Federal Grant Applications

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

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
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<tr>
<td>Preapplication</td>
<td>New</td>
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<tr>
<td>Application</td>
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<tr>
<td>Changed/Corrected Application</td>
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<table>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th>a. Legal Name:</th>
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<td>City of Tracy</td>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<th>c. Organizational DUNS:</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>520 Tracy Boulevard</td>
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</tbody>
</table>

| City: |
| Tracy |

| County/Parish: |
| San Joaquin |

| State: |
| CA: California |

| Country: |
| USA: UNITED STATES |

| Zip / Postal Code: |
| 953764917 |

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<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>Department Name:</td>
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<td>Public Works</td>
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| Division Name: |
| Airports |

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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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</thead>
<tbody>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Mr.</td>
</tr>
</tbody>
</table>

| First Name: |
| Ed |

| Middle Name: |
|             |

| Last Name: |
| Lovell |

| Suffix: |
|        |

| Title: |
| Management Analyst II, Public Works |

| Organizational Affiliation: |
| City of Tracy, Public Works Department, Airports |

| Telephone Number: |
| 209-831-6204 |

| Fax Number: |
| 209-831-6210 |

| Email: |
| ed.lovell@ci.tracy.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:

| Federal Aviation Administration |

11. Catalog of Federal Domestic Assistance Number:

| 20.106 |

OFDA Title:

| Airport Improvement Program |

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:

| Tracy Municipal Airport, Tracy, San Joaquin County, CA: Partial Reimbursement for Engineering Design - Reconstruct R/Ws, T/Ws, and Aprons; Replace AWOS RV; Reconstruct R/W 12-30 and T/Ws B, D, E |

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

16. Congressional Districts Of:
   * a. Applicant: CA-011
   * b. Program/Project: CA-011

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

17. Proposed Project:
   * a. Start Date: 08/01/2014
   * b. End Date: 12/31/2014

18. Estimated Funding ($):
   * a. Federal: 5,114,707.00
   * b. Applicant: 518,300.00
   * c. State: 50,000.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 5,683,007.00

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 06/26/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

   - [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: David
Middle Name:  
* Last Name: Ferguson
Suffix:  
* Title: Director of Public Works

* Telephone Number: 209-831-6300  Fax Number: 209-831-6218
* Email: david.ferguson@ci.tracy.ca.us

* Signature of Authorized Representative:  
* Date Signed: 07/11/14
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 Santa Barbara

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-60000787

* c. Organizational DUNS: 606969863

*d. Address:

Street 1: 601 Norman Firestone Rd.
Street 2: 
City: Santa Barbara
County: Santa Barbara
State: California
Province: 
Country: United States

*Zip/Postal Code: 93117

*e. Organizational Unit:

Department Name: Airport Department
Division Name: Facilities Planning and Development

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

Prefix: Mr.  
Middle Name: Rogers
Last Name: Bermond
Suffix:  
Title: Project Planner
Organizational Affiliation: Employee and Airport Representative on Goleta Slough Management Committee.

*Telephone Number: 805-692-6032  Fax Number: 805-964-1380

*Email: ABermond@SantaBarbara
**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:  
    - U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:  
    - 15.630

CFDA Title:  
   - Coastal Program

12. Funding Opportunity Number:  
    - F14AS00018

*Title:  
   - Coastal Program

13. Competition Identification Number:  
    - Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    - City of Santa Barbara, City of Goleta, unincorporated County of Santa Barbara, and the University of California, Santa Barbara.

15. Descriptive Title of Applicant’s Project:
    - Goleta Slough Mouth Hydrologic Modeling Study, as detailed in the Notice of Award Letter’s Enclosure 2 (Project Work Plan)

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

16. Congressional Districts Of: Lois Capps (24th)
   *a. Applicant
      Lois Capps (24th)
   *b. Program/Project: 

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

17. Proposed Project: Goleta Slough Mouth Hydrologic Modeling Study
   *a. Start Date: 8/15/2014
   *b. End Date: 6/30/2015

18. Estimated Funding ($): 
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
      $16,480.00

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 7/2/14
   [ ] 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.)
   [X] Yes

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: Ms.
 Middle Name: Marie
 Last Name: Johns
 Title: Airport Director
 Telephone Number: 805-967-7111
 Email: HJohns@SantaBarbaraCA.gov
 Signature of Authorized Representative: Hazel Johns
 Date Signed: July 1, 2014
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*  

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

5a. Federal Entity Identifier:  
14-8506-1771-CA

5b. Federal Award Identifier:  
* STATE CLEARING HOUSE

**State Use Only:**

6. Date Received by State:  
July 2, 2014

7. State Application Identifier:  
14-0134-FR

**8. APPLICANT INFORMATION:**

*a. Legal Name:*  
State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN):*  
88-0325104

*c. Organizational DUNS:*  
807487685

**d. Address:**

- *Street:*  
  1220 N Street, Room 315

- *City:*  
  Sacramento

- *State:*  
  California

- *Province:*  

- *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

- **Suffix:**  

- **Title:**  

- **Organizational Affiliation:**  
  California Department of Food and Agriculture

- **Telephone Number:**  
  (916) 654-1211  
  Fax Number: (916) 654-0555

- **Email:**  
  jason.chan@cdfa.ca.gov
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<td>A - State Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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| 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 |

| * 16. Descriptive Title of Applicant's Project: |
| False Codling 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: 7/1/2014
   * b. End Date: 6/30/2015

18. Estimated Funding ($):
   * a. Federal 100,000
   * b. Applicant
   * c. State 100,000
   * 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 July 7, 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    [ ] 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: Crystal
Middle Name: ____________________________________________________
* Last Name: Myers
Suffoc: __________________________________________________________

*Title: Manager, Federal Funds Management Office

*Telephone Number: (916) 657-3231 Fax Number: ______________________

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

*Signature of Authorized Representative: _____________________________ * Date Signed: _____________________________
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED: JUL 01 2014
3. DATE RECEIVED BY STATE: JUL 03 2014
4. DATE RECEIVED BY FEDERAL AGENCY: JUL 03 2014

