Federal Grant Applications

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

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

2. DATE SUBMITTED
   5/29/2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION
   - Legal Name: Los Angeles County Metropolitan Transportation Authority
   - Address: One Gateway Plaza, Los Angeles, California 90012-2952
   - Name and telephone number of the person to be contacted on matters involving this application (give area code):
     Nathan Maddox
     (213) 922-7368

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

7. TYPE OF APPLICANT:
   - N

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

9. NAME OF FEDERAL AGENCY:
   Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
    20.205

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
    Cabrillo Mole Ferry Terminal Rehabilitation

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

13. PROPOSED PROJECT
    - Start Date: 6/30/2014
    - Ending Date: 9/30/2017
    - Districts: 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 42, 46

14. CONGRESSIONAL DISTRICTS OF
    - a. Applicant
    - b. Project
      Same as Applicant

15. ESTIMATED FUNDING
    - a Federal: $2,400,000.00
    - b Applicant: $0.00
    - c State: $0.00
    - d Local: $600,000.00
    - e Other: $0.00
    - f Program Income: $0.00
    - g TOTAL: $3,000,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
    - a YES
      This PreApplication Application Was Made Available to the State Executive Order 12272 Process for Review On
      DATE: 5/5/2014
    - b NO
      Program Is Not Covered By E O 12272
      OR Program Has Not Been Selected by State for Review

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
    - □ Yes
      If "Yes" attach an explanation
      □ No

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

a. Typed Name of Authorized Representative
   NATHAN MADDUX

b. Title
   Transportation Planner
   Regional Grants Management

b. Telephone number
   (213) 922-7368

d. Signature of Authorized Representative

Previous Editions Not Usable

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

1. TYPE OF SUBMISSION: Preapplication
   ( ) Construction  ( ) Construction
   (X) Non-Construction  ( ) Non-Construction

5. APPLICATION INFORMATION
   Legal Name: Community Action Partnership of San Luis Obispo County, Inc.
   Organizational DUNS: 05-890-1950
   Address (give city, county, state and zip):
   1030 Southwood Drive
   San Luis Obispo County
   San Luis Obispo, CA 93401

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   95-2410253

8. TYPE OF APPLICATION
   (3) New  (X) Continuation  ( ) Revision
   If Revision, enter appropriate letter(s) in boxes: ( ) ( )
   A. Increase Award  B. Decrease Award
   C. Increase Duration  D. Decrease Duration
   Other (Specify):

10. CATALOG OF FEDERAL DOMESTIC
    TITLE: Migrant and Seasonal Head Start

12. AREAS AFFECTED BY PROJECT (city, counties, states, etc.):
    San Luis Obispo, Fresno, Monterey, San Benito, Kern, Santa Barbara, Ventura, and Orange Counties

13. PROPOSED PROJECT:
    Start Date: 9/1/2014
    Ending Date: 8/31/2015

15. ESTIMATED FUNDING:
    a. Federal  $ 25,999,471
    b. Applicant  $ 1,659,541
    c. State
    d. Local
    e. Other/In-Kind
    f. Program Income
    g. TOTAL  $ 27,659,012

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
    a. YES this preapplication/application was made available to
       the state executive order 12372 process for review on
       ______/_____/______
       b. NO ( ___ ) program not covered by eq. 12372
          or program has not been selected by state for review

17. IS THE APPLICANT DELINQUENT OF ANY FEDERAL DEBT?
    ( ) YES  (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

   a. Typed Name and Authorized Representative: Santos Arroga
   b. Title: Vice-President
   c. Telephone Number: (805) 544-4355
   d. Signature of Authorized Representative
   e. Date Signed: 4/17/14
Application for Federal Assistance SF-424

Type of Submission: Application

* Date Received: JUN 02 2014

Federal Entity Identifier: STATE CLEARING HOUSE

APPLICANT INFORMATION:

Legal Name: Tower Park Village Owners Association

Employer/Taxpayer Identification Number: 94-2901017

Organizational DUNS: 07-941-2640

Address:

Street 1: 2 Silverwood Court
Street 2: Lodi, CA 95240
City: Lodi
County/Parish: San Joaquin
State: CA
Province: USA: UNITED STATES
Zip / Postal Code: 95240

Organizational Unit:

Department Name: US Dept of Agriculture
Division Name: Rural Development

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

Prefix:  
Middle Name: A. 
Last Name: Fong 
Suffix: Jr.
Title: Secretary - General Counsel
Organizational Affiliation: Attorney

* Telephone Number: 510-748-6800 X 163  Fax Number: 510-748-6822

* Email: rfong@fonglaw.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   M. Homeowner Association (Nonprofit Mutual Benefit Corp)
   Type of Applicant 2 - Select Applicant Type:
   Type of Applicant 3 - Select Applicant Type:
   * Other (specify):

