Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse July 16 - 31, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: California Academy of Sciences

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-1156258

   c. Organizational DUNS:
      0743624560000

d. Address:

   Street1: 55 Music Concourse Drive
   City: San Francisco
   State: CA: California
   Province: 
   Country: USA: UNITED STATES
   Zip / Postal Code: 94118-4503

e. Organizational Unit:

   Department Name: Vert Zoology & Anthropology
   Division Name: Research

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

   Prefix: 
   * First Name: John
   Middle Name: p
   * Last Name: Dumbacher
   Suffix: 

   Title: Curator of Ornithology and Mammalogy

   Organizational Affiliation:
   California Academy of Sciences

   * Telephone Number: 415-379-5377
   Fax Number: 415-379-5738

   * Email: jdumbacher@calacademy.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
United States Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
15 608

CFDA Title:

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
SF424 June 2014 areas affected attachment.p

* 15. Descriptive Title of Applicant's Project:
Biological surveys on National Wildlife Refuges in the Pacific Southwest Region

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

16. Congressional Districts Of:
   * a. Applicant CA-008
   * b. Program/Project NV-004

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 07/31/2016

18. Estimated Funding ($):
   * a. Federal 19,996.26
   * b. Applicant 29,614.32
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 49,610.58

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 06/26/2014
   ☐ 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 ☒ 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)
   ☒ ** 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: R
* Last Name: Brown
Suffix:

* Title: Chief of Staff / Chief Financial Officer

* Telephone Number: 415-379-5148 Fax Number: 415-379-5727

* Email: abrown@calacademy.org

* 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):

* 3. Date Received: [Redacted]

4. Applicant Identifier:
   Dept. of Food and Agriculture

5a. Federal Entity Identifier:
   14-8506-1211-CA

5b. Federal Award Identifier:
   [Redacted]

State Use Only:

6. Date Received by State: November 14, 2013

7. State Application Identifier: 13-0263-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

Street2:

* 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><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
</thead>
<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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<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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<td>10-025</td>
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<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>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
</tr>
<tr>
<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>Asian Citrus Psyllid</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: 10/1/2013
   * b. End Date: 9/30/2014

18. Estimated Funding ($):
   * a. Federal 6,803,332
   * b. Applicant
   * c. State 1,071,851
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 7,875,183

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 16, 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 - MANDATORY

1.a. Type of Submission:
- Application [X]
- Plan
- Funding Request
- Other
* Other (specify)

1.b. Frequency:
- Annual [X]
- Quarterly
- Other
* Other (specify)

1.c. Consolidated Application/Plan/Funding Request?
- Yes
- No [X]

1.d. Version:
- Initial [X]
- Resubmission
- Revision
- Update

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

3. Applicant Identifier:

4a. Federal Entity Identifier:

4b. Federal Award Identifier:

RECEIVED
JUL 16 2014

STATE CLEARING HOUSE

7. APPLICANT INFORMATION:

* a. Legal Name:
City of Taft

* b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6008800

* c. Organizational DUNS:
120971288

d. Address:
- Street1:
  209 E. Kern Street
- Street2:

- City:
  Taft
- County:
  Kern
- State:
  CA: California
- Province:

- Country:
  USA: UNITED STATES
- Zip / Postal Code:
  93268

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

f. Name and contact information of person to be contacted on matters involving this submission:
- Prefix:
  Mrs.
- First Name:
  Yvette
- Middle Name:
- Last Name:
  Mayfield
- Suffix:

- Title:
  Grant Administrator
- Organizational Affiliation:

- Telephone Number: 661-761-1222
- Fax Number: 661-765-2480

- Email: ymayfield@cityoftaft.org
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:
   C: City or Township Government

* Other (specify):
   
   b. Additional Description:

* 9. Name of Federal Agency:
   DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:
   
   CFDA Title:

11. Areas Affected by Funding:
   
12. CONGRESSIONAL DISTRICTS OF:
   
   a. Applicant:   b. Program/Project:
   CA23

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

13. FUNDING PERIOD:
   
a. Start Date:   b. End Date:
   01/01/2015   12/31/2015

14. ESTIMATED FUNDING:
   
a. Federal ($):
   353,000.00
   b. Match ($):
   17,000.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/15/2014

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

☐ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is the Applicant Delinquent on any Federal Debt?
Yes ☐ No ☒ [Explaination: ]

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1901)
** I Agree ☒
** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: 
Mr. 

Middle Name: 

* Last Name: 
Jones 

Suffix: 

* First Name: 
Craig 

* Title: 
City Manager 

Organizational Affiliation: 

* Telephone Number: 
661-763-1222 

* Fax Number: 
661-765-2480 

* Email: 
cjones@cityoftaft.org 

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

* Date Signed: 
Completed by Grants.gov upon submission. 

Attach supporting documents as specified in agency instructions.

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)
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. 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: The Regents of the University of California*

*b. Employer/Taxpayer Identification Number (EIN/TIN):*  
956006142

*c. Organizational DUNS:*  
6277974260000

---

*d. Address:*  
*Street 1:* 200 University Office Building  
*City:* Riverside  
*County:* Riverside  
*State:* CA  
*Province:*  
*Country:* USA  
*Zip/Postal Code:* 92521-0217

---

*e. Organizational Unit:*  
Department Name: Research and Economic Development  
Division Name: Sponsored Programs Administration

---

*f. Name and contact information of person to be contacted on matters involving this application:*  
Prefix: Mr.  
First Name: Robert  
Middle Name:  
*Last Name:* Chan  
Suffix:  
Title: Sr. Contract & Grant Officer

---

Organizational Affiliation:  
Office of Research, Sponsored Programs Administration  
University of California, Riverside CA 92521

---

*Telephone Number:* 951-827-7986  
*Fax Number:* 951-827-4483  
*Email:* rchan@ucr.edu
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type: **H. Public/State Controlled Institution of Higher Education**

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

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

*Other (specify):*

10. Name of Federal Agency: **USDA Animal and Plant Health Inspection Service**

11. Catalog of Federal Domestic Assistance Number: **10.025**

   CFDA Title: **Plant and Animal Disease, Pest Control, and Animal Care**

12. Funding Opportunity Number: **CFDA 10.025**

   *Title: **Plant and Animal Disease, Pest Control, and Animal Care**

13. Competition Identification Number:

   Title: **N/A**

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

15. Descriptive Title of Applicant's Project:

   **TARGETED IDENTIFICATION OF PHEROMONES AND RELATED ATTRACTANTS FOR INVASIVE CERAMBYCID BEETLES FROM ASIA**

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

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

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

17. Proposed Project:
   *a. Start Date: 09/01/2014
   *b. End Date: 08/31/2015

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL $151,495.00

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 7/17/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372