5. APPLICANT INFORMATION
Legal Name: CITY OF WEED
Organizational DUNS: 111-11885
Address: 550 MAIN ST.
City: WEED
County: SISKIYOU
State: CA
Zip Code: 96099

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7. TYPE OF APPLICATION:
New
Continuation
Revision

8. TYPE OF APPLICATION:

9. NAME OF FEDERAL AGENCY:
USDA, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-756

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
EQUIPMENT INSTALLATION AND PURCHASE OF HVAC

13. PROPOSED PROJECT
Start Date: 8-1-14
Ending Date: 11-1-14

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

15. ESTIMATED FUNDING:

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<td>State</td>
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<td>Local</td>
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<td>Program Income</td>
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<td>TOTAL</td>
<td>$28,000</td>
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16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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:

Last Name: STOCK
Prefix: First Name: RAY
Suffix: Middle Name

City Administrator

Signature of Authorized Representative:

Previous Edition Usable
Authorized for Local Reproduction

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

7/3/2014 15:33 5389-421027
Application for Federal Assistance SF-424

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

2. Type of Application: 
   - [X] New

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

4. Applicant Identifier: 
   - STATE CLEARING HOUSE

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: San Pasqual Band of Mission Indians

   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-346938
   c. Organizational DUNS: 8061139150000

   d. Address:
      - * Street: 16400 Kumeyaay Way
      - City: Valley Center
      - County/Parish: 
      - State: CA, California
      - Province: 
      - Country: USA, United States
      - Zip / Postal Code: 92082-0000

   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: Michael
      - Middle Name: 
      - * Last Name: Manriquez
      - Suffix: 
      - Title: 

   Organizational Affiliation: 

   * Telephone Number: 760-749-3200 xt 229
   Fax Number: 

   * Email: manriquez@sanpasqualtribe.org
**Application for Federal Assistance SF-424**

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

<table>
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<tr>
<th>Type of Applicant 1</th>
<th>Federally Recognized</th>
<th>Other (specify):</th>
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<tr>
<td>I: Indian/Native American Tribal Government</td>
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*Type of Applicant 2: Select Applicant Type:*

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<th>Type of Applicant 2</th>
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*Type of Applicant 3: Select Applicant Type:*

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<th>Type of Applicant 3</th>
<th>Other (specify):</th>
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*10. Name of Federal Agency:*

Utilities Programs

*11. Catalog of Federal Domestic Assistance Number:*

10.863

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<th>CFDA Title</th>
<th>Community Connect Grant Program</th>
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*12. Funding Opportunity Number:*

RDRUS-CC-2014

<table>
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<tr>
<th>Title</th>
<th>Community Connect</th>
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</table>

*13. Competition Identification Number:*

| Title | |
|-------| |

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

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<tr>
<th>Add Attachment</th>
<th>Upload Attachment</th>
<th>View Attachments</th>
</tr>
</thead>
</table>

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

San Pasqual High-Speed Broadband Internet Initiative (SHINR)

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

### 16. Congressional Districts Of:

- **CA-050**

### 17. Proposed Project:

- **a. Start Date:** 10/01/2014
- **b. End Date:** 09/30/2017

### 18. Estimated Funding ($):

- **a. Federal**
  - 1,579,516.00
- **b. Applicant**
  - 499,801.00
- **c. State**
  - 0.00
- **d. Local**
  - 0.00
- **e. Other**
  - 0.00
- **f. Program Income**
  - 0.00
- **g. TOTAL**
  - 2,079,317.00

### 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 07/07/2014
- **☐** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- **☐** c. Program is not covered by E.O. 12372.

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

- **☐** Yes  **X** No

- If "Yes," provide explanation and attach

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

- **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:** Allen
- **Middle Name:** 
- **Last Name:** Lawson
- Suffix: 

- **Title:** tribal Chairman

- **Telephone Number:** 760-749-3200 Ext: 105
- **Fax Number:**

- **Email:** AllenL@sanpasqualtribe.org

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

<table>
<thead>
<tr>
<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
<th><strong>3. Date Received:</strong></th>
<th><strong>4. Applicant Identifier:</strong></th>
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<tbody>
<tr>
<td>☐ Preapplication</td>
<td>☒ New</td>
<td></td>
<td>JUL 07 2014</td>
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<tr>
<td>☒ Application</td>
<td>☐ Continuation</td>
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<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

*STATE CLEARING HOUSE*

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

- **a. Legal Name:** The Regents of the University of California
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6002123
- **c. Organizational DUNS:** 1247267250000

**d. Address:**

- **Street 1:** c/o Sponsored Projects Office
- **Street 2:** 2150 Shattuck Avenue, Suite 313
- **City:** Berkeley
- **County:** Alameda
- **State:** CA
- **Province:**
- **Country:** USA
- **Zip / Postal Code:** 94704-5840

**e. Organizational Unit:**

- **Department Name:** Environmental Science, Policy and Management
- **Division Name:** College of Natural Resources

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

- **Prefix:**
- **First Name:** Erin
- **Middle Name:**
- **Last Name:** Lentz
- **Suffix:**

- **Title:** Contracts and Grants Officer

**Organizational Affiliation:**

Sponsored Projects Office, University of California Berkeley

- **Telephone Number:** (510)643-2152
- **Fax Number:** (510)642-8236
### Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:**  
H. Public/State Controlled Inst of Higher Educ  

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

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

*Other (Specify)*

**10 Name of Federal Agency:**  
USDA APHIS

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

______________________  
CFDA Title:

______________________

**12 Funding Opportunity Number:**

______________________

*Title:*

______________________

**13. Competition Identification Number:**

______________________  
Title:

______________________

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

Monterey to Humboldt County
**15. Descriptive Title of Applicant's Project:**

Confirming the pathogenicity and host range of Phytophthora ramorum - Berkeley

---

### Application for Federal Assistance SF-424

**16. Congressional Districts Of:**

| *a. Applicant: CA-013 | *b. Program/Project: CA-all |

**17. Proposed Project:**

| *a. Start Date: 09/01/14 | *b. End Date: 09/30/15 |

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

| *a. Federal | 75,000 |
| *b. Applicant |  |
| *c. State |  |
| *d. Local |  |
| *e. Other |  |
| *f. Program Income |  |
| *g. TOTAL | 75,000 |