* 10. Name of Federal Agency:
   U.S. Dept. of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:
   10.763

CFDA Title:
   Emergency and Imminent Community Water Assistance Grant

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Rural area between Lodi and Rio Vista, CA - Tower Park Village residential subdivision

* 15. Descriptive Title of Applicant's Project:
   Water supply source improvement and expansion

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

16. Congressional Districts Of:
   a. Applicant: 9th Dist. Calif. (CA-009)
   b. Program/Project: 9th Dist Calif

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

17. Proposed Project:
   a. Start Date: 7/1/14
   b. End Date: 5/31/16

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 5-30-14.
   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)
   a. Yes
   b. No

   If "Yes", provide explanation and attach.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)

   ** 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: A.
* Last Name: Fong
Suffix: Jr.
* Title: Secretary - General Counsel

*Telephone Number: 510-748-6820 x103  Fax Number: 510 748 6822
* Email: r.fong@fonglaw.com

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

5/29/14
EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. The organization has a bona fide need for grant funding and is unable to finance the proposed project from its own resources.

2. The organization has no known relatives or close associates that are current USDA Rural Development employees.

3. No outstanding judgment has been obtained and recorded by the United States of America in a Federal Court (other than in the United States Tax Court.)

4. No insurance claims have been made to an insurance company, FEMA, or other agency.

5. If the grant is awarded, the project design and specifications; procurement and contract documents will be in compliance with RUS Instruction 1780 and applicable bidding laws and federal regulations.

Tower Park Village Owners Association

Name of Organization

Signature of Authorized Official

Date

Secretary - General Counsel

Title
Application for Federal Assistance SF-424
Version 02

1. Type of Submission:
   - Application [X]

2. Type of Application:
   - New [X]

3. Date Received:
   - JUN 02 2014

4. Applicant Identifier:

5a. Federal Entity Identifier: [STATE CLEARING HOUSE]

5b. Federal Award Identifier: [STATE CLEARING HOUSE]

6. Date Received by State:

7. State Application Identifier: [STATE CLEARING HOUSE]

8. APPLICANT INFORMATION:

   a. Legal Name: [STATE OF CALIFORNIA]

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      [34-1697557]

   c. Organizational DUNS:
      [8083223580000]

   d. Address:
      - Street: [1811 STR STREET]
      - City: [SACRAMENTO]
      - State: [CA: California]
      - ZIP / Postal Code: [95811-7011]

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

10. Name and contact information of person to be contacted on matters involving this application:
    - Prefix: 
    - First Name: [BRIAN]
    - Middle Name: 
    - Last Name: [SALAZAR]
    - Suffix: 
    - Title: [GRANT ADMINISTRATOR]
    - Telephone: [916-323-6201]
    - Fax Number: [916-327-6323]
    - Email: [BRIAN.SALAZAR@WILDLIFE.CA.GOV]
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

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

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.634

   CFDA Title:
    State Wildlife Grants

12. Funding Opportunity Number:
    F14AS00127

    * Title:
    Z8 (CA/WV) State Wildlife Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    SHASTA AND SISKIYOG COUNTIES

15. Descriptive Title of Applicant's Project:
    REDBARB TROUT GENETICS MONITORING

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

16. Congressional Districts Of:
   * a. Applicant CA-005
   * b. Program/Project CA-002

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2016

18. Estimated Funding ($):

<p>| | |</p>
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<td>65,000.00</td>
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<td>g. TOTAL</td>
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19. Is Application Subject to Review By State Under Executive Order 13272 Process?
   - [X] a. This application was made available to the State under the Executive Order 13272 Process for review on 06/02/2014.
   - [ ] b. Program is subject to E.O. 13272 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 13272.

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

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

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

Authorized Representative:

Prefix: __________________________  * First Name: LISA
Middle Name: __________________________
* Last Name: BAYS
Suffix: __________________________

* Title: STAFF SERVICES MANAGER I
* Telephone Number: 916-445-3701  * Fax Number: 916-327-0662
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

**Version 02**

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

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

**3. Date Received:**
- [ ] Submitted by Grantee.gov upon submission.
- [ ] Submitted by state.

**4. Applicant Identifier:**
- [ ] JUN 02 2014

**5a. Federal Entity Identifier:**
- [ ]

**5b. Federal Award Identifier:**
- [ ] STATE CLEARING HOUSE

**b. APPLICANT INFORMATION:**

**a. Legal Name:**
- [ ] STATE OF CALIFORNIA

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
- [84-1687567]