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

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

   □ **I AGREE

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

Authorized Representative:

Prefix: Mr.  *First Name: Robert
Middle Name:

*Last Name: Chan

Suffix:

*Title: Sr. Contract & Grant Officer

*Telephone Number: (951) 827-7986  Fax Number: (951) 827-4483
*Email: rchan@ucr.edu
*Signature of Authorized Representative: Date Signed: July 17, 2014
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*

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

5a. Federal Entity Identifier: 14-8506-0934-GR

5b. Federal Award Identifier: 

*6. Date Received by State:*
March 25, 2014

*7. State Application Identifier:*
13-0445-FR

**State Use Only:**

**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

*z. 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:

Exotic Fruit Fly

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

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

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

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

18. Estimated Funding ($):
   * a. Federal 6,682,098
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 6,682,098

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 17, 2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

   **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**

**Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application
- [ ] Continuation
- [ ] Revision

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

**Applicant Identifier:**

**Federal Entity Identifier:**

**Federal Award Identifier:**

**State Use Only:**

**Date Received by State:**

**State Application Identifier:**

**APPLICANT INFORMATION:**

**Legal Name:** STATE OF CALIFORNIA

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

**Organizational DUNS:** 8083223580000

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

**Organizational Unit:**
- **Department Name:**
- **Division Name:** GRANTS MANAGEMENT BRANCH

**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:** GRANT ADMINISTRATOR

**Organization Affiliation:**

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

**Fax Number:** 916-445-3701

**Email:** lisa.bays@wildlife.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    13.611
    CFDA Title:
    Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    F14AS00556
* Title:
    SB (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    Title:
    
14. Areas Affected by Project (Cities, Counties, States, etc.):
    
16. Descriptive Title of Applicant's Project:
    WILDLIFE HABITAT INVENTORIES AND RESEARCH—NCR WILDLIFE MGT-GAME SPECIES

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

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

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 ($):

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<th>Description</th>
<th>Amount</th>
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<td>Federal</td>
<td>553,353</td>
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<tr>
<td>Applicant</td>
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<td>State</td>
<td>184,418</td>
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<td>Local</td>
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<td>Other</td>
<td>0.00</td>
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<td>Program Income</td>
<td>0.00</td>
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<td>TOTAL</td>
<td>737,771</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 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 216, Section 1001)"

   - [x] I AGREE

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

Authorized Representative:

Prefix:          * First Name:  LISA
Middle Name:     
* Last Name:     BAYS
Suffix:          
* Title:         ESBI
* Telephone Number: (916) 445-3701
Fax Number: (916) 327-6320
* Email:  lisa.bays@wildlife.ca.gov
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.
**Application for Federal Assistance**

**1. Type of Submission:**
- [ ] Application
- [ ] Construction
- [x] Non-Construction

**2. Date Submitted:** 7-17-2014

**3. Date Received by State:**

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<tr>
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**4. Date Received by Federal Agency:** 7-17-14

**5. Applicant Information**

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<th>Organizational Unit:</th>
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<tr>
<td>Sacramento Area Council of Governments</td>
<td>Division:</td>
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<table>
<thead>
<tr>
<th>Organizational DUNS:</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>555959705</td>
<td>Jane Evans</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1415 L Street, Suite 300</td>
<td>VaughanBechtold</td>
</tr>
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</table>

<table>
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<tr>
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<table>
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<tr>
<td>California</td>
<td><a href="mailto:bvauhnbechtold@sacog.org">bvauhnbechtold@sacog.org</a></td>
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<table>
<thead>
<tr>
<th>Country:</th>
<th>Phone Number (give area code)</th>
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<tbody>
<tr>
<td>USA</td>
<td>916-321-9000</td>
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**6. Employer Identification Number (EIN):**

| 06-2154162 |

**7. Type of Application:**

- [x] New
- [ ] Continuation
- [ ] Revision

**8. Type of Application:**
- G. Special District
- [ ] Other (specify)

**9. Name of Federal Agency:**
- Federal Transit Administration (FTA)

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

| 20507 |

**11. Descriptive Title of Applicant’s Project:**
- Downtown Riverfront Streetcar Project Development

**12. Areas Affected by Project (Cities, Counties, States, etc.):**
- State of CA, Sacramento & Yolo Cos., & Sacramento and West Sacramento cities

**13. Proposed Project**

<table>
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<td>5-1-2015</td>
<td>12-31-2015</td>
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**14. Congressional Districts of:**

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<tr>
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<th>b. Project</th>
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<td>1, 2, 3, 4, &amp; 5</td>
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**15. Estimated Funding:**

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<th>c. State</th>
<th>d. Local</th>
<th>e. Other</th>
<th>f. Program Income</th>
<th>g. Total</th>
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<tbody>
<tr>
<td>$5,000,000</td>
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<td>$1,570,000</td>
<td>$5,000,000</td>
<td>$0</td>
<td>$0</td>
<td>$11,570,000</td>
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**16. Is Application Subject to Review by State Executive Order 12372 Process?**

- a. Yes [x] $5,000,000
  - This Preapplication/Application Was Made Available to the State Executive Order 12372 Process for Review on
  - Date: 7-17-2014
  - Program is Not Covered by E. O. 12372
  - Or Program Has Not Been Selected by State for Review

**17. Is the Applicant Delinquent on Any Federal Debt?**

- [ ] Yes if "Yes" attach an explanation. [x] No

**18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.**

<table>
<thead>
<tr>
<th>a. Authorized Representative</th>
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<tr>
<td>Prefix</td>
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<td>Azadeh</td>
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| b. Title |
| Saniter Planner |

| c. Telephone Number (give area code): |
| 916-321-9000 |

<table>
<thead>
<tr>
<th>d. Signature of Authorized Representative</th>
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**Previous Edition Usable**

Authorized for Local Reproduction

[Standard Form 424 (Rev.9-2003)](https://www.gpo.gov/fdsys/freefulltext/GPO-PDF-73111966.pdf)

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

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**State Use Only:**

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**18 2014**
Application for Federal Assistance SF-424

**9. Type of Applicant 1: Select Applicant Type:**
- Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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

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

* Other (specify):

**10. Name of Federal Agency:**
United States Department of Agriculture

**11. Catalog of Federal Domestic Assistance Number:**
10.760

**CFDA Title:**
Water and Waste Disposal Loan and Grant Program

**12. Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Sky High Ranch, HOA Water System Replacement and Expansion

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

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

### 16. Congressional Districts Of:

- **a. Applicant**
- **b. Program/Project**

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

### 17. Proposed Project:

- **a. Start Date:** Aug-2014
- **b. End Date:** 02/01/15

### 18. Estimated Funding ($):

- **a. Federal** $4,100,000
- **b. Applicant** $4,000,000
- **c. State**
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL**