---

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

- **[X]** a. This application was made available to the State under the Executive Order 12372 Process for review on 7/7/14

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

- [ ] c. Program is not covered by E.O. 12372

---

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

- [ ] Yes  **[X]** No

---

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:** | Erin |
| **Middle Name:** |  |  |  |
| **Last Name:** | Lentz |
| **Suffix:** |  |  |  |
| **Title:** Contracts and Grants Officer |
| **Telephone Number:** (510) 643-2152 | **Fax Number:** (510) 642-9235 |
| **Email:** spoawards@berkeley.edu |
| **Signature of Authorized Representative:** |
| **Date Signed:** 7/7/14 |

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
   - If Revision, select appropriate letter(s):

* 3. Date Received: 
4. Applicant Identifier: Dept. of Food and Agriculture

5a. Federal Entity Identifier: 14-8506-0689-CA
5b. Federal Award Identifier:

State Use Only:
6. Date Received by State: July 2, 2014
7. State Application Identifier: 13-0538-FR

8. APPLICANT INFORMATION:
   a. Legal Name: State of California
   
   b. Employer/Taxpayer Identification Number (EIN/TIN): 66-0325104
   c. Organizational DUNS: 807487665

   d. Address:
   - Street1: 1220 N Street, Room 315
   - City: Sacramento
   - County: 
   - State: California
   - Province: 
   - 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
   - Suffix: 
   - Title: 

Organizational Affiliation:
   - California Department of Food and Agriculture

   * Telephone Number: (916) 654-1211
   - Fax Number: (916) 654-0555
   * Email: jason.chan@cdfa.ca.gov
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
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<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>A - State Government</td>
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<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<tr>
<td>* Other (specify):</td>
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</table>

**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:**
Asian Defoliating 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: 5/1/2014
   * b. End Date: 4/30/2015

18. Estimated Funding ($):
   * a. Federal 542,482
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 542,482

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 July 7, 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    ☑ 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: Crystal

Middle Name:  

* Last Name: Myers

Suffix:  

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

Fax Number:  

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

* Signature of Authorized Representative:  

* Date Signed:  

## 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)

### Date Received:
- [ ]

### 4. Applicant Identifier:
- Dept. of Food and Agriculture

### 5a. Federal Entity Identifier:
- 14-8506-1771-CA

### 5b. Federal Award Identifier:
- [ ]

### State Use Only:
- 6. Date Received by State: July 2, 2014
- 7. State Application Identifier: 14-0134-FR

### APLICANT INFORMATION:
- 8a. Legal Name: State of California
- 8b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0325104
- 8c. Organizational DUNS: 807487665

### Address:
- 9. Street1: 1220 N Street, Room 315
- [ ]
- 10. City: Sacramento
- 11. County: [ ]
- 12. State: California
- Province: [ ]
- 13. Country: USA: UNITED STATES
- 14. Zip / Postal Code: 95814

### Organizational Unit:
- Department Name: California Department of Food and Agriculture
- Division Name: Plant Health & Pest Prevention Services

### Name and contact information of person to be contacted on matters involving this application:
- Prefix: [ ]
- First Name: Jason
- Middle Name: K
- Last Name: Chan
- Suffix: [ ]
- Title: [ ]

### Organizational Affiliation:
- California Department of Food and Agriculture

### Contact Information:
- * Telephone Number: (916) 654-1211
- Fax Number: (916) 654-0555
- * Email: jason.chan@cdfa.ca.gov
<table>
<thead>
<tr>
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<td>A - State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<tr>
<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<tr>
<td>USDA/APHIS/PPQ</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>10-025</td>
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<tr>
<td><strong>CFDA Title:</strong></td>
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<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>State of California</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>False Codling Moth</td>
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</tbody>
</table>

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: 7/1/2014
   * b. End Date: 8/30/2015

18. Estimated Funding ($) :

   * a. Federal 100,000
   * b. Applicant 0
   * c. State 0
   * d. Local 0
   * e. Other 0
   * f. Program Income 0
   * 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 July 7, 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@cdfa.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: 

4. Applicant Identifier: Dept. of Food and Agriculture

5a. Federal Entity Identifier: 14-8506-1050-CA

5b. Federal Award Identifier: 

6. Date Received by State: July 8, 2014

7. State Application Identifier: 13-0539-FR

8. APPLICANT INFORMATION:

a. Legal Name: State of California

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

c. Organizational DUNS: 807487565

d. Address:

   Street1: 1220 N Street, Room 315

   City: Sacramento

   County: 

   State: California

   Province: 

   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

   Suffix: 

   Title: 

   Organizational Affiliation:

   California Department of Food and Agriculture

   * Telephone Number: (916) 654-1211

   Fax Number: (916) 654-0555

   * Email: jason.chan@cdfa.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:  
Citrus Commodity Survey

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: 6/1/2014
   * b. End Date: 5/31/2015

18. Estimated Funding ($):
   * a. Federal 350,000
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 350,000

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 July 8, 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    ☑ 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: Crystal
Middle Name: 
* Last Name: Myers
Suffic: 
* Title: Manager, Federal Funds Management Office
* Telephone Number: (916) 657-3231
Fax Number:  
* Email: crystal.myers@ccfa.ca.gov
* Signature of Authorized Representative:  
* Date Signed: 


Application for Federal Assistance SF-424

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

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

3. Date Received:
   06/27/2014

4. Applicant Identifier:
   STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier: 0149651

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 84-1697567

   c. Organizational DUNS: 6081223580000

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

   e. Organizational Unit:
      Department Name: FISH AND WILDLIFE
      Division Name: GRANTS MANAGEMENT BRANCH

   f. Name and contact Information of person to be contacted on matters involving this application:
      Prefix: * First Name: BLAINE
      Middle Name: 
      Last Name: NICKENS
      Suffix: 
      Title: CHIEF
      Organizational Affiliation: 
      Telephone Number: 916-445-9300
      Fax Number: 916-327-6320
      Email: blaine.nickens@wildlife.ca.gov
## Application for Federal Assistance SF-424

