip/ Postal Code: 94901

   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: Lauren
      MId le N a re: Last Name: Gradia
      Suffix:
      Title: Director of Finance and Capital Programs

Organizational Affiliation:

*Telephone Number: 415-226-0861 Fax Number:
*Email: lgradia@marintransit.org
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>D. Special District Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
<td>- Select One -</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
<td>- Select One -</td>
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<td>*Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
<td>Federal Transit Administration</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>20.507</td>
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<td>CFDA Title:</td>
<td>Federal Transit Formula Grants</td>
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<td>12. Funding Opportunity Number:</td>
<td>FTA Section 5307</td>
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<tr>
<td>*Title: Urbanized Area Formula Program (5307)</td>
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<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Marin County, CA</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant’s Project:</td>
<td>Marin Transit will complete a $112,153 preventative maintenance project for rehabilitation of buses and related equipment. 88.5% FY2014 STP funds ($99,289) and 11.5% local sales tax funding. UZA-San Francisco-Oakland.</td>
</tr>
</tbody>
</table>

**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: Preventative Maintenance component of contract service operation

*a. Start Date: 02/15/2013
*b. End Date: 7/30/2015

18. Estimated Funding ($):

*a. Federal $99,289.00
*b. Applicant $12,864.00
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL $112,153.00

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 1/30/2014
☐ 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: *First Name: David
Middle Name:
*Last Name: Rzepinski
_suffix:
*Title: General Manager
*Telephone Number: 415-226-0855 Fax Number:
*Email: drzepinski@marintransit.org
*Signature of Authorized Representative: [Signature] Date Signed: 1/30/14