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

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

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

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

[ ] [**I AGREE**]

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

### Authorized Representative:

- **Prefix:**
- **First Name:**
- **Middle Name:**
- **Last Name:** Kotte
- **Suffix:**
- **Title:** Board Member
- **Telephone Number:** 916-719-3714
- **Fax Number:**
- **Email:** kotted@gmail.com

**Signature of Authorized Representative:**

**Date Signed:**
# Application for Federal Assistance SF-424

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<th><strong>2. Type of Application:</strong></th>
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<td>☑ Application</td>
<td>☑ Continuation</td>
<td>* Other (Specify)</td>
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<tr>
<td>☑ Changed/Corrected Application</td>
<td>☑ Revision</td>
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<tr>
<td></td>
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<td>14-0147-FR</td>
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<td>807487685</td>
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<tr>
<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
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<tr>
<td><strong>Prefix:</strong></td>
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<tr>
<td><strong>First Name:</strong> Jason</td>
</tr>
<tr>
<td><strong>Middle Name:</strong> K</td>
</tr>
<tr>
<td><strong>Last Name:</strong> Chan</td>
</tr>
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<thead>
<tr>
<th><strong>Telephone Number:</strong></th>
<th><strong>Fax Number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(916) 654-1211</td>
<td>(916) 654-0555</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Email:</strong></th>
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<tbody>
<tr>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
</tr>
</tbody>
</table>
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:

   Brown Marmorated Stink Bug in California

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 14,690
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 14,690

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 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.) 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:  
   - 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  
   - JUL 18 2014  
   - STATE CLEARING HOUSE

5a. Federal Entity Identifier:  
   14-5506-1782-CA  

5b. Federal Award Identifier:  
   JUL 18 2014  

6. Date Received by State:  
   July 17, 2014  

7. State Application Identifier:  
   13-0518-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  
      * State: California  
      * 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:
      * First Name: Jason  
      Middle Name: K  
      * Last Name: Chan  
      Title:  
      * 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:**
- Mediterranean Fruit Fly Eradication Project

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: 3/1/2014
   * b. End Date: 9/30/2014

18. Estimated Funding (6):
   * a. Federal 1,265,736
   * b. Applicant
   * c. State 1,265,736
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 2,531,472

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 18, 2014.
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   [ ] 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
* 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:**
   - [RECEIVED]
   - JUL 27 2014
   - STATE CLEARING HOUSE

4. **Applicant Identifier:**
   - [State Use Only: ]
   - [6. Date Received by State: ][7. State Application Identifier: ]

5. **Application Information:**
   - a. **Legal Name:** Mendocino Food and Nutrition Program, Inc.
   - b. **Employer/Taxpayer Identification Number (EIN/TIN):**
   - c. **Organizational DUNS:**

6. **Address:**
   - a. **Street 1:**
   - b. **City:**
   - c. **County/Parish:** Mendocino Co
   - d. **Province:**
   - e. **Country:** USA: UNITED STATES
   - f. **Zip / Postal Code:**

7. **Organizational Unit:**
   - a. **Department Name:**
   - b. **Division Name:**

8. **Name and Contact Information:**
   - a. **Prefix:** Ms
   - b. **First Name:** Nancy
   - c. **Middle Name:**
   - d. **Last Name:**
   - e. **Suffix:**
   - f. **Title:** Executive Director
   - g. **Organizational Affiliation:**
   - h. **Telephone Number:** (707) 964-0435
   - i. **Fax Number:** (707) 964-0435
   - j. **Email:** [MendocinoFoodProgram.org]
# Application for Federal Assistance SF-424

## 9. Type of Applicant 1 - Select Applicant Type:

- [ ] Nonprofit Organization
- [ ] Governmental Entity
- [ ] Business/For-Profit Firm
- [ ] Other (specify):

## 10. Name of Federal Agency:

- [ ] Agriculture Development
- [ ] Community Facilities Loans and Grants

## 11. Catalog of Federal Domestic Assistance Number:

- 10.766

## 12. Funding Opportunity Number:

- [ ] Title:

## 13. Competition Identification Number:

- Title:

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

- Mendocino County, California

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

- Equipment for Food Bank Distribution Center Warehouse

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

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

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

17. Proposed Project:
   a. Start Date: 
   b. End Date: 

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process? (Mark one)
   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. Was Applicant Debarred Or Any Federal Entity, if "Yes" provide explanation:
   Yes [   ] No [   ]
   If "Yes, provide explanation and attach.

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

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

Authorized Representative:

Prefix: Ms

Middle Name:

* Last Name:

Suffix:

* Title: 

* Telephone Number: [   ] Fax Number: [   ]

* Email: 

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

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

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

3. Date Received:
   06/27/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Democracy at Work Institute

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      275265123

   c. Organizational DUNS:
      0793974840000

   d. Address:

      Street1: 564 Market Street, Suite 521

      City: San Francisco

      State: CA: California

      Country: USA: UNITED STATES

      Zip / Postal Code: 94104-5402

   e. Organizational Unit:

      Department Name:

      Division Name:

      CAGE Code: 74V61 Exp. 5/20/15

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

      Prefix: 

      * First Name: Melissa

      Middle Name: 

      * Last Name: Hoover

      Suffix: 

      Title: 

      Organizational Affiliation:

      * Telephone Number: 415-392-7277

      Fax Number: 

      * Email: melissa.hoover@institute.usworker.coop
**Application for Federal Assistance SF-424**

9. **Type of Applicant 1: Select Applicant Type:**
- M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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

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

* Other (specify): 

10. **Name of Federal Agency:**
- Rural Business Cooperative Service, USDA

11. **Catalog of Federal Domestic Assistance Number:**
- 10.771

**CFDA Title:**

12. **Funding Opportunity Number:**
- RDACP-RCDG-2014

* **Title:**
- Rural Cooperative Development Grants

13. **Competition Identification Number:**

**Title:**

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

15. **Descriptive Title of Applicant’s Project:**
- Technical assistance for rural worker cooperatives.

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

**16. Congressional Districts Of:**
- *a. Applicant: CA-12*
- *b. Program/Project: US-All*

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

<table>
<thead>
<tr>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
</table>

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

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

- *a. Federal: 200,000.00*
- *b. Applicant: 71,000.00*
- *c. State: 0.00*
- *d. Local: 0.00*
- *e. Other: 0.00*
- *f. Program Income: 0.00*
- *g. TOTAL: 271,000.00*

**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
- ✗ a. This application was made available to the State under the Executive Order 12372 Process for review on **06/27/2014**
- □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- □ c. Program is not covered by E.O. 12372.