**Version 02**

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

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

### 11. Catalog of Federal Domestic Assistance Number:
- 15.611

#### CFDA Title:
- Wildlife Restoration and Basic Hunter Education

### 12. Funding Opportunity Number:
- Z14A80005B

#### Title:
- AB (CA/SV) Wildlife Restoration Grant Program for State Fish and Game Agencies

### 13. Competition Identification Number:
- Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):
- Imperial County and Riverside County

### 15. Descriptive Title of Applicant's Project:
- WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE (SAN JACINTO & IMPERIAL)

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

16. Congressional Districts Of:
   a. Applicant CA-51
   b. Program/Project ALL

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

17. Proposed Project:
   a. Start Date: 07/01/2014
   b. End Date: 06/20/2015

18. Estimated Funding ($):
   a. Federal 1,263,061.00
   b. Applicant 0.00
   c. State 421,020.00
   d. Local 0.00
   e. Other 0.00
   f. Program Income 71,000.00
   g. TOTAL 1,755,081.00

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 06/30/2014
   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 assurances and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required certifications and assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)
   I AGREE

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

Authorized Representative:

Prefix:  
First Name: LISA
Middle Name:  
Last Name: BAYS
Suffix:  
Title:  
Telephone Number: (916) 445-3300  Fax Number: (916) 327-6320
Email: blaine.nickens@wildlife.ca.gov
Signature of Authorized Representative:  
Date Signed: 06/27/2014

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-112
Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received:  
   06/26/2014

4. Applicant Identifier:  
   RECEIVED

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  
   JUL 08 2014

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  Q1498101

8. APPLICANT INFORMATION:

   a. Legal Name:  STATE OF CALIFORNIA

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

   c. Organizational DUNS:  8083223580680

   d. Address:

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

   e. Organizational Unit:

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

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

      Prefix:  
      * First Name:  JASON
      Middle Name:  
      * Last Name:  WILLIAMS
      Suffix:  

      Title:  GRANTS ADMINISTRATOR

      Organizational Affiliation:  

      * Telephone Number:  916-527-0662
      Fax Number:  916-527-6320

      * Email:  JASON.WILLIAMS@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<td>A: State Government</td>
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<th>10. Name of Federal Agency:</th>
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<th>13. Competition Identification Number:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<td>INYO, MONO, RIVERSIDE, IMPERIAL, SAN BERNARDINO COUNTIES</td>
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<th>15. Descriptive Title of Applicant's Project:</th>
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<tr>
<td>Wildlife Surveys and Inventories: Resource Assessment in the Sierra Nevada and Peninsular Ranges</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:
   * a. Applicant: CA-006
   * b. Program/Project: CA 1,2

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

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

18. Estimated Funding ($):
   * a. Federal: 460,628.00
   * b. Applicant: 0.00
   * c. State: 153,543.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 614,171.00

19. Is Application Subject to Review By State Under Executive Order 13272 Process?
   ☒ a. This application was made available to the State under the Executive Order 13272 Process for review on 07/01/2014
   ☐ b. Program is subject to E.O. 13272 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 13272.

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
   ☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances 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:  
Middle Name:  
* Last Name: NICKENS
Suffix:  
* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: 916-445-9300  Fax Number: 916-327-6320
* Email: BLAINE.NICKENS@WILDLIFE.CA.GOV
* Signature of Authorized Representative: Blaine Nickers  * Date Signed: 06/26/2014

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  
   * If Revision, select appropriate letter(s):

* 3. Date Received:  
   06/02/2014

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

* 5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:  

7. State Application Identifier:  01498102

8. APPLICANT INFORMATION:

* a. Legal Name:  STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-1837587

* c. Organizational DUNS:  808223560000

d. Address:  

* Street:  1831 9th STREET

Street2:  

* City:  SACRAMENTO

County:  

* State:  CA: California

Province:  

* Country:  USA: UNITED STATES

* Zip / Postal Code:  95811-7011

e. Organizational Unit:  

Department Name:  

Division Name:  GRANTS MANAGEMENT BRANCH

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

Prefix:  

* First Name:  JASON

Middle Name:  

* Last Name:  WILLIAMS

Suffix:  

Title:  GRANT ADMINISTRATOR

Organizational Affiliation:  

* Telephone Number:  916-327-0062  

Fax Number:  916-327-6320

* Email:  JASON.WILLIAMS@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>9. 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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<tr>
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<td>Wildlife Restoration and Basic Hunter Education</td>
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<th>* 12. Funding Opportunity Number:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<td>Imperial County, Inyo County, Mono County, Riverside County, and San Bernardino County</td>
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<th>* 16. Descriptive Title of Applicant's Project:</th>
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<tr>
<td>WILDLIFE SURVEYS AND INVENTORIES; WILDLIFE MANAGEMENT OF THE INLAND DESERT REGION (GAME)</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding (S):

   * a. Federal  747,573.00
   * b. Applicant  0.00
   * c. State  248,191.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  995,764.00

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 06/09/2014
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

Title: STAFF SERVICES MANAGER II

Telephone Number: 916-445-9360  Fax Number: 916-327-6320

Email: Blaine.Nickena@WILDLIFE.CA.GOV

Signature of Authorized Representative: Blaine Nickena  Date Signed: 06/27/2014

Authorized for Local Reproduction

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

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**STATE CLEARING HOUSE**

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**STATE OF CALIFORNIA**

**FISH AND WILDLIFE**

**GRANTS MANAGEMENT BRANCH**

**JASON WILLIAMS**

**916-327-0062**

**JASON.WILLIAMS@WILDLIFE.CA.GOV**
Application for Federal Assistance SF-424

Type of Applicant 1: Select Applicant Type:
- State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Name of Federal Agency:
Fish and Wildlife Service

Catalog of Federal Domestic Assistance Number:
15.611

CFDA Title:
Wildlife Restoration and Basic Hunter Education

Funding Opportunity Number:
P14AS00056

Title:
RS (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

Competition Identification Number:

Title:

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

Descriptive Title of Applicant's Project:
CALIFORNIA WILDLIFE RESTORATION COORDINATION

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

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

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

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

18. Estimated Funding (6):

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<td>c. State</td>
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<td>d. Local</td>
<td>0.00</td>
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<td>e. Other</td>
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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 06/18/2014
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and attachments 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: [ ]
First Name: JASON
Middle Name: [ ]
Last Name: WILLIAMS
Suffix: [ ]
Title: GRANT ADMINISTRATOR
Telephone Number: 916-327-0062
Fax Number: 916-327-6320
Email: JASON.WILLIAMS@WILDLIFE.CA.GOV
Signature of Authorized Representative: Brooks Hixson
Date Signed: 09/28/2014
**Application for Federal Assistance SF-424**

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<td>STATE OF CALIFORNIA</td>
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<th>*d. Address:</th>
<th>*e. Organizational Unit:</th>
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<td>1831 9TH STREET</td>
<td>FISH AND WILDLIFE</td>
</tr>
<tr>
<td>SACRAMENTO</td>
<td>GRANTS MANAGEMENT BRANCH</td>
</tr>
<tr>
<td>CA: California</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
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<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: BAYS</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: STAFF SERVICES MANAGER I</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>*Telephone Number: 916-445-3761</td>
</tr>
<tr>
<td>*Email: <a href="mailto:LISA.BAYS@WILDLIFE.CA.GOV">LISA.BAYS@WILDLIFE.CA.GOV</a></td>
</tr>
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</table>
### Application for Federal Assistance SF-424

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

- [ ] State Government

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

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

* Other (specify): 

**10. Name of Federal Agency:**

Fish and Wildlife Service

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

15.611

**CFDA Title:**

Wildlife Restoration and Basic Hunter Education

**12. Funding Opportunity Number:**

F14AS50058

*Title:

R3 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**


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

San Diego and Santa Barbara Counties

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

WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 5

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

16. Congressional Districts Of:
   * a. Applicant  CA-005
   * b. Program/Project  CA-052

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

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

18. Estimated Funding (5):

   * Federal
     432,105.00
   * b. Applicant
     0.00
   * c. State
     144,035.00
   * d. Local
     0.00
   * e. Other
     0.00
   * f. Program Income
     28,788.00
   * g. TOTAL
     594,928.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 07/01/2014
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix:  
* First Name: BLAINE
Middle Name:  
* Last Name: NICKERS
Suffix:  

* Title: CHIEF, GRANTS MANAGEMENT BRANCH

* Telephone Number: 916-445-9300  
Fax Number: 916-327-6320

* Email: BLAINE.NICKERS@WILDLIFE.CA.GOV

* Signature of Authorized Representative:  
* Date Signed: 06/28/2014

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
   **[x]** Continuation [ ] Revision

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

3. Date Received: [ ] Completed by Grant.gov upon submission
   **[x]** JUL 08 2014

4. Applicant Identifier: [ ] STATE CLEARING HOUSE

5a. Federal Entity Identifier: [ ]

5b. Federal Award Identifier: [ ]

6. State Use Only:
   6a. Date Received by State: [ ] 7. State Application Identifier: [ ] 01498082

8. APPLICANT INFORMATION:

a. Legal Name: [ ] STATE OF CALIFORNIA

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

c. Organizational DUNS: [ ]
   **8083223560000**

d. Address:
   * Street: 1631 5TH STREET
   * City: SACRAMENTO
   * State: CA: California
   * Zip/Postal Code: 95811-7011

a. Organizational Unit:
   - Department Name: [ ] FISH AND WILDLIFE
   - Division Name: [ ] GRANTS MANAGEMENT BRANCH

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

Prefix: [ ] * First Name: LISA
Middle Name: [ ]
* Last Name: BAYS
Suffix: [ ]

Title: [ ] STAFF SERVICES MANAGER I

Organizational Affiliation: [ ]

Telephone Number: [ ] 916-445-3701 [ ] Fax Number: 916-327-6320
**Email: LISA.BAYS@WILDLIFE.CA.GOV**
Application for Federal Assistance SF-424

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

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.511
    CFDA Title:
    Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    P14AC00059
    Title:
    89 (CA/WV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    SAN BERNARDINO (8), RIVERSIDE (36), IMPERIAL (51) COUNTIES

15. Descriptive Title of Applicant’s Project:
    LANDS MANAGEMENT INLAND DESSERTS REGION

Attach supporting documents as specified in agency instructions.

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

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

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

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

18. Estimated Funding ($) :

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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?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/30/2014.
   - [ ] 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.)
   - [x] Yes
   - [ ] No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1094)*

   **I AGREE

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

Authorized Representative:

Prefix: [ ]

First Name: LISA

Middle Name: [ ]

Last Name: BAYS

Suffix: [ ]

Title: [ ]

Telephone Number: 916-445-3701

Fax Number: 916-327-6329

Email: lisa.bays@wildlife.ca.gov

Signature of Authorized Representative: [ ]

Date Signed: [ ]

[ ] Completed by Grants.gov upon submission.

[ ] Completed by Grants.gov upon submission.
**Application for Federal Assistance SF-424**

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<td>Changed/Corrected Application</td>
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5a. Federal Entity Identifier: 14-8536-1780-CA

5b. Federal Award Identifier: (State Clearing House)

6. Date Received by State: July 10, 2014

7. State Application Identifier: 14-0196-FR

**B. APPLICANT INFORMATION:**

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<td>68-0325104</td>
<td>807487865</td>
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**d. Address:**

<table>
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<th>1220 N Street, Room 315</th>
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<table>
<thead>
<tr>
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| County: | |
|---------| |

<table>
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<th>California</th>
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| Province: | |
|-----------| |

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<table>
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**e. Organizational Unit:**