**20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes,” provide explanation in attachment.)**
- □ Yes  ✗ No

If "Yes", provide explanation and attach

<table>
<thead>
<tr>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
</table>

**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: Melissa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Hoover</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title: Executive Director</td>
<td></td>
</tr>
<tr>
<td>* Telephone Number: 415-392-7277</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email: <a href="mailto:melissa.hoover@institute.usworker.coop">melissa.hoover@institute.usworker.coop</a></td>
<td></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td>* Date Signed: 06/27/2014</td>
</tr>
</tbody>
</table>
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1. a. Type of Submission:
   - [X] Application
   - [ ] Plan
   - [ ] Funding Request
   - [ ] Other
   * Other (specify)

1. b. Frequency:
   - [X] Annual
   - [ ] Quarterly
   - [ ] Other
   * Other (specify)

1. d. Version:
   - [X] Initial
   - [ ] Resubmission
   - [ ] Revision
   - [ ] Update

2. Date Received:
   STATE USE ONLY:
   [Complied by Grinnell government submission.]

3. Applicant Identifier:
   2765

4. a. Federal Entity Identifier:

4. b. Federal Award Identifier:

7. APPLICANT INFORMATION:

   a. Legal Name:
   County of Sonoma - Sonoma County Transit

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   946000539

   c. Organizational DUNS:
   080126444

   d. Address:
   355 West Robles Avenue
   Santa Rosa
   CA: California

   e. Country:
   USA: UNITED STATES

   f. Organizational Unit:
   Department Name:
   Transportation & Public Works
   Division Name:
   Transit

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

   Prefix:
   Mr.

   * First Name:
   Bryan

   Middle Name:

   Last Name:
   Albas

   Title:
   Transit Systems Manager

   Organizational Affiliation:
   Sonoma County Transit

   * Telephone Number: 707-565-7516
   Fax Number: 707-565-7723

   * Email: bryan@sctransit.org

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

* 8a. TYPE OF APPLICANT:
   B: County Government

* Other (specify): 

b. Additional Description: 

* 9. Name of Federal Agency:
   DOT/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number: 

   CFDA Title: 

11. Areas Affected by Funding:
   County of Sonoma

12. CONGRESSIONAL DISTRICTS OF:

   a. Applicant: 
   2 & 5

   b. Program/Project: 
   2 & 5

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

13. FUNDING PERIOD:

   a. Start Date: 01/01/2015
   b. End Date: 12/31/2015

14. ESTIMATED FUNDING:

   a. Federal ($) 500,000.00
   b. Match ($) 125,000.00

15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

   X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 07/23/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by State for review.
   □ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 16. Is The Applicant Delinquent On Any Federal Debt?
   Yes ☐ No ☒

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

** I Agree ☒

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

Authorized Representative:

Prefix: ☒ Ms.

* First Name: Susan

Middle Name: 

* Last Name: Klassen

Suffix:

* Title: Director

Organizational Affiliation:

Sonoma County Transportation & Public Works Department

* Telephone Number: 707-565-2231

* Fax Number: 707-565-2620

* Email: susan.klassen@sonoma-county.org

* Signature of Authorized Representative: [Signature]

Completed by Grants.gov upon submission.

* Date Signed: [Date]

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

[Attachment Details]
Application for Federal Assistance SF-424

1. Type of Submission: Preapplication

2. Type of Application: New

* If Revision, select appropriate letter(s):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Dana Adobe Nipomo Amigos

b. Employer/Taxpayer Identification Number (EIN/TIN): 77-051-3007

c. Organizational DUNS: 168054711

d. Address:

Street 1: 671 S. Oak Glen Avenue

City: Nipomo

County/Parish: CA

State: CA

Province: USA: UNITED STATES

Zip / Postal Code: 93444

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: Marina

Middle Name: B.

Last Name: Washburn

Suffix: 

Title: Executive Director

Organizational Affiliation:

Dana Adobe Nipomo Amigos

* Telephone Number: (805) 929-5679 Fax Number: 

* Email: marina@danaadobe.org
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
Nonprofit Organization, Inc.

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:
10.766

CFDA Title:
Community Facilities Loan and Grants

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Nipomo, San Luis Obispo County, CA

* 15. Descriptive Title of Applicant's Project:
Barn and security building construction at Rancho Nipomo Dana Adobe, Heritage Park

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

16. Congressional Districts Of:
   * a. Applicant 23
   * b. Program/Project 23

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

17. Proposed Project:
   * a. Start Date: 10-01-2011
   * b. End Date: 08-01-2015

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 07-17-2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

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

☐ "I AGREE"

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

Authorized Representative:

Prefix: M. Middle Name: B. Last Name: Washburn

*Title: Executive Director

*Telephone Number: (805) 925-5679 Fax Number:

*Email: marina@danaadobe.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

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:

* 4. Applicant Identifier:
   - California Department of Food and Agriculture

6a. Federal Entity Identifier:

* 6b. Federal Award Identifier:
   - 14-8508-1165-CA

State Use Only:

6. Date Received by State: 7/2/2014

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

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

* c. Organizational DUNS:
   - 807487665

d. Address:
   - * Street1: 1220 N Street
   - Street2: Room 325
   - City: Sacramento
   - County:
   - State: CA
   - Province:
   - * Country: USA; UNITED STATES
   - * Zip / Postal Code: 95814-5603

8. Organizational Unit:
   - Department Name: Food and Agriculture
   - Division Name: Plant Health and Pest Prevention Services

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

Prefix: 

* First Name: Duane

Middle Name:

* Last Name: Schnabel

Suffix: 

Title: Branch Chief

Organizational Affiliation:

* Telephone Number: 916-554-0312
   - Fax Number: 916-554-0986

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

CFDA Title:

**Plant 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.):

* 15. Descriptive Title of Applicant's Project:
   - Detector Dog Teams

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

### 16. Congressional Districts Of:

<table>
<thead>
<tr>
<th>a. Applicant</th>
<th>CA-3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Program/Project</td>
<td>Statewide</td>
</tr>
</tbody>
</table>

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

### 17. Proposed Project:

<table>
<thead>
<tr>
<th>a. Start Date</th>
<th>7/1/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. End Date</td>
<td>6/30/2015</td>
</tr>
</tbody>
</table>

### 18. Estimated Funding ($):

| a. Federal | 3,000,000 |
| b. Applicant | |
| c. State | 0 |
| d. Local | |
| e. Other | |
| f. Program Income | |
| g. TOTAL | 3,000,000 |

### 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 7/2/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [ ] No

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

[ ] ** I AGREE

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

### Authorized Representative:

| Prefix: | | * First Name: Crystal |
|---------| | |
| Middle Name: | | |
| * Last Name: | Myers |
| Suffix: | | |
| * Title: | Federal Funds Manager |
| Telephone Number: | 916-403-6653 |
| Fax Number: | |
| * Email: | crystal.myers@cdf.ca.gov |
| * Signature of Authorized Representative: | |
| * Date Signed: | 7/22/14 |
**APPLICATION FOR FEDERAL ASSISTANCE (SF 424)**

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

2. **DATE SUBMITTED:** 7/21/2014

3. **DATE RECEIVED BY STATE:**

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

   **Federal Identifier:** 5830

5. **APPLICANT INFORMATION**
   - **Legal Name:** Andre Colaiace
   - **Address (give city, county, State, and zip code):**
     3449 Santa Anita Ave, El Monte, CA 91734
   - **Organizational Unit:** Access Services
   - **DUNS:** 883300121
   - **Name and telephone number of person to be contacted on matters involving this application (give area code):**
     Andre Colaiace (213) 270-6007

6. **EMPLOYER IDENTIFICATION NUMBER (EIN):**

   **RECEIVED JUL 24 2014**

   **STATE CLEARING HOUSE**

   **EIN:** 95-4489711

7. **TYPE OF APPLICANT:**
   - [B] Independent School District
   - [H] Other (Specify) [Non-Profit]
   - [A] State
   - [B] County
   - [C] Municipal
   - [D] Township
   - [E] Interstate
   - [F] Intermunicipal
   - [G] Special District
   - [I] State Controlled Institution of Higher Learning
   - [J] Private University
   - [K] Indian Tribe
   - [L] Individual
   - [M] Profit Organization

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

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

   [A] Increase Award
   [B] Decrease Award
   [C] Increase Duration
   [D] Decrease Duration
   [E] Other (Specify):

9. **NAME OF FEDERAL AGENCY:**
   Los Angeles County Metropolitan Transportation Authority (LACMTA) received the funds. LACMTA awarded a portion of this grant through competitive bid to Access Services. Access Services is a direct recipient of Federal Funds, therefore Access is applying directly to FTA to access the funds.

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

11. **DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

   Service Area Expansion

   This application is to add Section 5317 New Freedom funds in the amount of $740,500 to provide paratransit service beyond what is required by the Americans with Disabilities Act (ADA). The Project's Scope of Work consists of operating assistance to provide paratransit service beyond what is required by the ADA to/from origins/destinations outside the Agency's service area within regions of Los Angeles County that are part of the Los Angeles-Long Beach-Anaheim (UZA 2).

12. **AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**

   Los Angeles County, Areas of Orange County

13. **PROPOSED PROJECT:**

   **Start Date:** 1/1/2015
   **Ending Date:** 12/31/2017

14. **CONGRESSIONAL DISTRICT OF:**

   - [b] Project FY 2015, New Freedom, Access Services Grant CA-57-X049-01

15. **ESTIMATED FUNDING:**

   - [a] Federal $740,500.00
   - [b] Applicant $  
   - [c] State $  
   - [d] Local $740,500.00
   - [e] Other $  
   - [f] Program Income $  
   - [g] TOTAL $1,481,000.00

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

   - [a] YES [X] --- THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
     - DATE 7/21/2014
   - [b] NO PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

   - [X] Yes if "Yes" attach an explanation.
   - [ ] No

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

   - [a] Typed Name of Authorized Representative
     Andre Colaiace
   - [b] Title
     Deputy Executive Director of Planning & Governmental Affairs
   - [c] Telephone Number
     (213) 270-6007
   - [d] Date Signed
     7/21/2014

Authorized for Local Reproduction

Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:
   - JUL 24 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: University Enterprises, Inc. on behalf of CSU Sacramento

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

   c. Organizational DUNS:
   - 841397638
   - 029031796

   d. Address:
      - 6000 J Street
      - Sacramento
      - CA: California
      - USA: UNITED STATES
      - ZIP / Postal Code: 95819-6111

   e. Organizational Unit:
      - Department Name:
      - Division Name:
      - Research Affairs
      - Academic Affairs

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr
      - First Name: David
      - Middle Name:
      - Last Name: Earwicker
      - Suffix:
      - Title: Assistant Vice President
      - Organizational Affiliation:
        - California State University, Sacramento
      - Telephone Number: 916-278-3669
      - Fax Number: 916-278-6163
      - Email: david.earwicker@csus.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   X: Other (specify)
   Type of Applicant 2: Select Applicant Type:
   Type of Applicant 3: Select Applicant Type:
   * Other (specify):
     CSU Sacramento auxiliary org

10. Name of Federal Agency:
    Geological Survey

11. Catalog of Federal Domestic Assistance Number:
    15.608
    CFDA Title:
    U.S. Geological Survey: Research and Data Collection

12. Funding Opportunity Number:
    G14AS00003
    * Title:
    USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch

13. Competition Identification Number:
    G14AS00003
    Title:

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

15. Descriptive Title of Applicant's Project:
    Environmental Science Research, Education, and Outreach in California

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

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

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

17. Proposed Project:
   * a. Start Date: 03/15/2014
   * b. End Date: 04/14/2019

18. Estimated Funding ($):
   * a. Federal 3,950,000.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 3,950,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 07/24/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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

   ** I AGREE

   ** 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: Earwicker
Suffix: 
Title: Assistant Vice President
Telephone Number: 916-278-3668 Fax Number: 916-278-6163
Email: david.earwicker@csus.edu
* Signature of Authorized Representative: David Earwicker * Date Signed: 

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:

5a. Federal Entity Identifier: ________________

5b. Federal Award Identifier: ________________

JUL 9, 2014

6. Date Received by State: ________________

7. State Application Identifier: ________________

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

a. Legal Name: Riverbank Central Associates, a California Limited Partnership

b. Employer/Taxpayer Identification Number (EIN/ITIN): ________________

c. Organizational DUNS: 07-8644865

*Street1: 3351 W Street, Suite 100

City: Merced

County/Parish: Merced

State: CA: California

Province: ________________

Country: USA: United States

Zip / Postal Code: 95348

Telephone Number: 530-922-9250

Fax Number: ________________

Email: translate@ncbb.net

*Prefix: M

*First Name: Marco

Last Name: Van Slate

Title: Director

Organizational Affiliation: M-Van Slate Consulting
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

- For-Profit Organization (Other than Small Business)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

USDA - Rural Development

11. Catalog of Federal Domestic Assistance Number:

JD-405

CFDA Title:

Farm Labor Housing Loan / Section 314

12. Funding Opportunity Number:

NHM-SF424 Family - all forms!