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<th>Division Name:</th>
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<tr>
<td>California Department of Food and Agriculture</td>
<td>Plant Health &amp; Pest Prevention Services</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
<th>Jason</th>
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| Middle Name: | |
|--------------||

| Last Name: | |
|------------||

| Suffix: | |
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| Title: | |
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<th>Organizational Affiliation:</th>
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<tr>
<th>* Telephone Number:</th>
<th>(916) 654-1211</th>
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<table>
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<tr>
<th>Fax Number:</th>
<th>(916) 654-0555</th>
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<table>
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<tr>
<th>* Email:</th>
<th><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></th>
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<td>Application for Federal Assistance SF-424</td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>USDA/APHIS/PPQ</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<tr>
<td>10-025</td>
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<td><strong>CFDA Title:</strong></td>
<td></td>
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<tr>
<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
<td></td>
</tr>
<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td></td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
<td></td>
</tr>
<tr>
<td>* Title:</td>
<td></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>State of California</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>Palm Commodity-Based Survey</td>
<td></td>
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Attach supporting documents as specified in agency instructions.
## Application for Federal Assistance SF-424

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

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

### 17. Proposed Project:
- **a. Start Date:** 7/1/2014
- **b. End Date:** 6/30/2015

### 18. Estimated Funding ($):
- **a. Federal:** 280,000
- **b. Applicant:**
- **c. State:** 0
- **d. Local:**
- **e. Other:**
- **f. Program Income:**
- **g. TOTAL:** 280,000

### 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 July 10, 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**
- **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:** Crystal
- **Middle Name:**
- **Last Name:** Myers
- **Suffix:**
- **Title:** Manager, Federal Funds Management Office
- **Telephone Number:** (916) 657-3231
- **Fax Number:**
- **Email:** crystal.myers@cdfs.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

If Revision, select appropriate letter(s):
- Select One -

3. Date Received: JUL 10 2014

4. Application Identifier: O60

5a. Federal Entity Identifier: 3-06-0045

5b. Federal Award Identifier: STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: City of Cloverdale

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000310

   c. Organizational DUNS: 004-952-867

   d. Address:

   Street 1: 124 N. Cloverdale Blvd
   Street 2: 
   City: Cloverdale
   County: Sonoma
   State: CA
   Province: 
   Country: United States
   Zip/Postal Code: 95425

   e. Organizational Unit:

   Department Name: Airports
   Division Name: 

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

   Prefix: Mr.
   First Name: Mark
   Middle Name: 
   Last Name: Tuma
   Suffix: 

   Title: Airport Manager

   Organizational Affiliation:

   * Telephone Number: (707) 894-2150
   Fax Number: (707) 894-3471

   * Email: mtuma@ci.cloverdale.ca.us
**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): Municipal

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106

CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number:
    Title:

13. Competition Identification Number:
    Title:

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

15. Descriptive Title of Applicant's Project:
    Obstruction Survey and Mitigation Plan

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

### 16. Congressional Districts Of:

* a. Applicant: 1st

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

### 17. Proposed Project:

* a. Start Date: 08/01/2014

* b. End Date: 12/31/2015

### 18. Estimated Funding ($):

<p>| | |</p>
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<td>Program Income</td>
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<td><strong>TOTAL</strong></td>
<td>90,000.00</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 **07/10/2014**
- [ ] 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 on next page.)

- [ ] Yes
- [ ] No

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

** I AGREE

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

### Authorized Representative:

Prefix: Mr.

*First Name:* Paul

*Last Name:* Cayler

**Title:** City Manager

**Telephone Number:** (707) 894-2521

**Fax Number:** (707) 894-3451

**Email:** pcayler@ci.cloverdale.ca.us

**Signature of Authorized Representative:**

*Date Signed: 7/10/14*
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. Applicant Identifier:
   Dept. of Food and Agriculture

5a. Federal Entity Identifier:
   14-8506-1775-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: July 8, 2014

7. State Application Identifier: 14-0135-FR

8. APPLICANT INFORMATION:

   a. Legal Name: State of California

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

   c. Organizational DUNS:
      807487665

   d. Address:
      1220 N Street, Room 315
      Sacramento
      California
      USA: UNITED STATES
      95814

   e. Organizational Unit:
      California Department of Food and Agriculture
      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
      Suffix: 
      Title: 
      Organizational Affiliation: California Department of Food and Agriculture
      * Telephone Number: (916) 654-1211
      Fax Number: (916) 654-0555
      * Email: jason.chan@cofs.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:
    Solanaceous/Tomato Commodity Survey

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: 7/1/2014
   * b. End Date: 6/30/2015

18. Estimated Funding ($):
   * a. Federal  120,000
   * b. Applicant
   * c. State  0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 120,000

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 July 8, 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  ✓ 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: Crystal
Middle Name:  
* Last Name: Myers
Suffix:  

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231  Fax Number:

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

* Signature of Authorized Representative:  
* Date Signed:  


Application for Federal Assistance SF-424

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

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

   * If Revision, select appropriate letter(s):

   * Other (Specify): [RECEIVED]

3. Date Received:
   JUL 11 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   - a. Legal Name: South County Housing Corporation

   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     94-2590572

   - c. Organizational DUNS:
     098542200000

   - d. Address:
     7456 Carmel Street
     Gilroy, CA: California
     USA: UNITED STATES
     95020-5755

   - 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": Seth
     Middle Name:
     Last Name: Capron
     Suffix:
     Title:
     Organizational Affiliation:

     * Telephone Number: 408-843-9253
     Fax Number: 408-842-0277

     * Email: seth@scounty.com
**Application for Federal Assistance SF-424**

* 8. **Type of Applicant 1: Select Applicant Type:**
   
   [X] Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

---

* 10. **Name of Federal Agency:**
   
   USDA Rural Development

---

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

---

* 12. **Funding Opportunity Number:**
   
   [ ]

---

* **Title:**
   
   Section 523 mutual and self-help housing technical assistance grant.

---

* 13. **Competition Identification Number:**
   
   [ ]

---

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

---

* 15. **Descriptive Title of Applicant's Project:**
   
   South County Housing is requesting $737,804 in technical assistance funds to develop 27 mutual self-help homes in San Benito County. Qualifying home builders and will apply for USDA 502 mortgages.