* Title:

Farm Labor Housing

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Riverbank Central Apartments: 72-unit farm labor housing; 24/2bd, 40/3bd, 8/4bd units & community bldg; 6100 Claus Road, Riverbank, Stanislaus County, California (4,59 acres)

APN:062-072-001

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

16. Congressional Districts Of:
   *a. Applicant: CA-017

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

17. Proposed Project:
   *a. Start Date: 10/01/2015
   *b. End Date: 10/01/2016

18. Estimated Funding ($):
   *a. Federal: 1,000,000.00
   *b. Applicant: 1,000,000.00
   *c. State: 17,645,654.09
   *d. Local: 1,900,000.00
   *e. Other: 1,900,000.00
   *f. Program Income: 21,545,654.09
   *g. TOTAL: 23,545,654.09

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 07-25-2012
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach:

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

* Title: Chief Executive Officer (CEO)

* Telephone Number: 209-388-0782  Fax Number: 

* Email: chris@centralvalleycoalition.com

* Signature of Authorized Representative:  * Date Signed: 07-24-14
Application for Federal Assistance SF-424

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

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

3. Date Received:  

4. Applicant Identifier:  

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

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

8. APPLICANT INFORMATION:

   a. Legal Name: Great Northern Corporation  
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2562423  
   c. Organizational DUNS: 1316247510000

d. Address:  
   Street1: 780 South Davis Avenue  
   Street2:  
   City: Weed  
   County/Parish: Siskiyou County  
   State: CA: California  
   Province:  
   Country: USA: UNITED STATES  
   Zip / Postal Code: 96094

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: Rod  
   Middle Name: Brent  
   Last Name: Keyes  
   Suffix:  
   Title: HPG Program Manager  
   Organizational Affiliation:  
   Telephone Number: 530 938-4115 x112  
   Fax Number: 530 938-1040  
   Email: rkeyes@gnccorp.org
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>Nonprofit with 501c3 IRS Status (Other than Institution of Higher Education)</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
<td>Department of Agriculture Rural Housing Service</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>10.433</td>
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<td>CFDA Title:</td>
<td>Rural Housing Preservation Grants</td>
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<td>Title:</td>
<td>Section 533 Housing Preservation Grant</td>
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<td>13. Competition Identification Number:</td>
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<tr>
<td>Title:</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>USDA Housing Preservation Grant Program - Siskiyou County</td>
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</table>

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

16. Congressional Districts Of:
   * a. Applicant 2
   * b. Program/Project 2

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

17. Proposed Project:
   * a. Start Date: 1/1/2015
   * b. End Date: 10/31/2015

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

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 7/4/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

   ☒ ** I AGREE

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

Authorized Representative:

Prefix: [ ]  * First Name: Rod
Middle Name: Brent
Last Name: Merys
Suffix: [ ]

* Title: NPR Program Manager

* Telephone Number: 530 938-4115 x112  Fax Number: 530 938-1040

* Email: emerys@gnccorp.org

* Signature of Authorized Representative: [Signature]

* Date Signed: 7/22/2014
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:
   14-8506-1782-CQ

5b. Federal Award Identifier:
   STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:
   JULY 17, 2014

7. State Application Identifier:
   13-0519-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

   * State:
   California

   * 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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<tr>
<td><strong>9. Type of Applicant:</strong> Select Applicant Type:</td>
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<tr>
<td>A - State Government</td>
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<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong> USDA/APHIS/PPQ</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong> 10-025</td>
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<tr>
<td>CFDA Title: 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>13. Competition Identification Number:</strong></td>
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<tr>
<td></td>
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<tr>
<td>Title:</td>
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<td></td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<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>Mediterranean Fruit Fly Eradication Project</td>
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<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
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</tbody>
</table>
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: 3/12/2014
   * b. End Date: 9/30/2014

18. Estimated Funding ($):
   * a. Federal 1,265,736
   * b. Applicant
   * c. State 1,265,736
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 2,531,472

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 28, 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

<table>
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<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<td>□ Preapplication</td>
<td>□ New</td>
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<td>CA Department of Food and Agriculture</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>

6a. Federal Entity Identifier:  5b. Federal Award Identifier: 14-8130-0398-CA

State Use Only:
6. Date Received by State: 7/30/14
7. State Application Identifier: RECEIVED

8. APPLICANT INFORMATION:
   a. Legal Name: STATE OF CALIFORNIA
   b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104
   c. Organizational DUNS: 807487685

d. Address:
   * Street1: 1220 N Street, Suite 325
   Street:
   * City: Sacramento
   County:  
   * State: California
   Province:  
   * Country: USA: UNITED STATES
   * Zip/Postal Code: 95814

e. Organizational Unit:
   Department Name: CA Department of Food and Agriculture
   Division Name: Plant Health and Pest Prevention Services

f. Name and contact information of person to be contacted on matters involving this application:
   Prefix:  
   * First Name: Duane
   Middle Name:  
   * Last Name: Schnabel
   Suffix:  
   Title: Branch Chief

Organizational Affiliation:  

* Telephone Number: 916.654.0312  Fax Number: 916.654.0986

* Email: Duane.schnabel@cdfa.ca.gov
### Application for Federal Assistance SF-424

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

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

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

* Other (specify): 

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

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

**CFDA Title:**
- Plant & Animal Disease, Pest Control and Animal Care

**12. Funding Opportunity Number:**

* Title:

**13. Competition Identification Number:**

* Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- State of California

**15. Descriptive Title of Applicant's Project:**
- National Ornamental Research Site at Dominican University (NORSDUC)

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

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

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

17. Proposed Project:
   * a. Start Date:  7/1/14
   * b. End Date:  6/30/15

18. Estimated Funding ($):
   * a. Federal  $50,000
   * b. Applicant
   * c. State  0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  $50,000

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 9/1/14.
   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.)
    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 1201)
    ☑ 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:  Myers
SUFFIX:  

* Title:  Federal Funds Manager

* Telephone Number:  918.403-6653  Fax Number:  

* Email:  crystal.myers@otfia.co.gov

* Signature of Authorized Representative:  
* Date Signed:  7/30/14
**Application for Federal Assistance SF-424**

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

2. Type of Application: 
   - [X] New

*If Revision, select appropriate letter(s):

3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: 

5a. State Use Only: 

6. Date Received by State: 

7. State Application Identifier: 

**8. APPLICANT INFORMATION:**

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142

* c. Organizational DUNS: 62-779-7426

d. Address: 

   *Street1: 200 University Office Building
   *City: Riverside
   *County: Riverside
   *State: CA
   *Province: 
   Country: USA

   *Zip/ Postal Code: 92521-0217

e. Organizational Unit: 

   Department Name: Sponsored Programs Administration
   Division Name: Research and Economic Development

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

   Prefix: Mr.
   First Name: Robert
   Middle Name: 
   Last Name: Chan
   Suffix: 

   Title: Sr. Contract & Grant Officer

   Organizational Affiliation: 

   *Telephone Number: 951-827-7986
   Fax Number: 951-827-4483

   *Email: rchan@ucr.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

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

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

*Other (specify):

*10. Name of Federal Agency: USDA

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:

Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:

Development of IPM and biological control strategies for management of Asian Citrus Psyllid (ACP) in California

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

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

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

17. Proposed Project:
   *a. Start Date: 9/30/2014
   *b. End Date: 9/29/2015

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
      $273,978.00

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 7/31/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372

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

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

✓ **I AGREE

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

Authorized Representative:
Prefix: Mr.
*First Name: Robert
Middle Name:
*Last Name: Chan
Suffix:
*Title: Sr. Contract & Grant Officer
*Telephone Number: (951) 827-7986
*Email: rchan@ucr.edu
*Signature of Authorized Representative:
Fax Number: (951) 827-4483
Date Signed: 7/31/2014
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: JUL 31, 2014

4. Application Identifier: STATE CLEARING HOUSE

5a. Federal Entity Identifier: [State identifier]

*5b. Federal Award Identifier: [Award identifier]

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

* c. Organizational DUNS: 627797426

d. Address:

*Street1: 200 University Office Building
Street 2:
*City: Riverside
County: [State]
Province: [Province]
Country: USA
*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Sponsored Projects Administration
Division Name: Research and Economic Development

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

Prefix: Mr.
First Name: Robert
Middle Name:
*Last Name: Chan
Sufffix:
Title: Senior Contract and Grant Officer
Organizational Affiliation:

*Telephone Number: 951-827-7986
Fax Number: 951-827-4483
*Email: robert.chan@ucr.edu
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
<th><strong>Version 02</strong></th>
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<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>H. Public/State Controlled Institution of Higher Education</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
<td>- Select One -</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
<td>- Select One -</td>
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<tr>
<td>*Other (specify):</td>
<td></td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>10.025</td>
</tr>
<tr>
<td>CFDA Title:</td>
<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
</tr>
<tr>
<td>*12. Funding Opportunity Number:</td>
<td></td>
</tr>
<tr>
<td>*Title:</td>
<td>Farm Bill - Cooperative Agreement No. 14-8130-0382-CA</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>California</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant's Project:</td>
<td>Natural Enemies and Control of Polyphagous Shot Hole Borer (Euwallacea sp.)</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-41
*b. Program/Project: CA-ALL

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

17. Proposed Project:
*a. Start Date: 8/1/2014
*b. End Date: 7/31/2015

18. Estimated Funding ($):
*a. Federal $98,487.00
*b. Applicant $0.00
*c. State $0.00
*d. Local $0.00
*e. Other $0.00
*f. Program Income $0.00
*g. TOTAL $98,487.00

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 7/31/2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:
Prefix: Mr.  *First Name: Robert
Middle Name:
*Last Name: Chan

Suffix:
*Title: Senior Contract and Grant Officer
*Telephone Number: 951-827-7986  Fax Number: 951-827-4483
*Email: robert.chan@ucr.edu
*Signature of Authorized Representative: Date Signed: 7/31/2014
Application for Federal Assistance SF-424

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

☐ New
☐ Continuation
☐ Revision

*2. Type of Application

*3. Date Received:

*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: The Regents of the University of California, on behalf of its Riverside campus

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

956006142

*c. Organizational DUNS:

62-779-7426

d. Address:

*Street1: 200 University Office Building

Street 2:

*City: Riverside

County: Riverside

State: CA

Country: USA

*Zip/ Postal Code: 92521-0217

e. Organizational Unit:

Department Name:
Research and Economic Development

Division Name:
Sponsored Programs Administration

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

Prefix: Mr.

First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

Title: Sr. Contract & Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-7986

Fax Number: 951-827-4483

*Email: rchan@ucr.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education

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

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

*Other (specify): 

10. Name of Federal Agency:
USDA

11. Catalog of Federal Domestic Assistance Number:
10.025

CFDA Title:
Plant and Animal Disease, Pest Control, and Animal Care

12. Funding Opportunity Number: 10.025

*Title:
Plant and Animal Disease, Pest Control, and Animal Care

13. Competition Identification Number: 10.025

Title:
Plant and Animal Disease, Pest Control, and Animal Care

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

*15. Descriptive Title of Applicant’s Project:
Land Snail Aggregation Pheromones a Tool to Detect and Control Giant African Snail

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

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

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

17. Proposed Project:
   *a. Start Date: 09/01/2014  
   *b. End Date: 08/31/2015

18. Estimated Funding ($):
   *a. Federal  
   *b. Applicant  
   *c. State  
   *d. Local  
   *e. Other  
   *f. Program Income  
   *g. TOTAL: $95,236.00

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 7/31/2014  
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   □ c. Program is not covered by E.O. 12372

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

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

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

Authorized Representative:
Prefix: Mr.  
*First Name: Robert
Middle Name:
*Last Name: Chan
Suffix:
*Title: Sr. Contract & Grant Officer
*Telephone Number: (951) 827-7986  
Fax Number: (951) 827-4483
*Email: rchan@ucr.edu
*Signature of Authorized Representative:  
Date Signed: 7/31/2014
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: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142

* c. Organizational DUNS: 627797426

* d. Address:

Street1: 200 University Office Building

Street 2:

City: Riverside

County:

*State: CA

Province:

Country: USA

*Zip/ Postal Code: 92521-0217

* e. Organizational Unit:

Department Name: Sponsored Projects Administration

Division Name: Research and Economic Development

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

Prefix: Mr.