---

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

16. Congressional Districts Of:
   * a. Applicant  CA-19
   * b. Program/Project  CA-20

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

17. Proposed Project:
   * a. Start Date: 01/01/2015
   * b. End Date: 12/31/2016

18. Estimated Funding ($):

   * a. Federal  
   * b. Applicant  
   * c. State  
   * d. Local  
   * e. Other  
   * f. Program Income  
   * g. TOTAL 737,804.00

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 07/21/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix:  
First Name: Dennis
Middle Name:  
Last Name: Lalor
Suffix:  
Title: President and CBO
Telephone Number: 408-843-9236
Fax Number:  
Email: denniss@scounty.com
Signature of Authorized Representative:  
Date Signed: 11/19/2014
## Application for Federal Assistance SF-424

### Version 02

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<td>Application</td>
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### State Use Only:

**Date Received by State:**

**Date Application Received:**

**State Application Identifier:**

### 8. APPLICANT INFORMATION:

- **a. Legal Name:** The Regents of the University of California
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 1946036494A1
- **c. Organizational DUNS:** 047120084
- **d. Address:**
  - **Street1:** One Shields Avenue
  - **Street2:** 1850 Research Park Drive, Suite 300
  - **City:** Davis
  - **County:** Yolo
  - **State:** CA
  - **Province:**
  - **Country:** USA
  - **Zip / Postal Code:** 95618-6153
- **e. Organizational Unit:**
  - **Department Name:** Veterinary Medicine
  - **Division Name:** Medicine & Epidemiology
- **f. Name and contact information of person to be contacted on matters involving this application:**
  - **Prefix:** Dr.
  - **First Name:** Pamela
  - **Middle Name:** Joanne
  - **Last Name:** Hullinger
  - **Suffix:**
  - **Title:** Specialist
  - **Organizational Affiliation:** Veterinary Medicine - Medicine & Epidemiology
  - **Telephone Number:** 530-601-0714
  - **Fax Number:** 530-752-1618
  - **Email:** phullinger@ucdavis.edu
**Application for Federal Assistance SF-424**

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| Type of Applicant 2: Select Applicant Type: |

| Type of Applicant 3: Select Applicant Type: |

| Other (specify): |

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<th>10. Name of Federal Agency:</th>
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<td>USDA, APHIS VETERINARY SERVICES</td>
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<th>CFDA Title:</th>
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<td>Plant and Animal Disease, Pest Control and Animal Care</td>
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<th>12. Funding Opportunity Number:</th>
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<td><strong>This is a cooperative agreement - funding number is NA</strong></td>
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<td>This is a cooperative agreement - Title is NA.</td>
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<th>13. Competition Identification Number:</th>
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<tbody>
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<td><strong>This is a Cooperative Agreement - Competition ID is NA</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Title:</th>
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<tbody>
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</tr>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tbody>
<tr>
<td>All.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>15. Descriptive Title of Applicant's Project:</th>
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</thead>
<tbody>
<tr>
<td>Provision of highly contagious animal disease emergency management expertise to the USDA, APHIS, Veterinary Services.</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-001
- **b. Program/Project:** CA-001

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

### 17. Proposed Project:
- **a. Start Date:** 09/01/2024
- **b. End Date:** 08/31/2025

### 18. Estimated Funding ($): 188,305
- **a. Federal:** 188,305
- **b. Applicant:**
- **c. State:**
- **d. Local:**
- **e. Other:**
- **f. Program Income:**
- **g. TOTAL:** 188,305

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

### 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
- [ ] Yes
- [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:** Mrs.
- **First Name:** Lisa
- **Middle Name:** Y.
- **Last Name:** Parker
- **Suffix:**
- **Title:** Contracts and Grants Analyst, Office of Research - Sponsor
- **Telephone Number:** 530-754-8017
- **Fax Number:** 530-754-8229
- **Email:** lvparker@ucdavis.edu

**Signature of Authorized Representative:** [Signature]
**Date Signed:** 7/10/2024

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)

3. Date Received:

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

5a. Federal Entity Identifier:
   - 14-8506-1399-CA

5b. Federal Award Identifier:

6. Date Received by State:
   - July 14, 2014

7. State Application Identifier:
   - 14-0166-FR

8. APPLICANT INFORMATION:
   - a. Legal Name:
     - State of California
   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 68-0325104
   - c. Organizational DUNS:
     - 807487665
   - d. Address:
     - Street1: 1220 N Street, Room 315
     - City: Sacramento
     - County:
     - State: California
     - Province:
     - 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
     - Suffix:
     - Title:
     - Organizational Affiliation:
       - California Department of Food and Agriculture
     - * Telephone Number: (916) 654-1211
     - Fax Number: (916) 654-0555
     - * Email: jason.chan@cdfe.ca.gov
## Application for Federal Assistance SF-424

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

### 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:
- Comprehensive Detection Surveys for Invasive Pest Threats

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

16. Congressional Districts Of:
   * a. Applicant District 8
   * b. Program/Project **CA-all**

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

17. Proposed Project:
   * a. Start Date: **7/11/2014**
   * b. End Date: **6/30/2015**

18. Estimated Funding ($):
   * a. Federal 502,730
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 502,730

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 **July 14, 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)*

   [ ] **I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Crystal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Myers</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title: Manager, Federal Funds Management Office</td>
<td></td>
</tr>
<tr>
<td>* Telephone Number: (916) 657-3231</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email: <a href="mailto:crystal.myers@cdfa.ca.gov">crystal.myers@cdfa.ca.gov</a></td>
<td></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td>* Date Signed:</td>
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**Application for Federal Assistance SF-424**

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<td>E36</td>
<td>3-06-0093</td>
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<th>5b. Federal Award Identifier:</th>
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<td>STATE CLEARING HOUSE</td>
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**State Use Only:**

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

8. **APPLICANT INFORMATION:**

<table>
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<th>a. Legal Name:</th>
<th>County of El Dorado</th>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<td>94-8000511</td>
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<th>d. Address:</th>
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<tbody>
<tr>
<td>2850 Fairlane Court</td>
</tr>
<tr>
<td>Placerville</td>
</tr>
<tr>
<td>El Dorado</td>
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<tr>
<th>e. Zip/Postal Code:</th>
<th>95687</th>
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<th>a. Organizational Unit:</th>
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<td>Community Development Agency</td>
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<th>Division Name:</th>
<th>Administration and Finance</th>
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9. **Name and contact information of person to be contacted on matters involving this application:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Ms.</th>
</tr>
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<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Busby</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Administrative Services Officer</th>
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<table>
<thead>
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<tr>
<td>County of El Dorado, Community Development Agency, Administration and Finance Division, Operations Unit, Airports</td>
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<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>(530) 621-6984</th>
</tr>
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<table>
<thead>
<tr>
<th>Fax Number:</th>
<th>(530) 626-0887</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Email:</th>
<th><a href="mailto:sherrie.busby@edgov.us">sherrie.busby@edgov.us</a></th>
</tr>
</thead>
</table>
# Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:**
- B. County 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