First Name: Robert

Middle Name:

*Last Name: Chan

Suffix:

Title: Senior Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-7986

Fax Number: 951-827-4483

*Email: robert.chan@ucr.edu
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<td>9. Type of Applicant 1: Select Applicant Type: H. Public/State Controlled Institution of Higher Education</td>
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<td>*12. Funding Opportunity Number:</td>
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<td>*Title: Farm Bill - Cooperative Agreement No. 14-8130-0238-CA</td>
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<td>13. Competition Identification Number:</td>
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<tr>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.): California</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant’s Project: Attraction and Detection of Polyphagous Shot Hole Borer, Euwallacea fornicatus</td>
</tr>
<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
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</tbody>
</table>
16. Congressional Districts Of:

<table>
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<tr>
<th>*a. Applicant</th>
<th>*b. Program/Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-41</td>
<td>CA-ALL</td>
</tr>
</tbody>
</table>

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 | $60,000.00 |
| *b. Applicant | $0.00 |
| *c. State | $0.00 |
| *d. Local | $0.00 |
| *e. Other | $0.00 |
| *f. Program Income | $0.00 |
| *g. TOTAL | $60,000.00 |

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

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 7/31/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372

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

- [ ] 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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*First Name:</td>
<td>Robert</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>*Last Name:</td>
<td>Chan</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>*Title:</td>
<td>Senior Contract and Grant Officer</td>
</tr>
<tr>
<td>*Telephone Number:</td>
<td>951-827-7986</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>951-827-4483</td>
</tr>
<tr>
<td>*Email:</td>
<td><a href="mailto:robert.chan@ucr.edu">robert.chan@ucr.edu</a></td>
</tr>
<tr>
<td>*Signature of Authorized Representative:</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date Signed:</td>
<td>7/31/2014</td>
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</table>
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1. a. Type of Submission: [x] Application  
1. b. Frequency: [x] Annual
2. Date Received: 
STATE USE ONLY:
State
3. Applicant Identifier:
Offboard Fare Vending Machines
4a. Federal Entity Identifier:
942222398
4b. Federal Award Identifier:
FTA-2014-004-TPM
7. APPLICANT INFORMATION:
   a. Legal Name:
   Monterey-Salinas Transit District
   b. Employer/Taxpayer Identification Number (EIN/TIN):
   942222398
   c. Organizational DUNS:
   073957813
   d. Address:
   One Ryan Ranch Road
   e. Organizational Unit:
   Department Name:
   Division Name:
   Finance
   f. Name and contact information of person to be contacted on matters involving this submission:
   Prefix:  Ms.
   First Name: Michelle
   Last Name: Overmeyer
   Title: Grants & Compliance Analyst
   Organizational Affiliation:
   Monterey-Salinas Transit
   Telephone Number: 831-393-8131
   Fax Number: 831-899-1954
   Email: movermeyer@mst.org
   Authorized for Local Reproduction

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

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<th>* 8a. TYPE OF APPLICANT:</th>
<th>D: Special District Government</th>
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<td>* Other (specify):</td>
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<td>b. Additional Description:</td>
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<td>10. Catalog of Federal Domestic Assistance Number:</td>
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<td></td>
<td>CFDA Title:</td>
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<td>11. Areas Affected by Funding:</td>
<td>Monterey County, California</td>
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<td>12. CONGRESSIONAL DISTRICTS OF:</td>
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<td>* a. Applicant:</td>
<td>b. Program/Project:</td>
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<td>20</td>
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<td>Attach an additional list of Program/Project Congressional Districts if needed.</td>
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<td>13. FUNDING PERIOD:</td>
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<td>a. Start Date:</td>
<td>b. End Date:</td>
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<td>11/01/2014</td>
<td>01/31/2016</td>
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<td>14. ESTIMATED FUNDING:</td>
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<td>* a. Federal ($)</td>
<td>b. Match ($)</td>
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<td>175,000.00</td>
<td>75,000.00</td>
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<td>* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</td>
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</tr>
<tr>
<td>X a. This submission was made available to the State under the Executive Order 12372 Process for review on:</td>
<td>07/31/2014</td>
</tr>
<tr>
<td></td>
<td>b. Program is subject to E.O. 12372 but has not been selected by State for review.</td>
</tr>
<tr>
<td></td>
<td>c. Program is not covered by E.O. 12372.</td>
</tr>
</tbody>
</table>
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*16. Is the applicant delinquent on any federal debt?

Yes □ No X

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

I Agree X

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

Authorized Representative:

Prefix:                         * First Name:  
Mr.  Carl

Middle Name:                   

* Last Name:  Sedoryk

Suffix:                        * Title:  General Manager/CEO

Organizational Affiliation:   

* Telephone Number:            
831-393-8123

* Fax Number:                  
831-899-3954

* Email:                      cseodyk@mat.org

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

* Date Signed:                 
Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.  

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 08/2005)
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)

* Other (Specify)

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: State of California

*b. Employer/Taxpayer Identification Number (EIN/TIN): 68-030-3606

*c. Organizational DUNS: 172070807

d. Address:

*Street 1: P.O. Box 942896
Street 2: 
*City: Sacramento
County: Sacramento
*State: CA
Province: 
*Country: USA
*Zip / Postal Code 91296-0001

RECEIVED
JUL 31 2014
STATE CLEARING HOUSE

e. Organizational Unit:

Department Name: Department of Parks and Recreation
Division Name: Office Of Historic Preservation

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

Prefix: Mr.
*First Name: John

Middle Name: 

*Last Name: Thomas

Suffix: 

Title: Associate Park and Recreation Specialist

Organizational Affiliation:

*Telephone Number: (916) 445-7024
Fax Number: (916) 445-7053

*Email: John.Thomas@parks.ca.gov
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10. Name of Federal Agency:
   Department of Interior, National Park Service

11. Catalog of Federal Domestic Assistance Number:
   15.904

CFDA Title:
   Historic Preservation Fund, Grants in Aid

*12. Funding Opportunity Number:
   L14AS00185

*Title:
   RLIM CA-California Office of Historic Preservation Partnership

13. Competition Identification Number:
   N/A

Title:
   N/A

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

State of California

*15. Descriptive Title of Applicant's Project:
   State Historic Preservation Office Operations Grant
16. Congressional Districts Of:
   *a. Applicant: *b. Program/Project: See #15 Above

17. Proposed Project:
   *a. Start Date: Notice to Proceed *b. End Date: September 30, 2018

18. Estimated Funding ($):
   *a. Federal $10,000.00
   *b. Applicant $7648.00
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL $17648.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
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20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
   ☐ Yes ☒ No

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

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Authorized Representative:

Prefix: Ms
Middle Name: 
*Last Name: Roland-Nawil
Suffix: PhD

*Title: State Historic Preservation Officer

*Telephone Number: (916)445-7050 Fax Number: (916) 445-7053

*Email: Carol.nawil@parks.ca.gov

*Signature of Authorized Representative: 
*Date Signed: 7/31/14