**11. Catalog of Federal Domestic Assistance Number:**
20.106

**CFDA Title:**
Airport Improvement Program

**12. Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
Georgetown, El Dorado County, California

**15. Descriptive Title of Applicant's Project:**
Obstruction Survey and Mitigation Plan

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

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

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

17. Proposed Project:
   *a. Start Date: 01/01/2015   *b. End Date: 06/30/2016

18. Estimated Funding ($):
   *a. Federal: 81,000.00
   *b. Applicant: 9,000.00
   *c. State: 
   *d. Local: 
   *e. Other: 
   *f. Program Income: 
   *g. TOTAL: 90,000.00

19. Is Application Subject to Review By State Under Executive Order 1372 Process? 
   □ a. This application was made available to the State under the Executive Order 1372 Process for review on 07/11/2014
   □ b. Program is subject to E.O. 1372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 1372

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

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

   *Title: Director of Community Development Agency

   *Telephone Number: (530) 621-5914   Fax Number: (530) 626-0387
   *Email: steve.pedrelli@edg.gov.us

   *Signature of Authorized Representative: 

   *Date Signed: 7-11-14
**Application for Federal Assistance SF-424**

<table>
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<th><strong>If Revision, select appropriate letter(s):</strong></th>
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<td>☐ Revision</td>
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**3. Date Received:**

**4. Applicant Identifier:**

| Dept. of Food and Agriculture | JUL 14 2014 |

**5a. Federal Entity Identifier:**

| 14-8506-1399-CA |

**5b. Federal Award Identifier:**

| STATE CLEARING HOUSE |

**6. Date Received by State:**

| July 14, 2014 |

**7. State Application Identifier:**

| 14-0166-FR |

**8. APPLICANT INFORMATION:**

**a. Legal Name:**

| State of California |

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

| 68-0325104 |

**c. Organizational DUNS:**

| 807457865 |

**d. Address:**

| 1220 N Street, Room 315 |

**City:**

| Sacramento |

**County:**

|                                   |

**State:**

| California |

**Province:**

|                                   |

**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:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Jason</th>
</tr>
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<tr>
<td>Middle Name:</td>
<td>K</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Chan</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
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</tbody>
</table>

**Title:**

|                                   |

**Organizational Affiliation:**

| California Department of Food and Agriculture |

**Telephone Number:**

| (916) 654-1211 |

**Fax Number:**

| (916) 654-0555 |

**Email:**

| jason.chan@cdfa.ca.gov |
### Application for Federal Assistance SF-424

<table>
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<th>Question</th>
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<tbody>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>USDA/APHIS/PPQ</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>CFDA Title:</td>
<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
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<td>12. Funding Opportunity Number:</td>
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<td>* Title:</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>State of California</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>Comprehensive Detection Surveys for Invasive Pest Threats</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date:  7/11/2014
   * b. End Date:  7/10/2015

18. Estimated Funding ($):
   * a. Federal  502,730
   * b. Applicant
   * c. State  0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  502,730

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 July 14, 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  - [ ] 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:  Crystal
Middle Name:  
* Last Name:  Myers
Suffix:  
* Title:  Manager, Federal Funds Management Office

* Telephone Number:  (916) 657-3231  Fax Number:  
* Email:  crystal.myers@cdfe.ca.gov

* Signature of Authorized Representative:  
* Date Signed:  
Application for Federal Assistance SF-424

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

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

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

3. Date Received: [ ]

4. Applicant Identifier: [ ]

5a. Federal Entity Identifier: [ ]

5b. Federal Award Identifier: [ ]
   JUL 15 2014

State Use Only:

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: County of Nevada

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000828

* c. Organizational DUNS: 010979029

d. Address:
   * Street1: 950 Maidu Avenue
   * City: Nevada City
   * County: Nevada
   * State: California
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 95959

e. Organizational Unit:
   * Department Name: Health and Human Services
   * Division Name: [ ]

f. Name and contact information of person to be contacted on matters involving this application:
   Prefix: Mr.
   * First Name: Rob
   Middle Name: [ ]
   * Last Name: Choate
   Suffix: [ ]

   Title: Administrative Services Associate

   Organizational Affiliation: [ ]

   * Telephone Number: 530-265-1645
   Fax Number: 530-265-9860
   * Email: rob.choate@co.nevada.ca.us
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   B. County Government

Type of Applicant 2: Select Applicant Type: 

Type of Applicant 3: Select Applicant Type: 

* Other (specify): 

10. Name of Federal Agency:
    USDA Rural Development, Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:
    10-433

CFDA Title:
Rural Housing Preservation Grants

12. Funding Opportunity Number:
    USDA-RD-HCFP-HPG-2014

* Title:
    Rural Housing Preservation Grants

13. Competition Identification Number:
    HPG-2014

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.): 
    Nevada County will use the HPG funds in the unincorporated areas of Nevada County.

* 15. Descriptive Title of Applicant's Project:
    Low and very low-income single family home rehabilitation grants in the unincorporated areas of Nevada County, CA.

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

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

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

17. Proposed Project:
   * a. Start Date: 10-1-2014
   * b. End Date: 9-30-2015

18. Estimated Funding ($):
   * a. Federal $100,000
   * b. Applicant
   * c. State $105,000
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $205,000

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 7-11-2014
   □ 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 31, 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: Rick
Middle Name: 
Last Name: Haffey
SUFFIX: 
Title: County Executive Officer
Telephone Number: 530-265-7040 Fax Number: 530-265-8839
Email: cco@co.nevada.ca.us
Signature of Authorized Representative: 
Date Signed: 

Authorized for Local Reproduction

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