**c. Organizational DUNS:**
- [809223580000]

**d. Address:**

**Street:**
- [ ] 1811 9TH STREET

**City:**
- [ ] SACRAMENTO

**State:**
- [ ] CA: California

**Province:**
- [ ]

**Country:**
- [ ] USA: UNITED STATES

**Zip / Postal Code:**
- [ ] 95811-7011

**e. Organizational Unit:**

**Department Name:**
- [ ] FISH AND WILDLIFE

**Division Name:**
- [ ] GRANTS MANAGEMENT BRANCH

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

**Prefix:**
- [ ]

**First Name:**
- [ ] JASON

**Middle Name:**
- [ ]

**Last Name:**
- [ ] WILLIAMS

**Suffix:**
- [ ]

**Title:**
- [ ] GRANT ADMINISTRATOR

**Organizational Affiliation:**
- [ ]

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

**Fax Number:**
- [ ] 916-327-6320

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

**Version 02**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
    - 15.611

CFDA Title:
    - Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    - F14AS00053

* Title:
    - 86 (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.):
    - Merced (16), Fresno (21) and Stanislaus (10) Counties

15. Descriptive Title of Applicant's Project:
    - WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: REGION 4

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

**18. Congressional Districts Of:**

| *a. Applicant | CA-006 |

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

**17. Proposed Project:**

| *a. Start Date: | 07/01/2014 |
| *b. End Date: | 06/30/2015 |

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

| *a. Federal | 2,293,664.00 |
| *b. Applicant | 0.00 |
| *c. State | 764,555.00 |
| *d. Local | 0.00 |
| *e. Other | 0.00 |
| *f. Program Income | 42,047.00 |
| **g. TOTAL** | 3,100,266.00 |

**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 06/02/2014

☐ 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 21, Section 1001)**

☑ I AGREE

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

**Authorized Representative:**

| Prefix: | | *First Name: LISA |
| Middle Name: | | |
| *Last Name: BAYS | | |
| Suffix: | | |
| *Title: STAFF SERVICES MANAGER | | |
| *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 SF-424**

**Version 02**

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<tr>
<th><em>1. Type of Submission:</em></th>
<th><em>2. Type of Application:</em></th>
<th><em>If Revision, select appropriate letter(s):</em></th>
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<td>☒ New</td>
<td>☐ Continuation</td>
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<td>☒ Application</td>
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<td>☐ Revision</td>
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<tr>
<td>☐ Changed/Corrected</td>
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<td>☒ Other (Specify)</td>
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**3. Date Received:**

Compiled by Grants.gov upon submission.

**4. Applicant Identifier:**

**JUN 02 2014**

**5a. Federal Entity Identifier:**

**STATE CLEARING HOUSE**

**6b. Federal Award Identifier:**

**STATE OF CALIFORNIA**

**8. APPLICANT INFORMATION:**

<table>
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<tr>
<th><em>a. Legal Name:</em></th>
<th><em>b. Employer/Taxpayer Identification Number (EIN/TIN):</em></th>
<th><em>c. Organizational DUNS:</em></th>
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<tr>
<td>STATE OF CALIFORNIA</td>
<td>54-1697567</td>
<td>8083223590000</td>
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**d. Address:**

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</thead>
<tbody>
<tr>
<td>1831 9TH STREET</td>
<td>SACRAMENTO</td>
<td>CA: California</td>
</tr>
</tbody>
</table>

**e. Organizational Unit:**

**Department Name:** FISH AND WILDLIFE

**Division Name:** GRANTS MANAGEMENT BRANCH

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

<table>
<thead>
<tr>
<th><em>Prefix:</em></th>
<th><em>Middle Name:</em></th>
<th><em>First Name:</em></th>
<th><em>Last Name:</em></th>
<th><em>SUFFIX:</em></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BRIAN</td>
<td>SALAZAR</td>
<td></td>
</tr>
</tbody>
</table>

**Title:** GRANT ADMINISTRATOR

**Organizational Affiliation:**

<table>
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<tr>
<th><em>Telephone Number:</em></th>
<th><em>Fax Number:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>916-323-6101</td>
<td>916-327-6320</td>
</tr>
</tbody>
</table>

***Email:* BRIAN.SALAZARWILDLIFE.CA.GOV**
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
    15.634
    CFDA Title:
    State Wildlife Grants

*12. Funding Opportunity Number:
    F14AS00127

*Title:
R3 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
    TOWNSEND'S BIG-EARED BAT STATEWIDE ASSESSMENT

Attach supporting documents as specified in agency instructions.

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

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

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

17. Proposed Project:
   a. Start Date: 07/01/2014
   b. End Date: 06/30/2016

18. Estimated Funding ($):
   a. Federal: 129,800.00
   b. Applicant: 0.00
   c. State: 69,892.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 199,692.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on
      06/02/2014
   □ 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 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: ___________________________ Suffix: ___________________________
Title: ___________________________ Telephone Number: 916-445-3701
* Email: LISA.BAYS@WILDLIFE.CA.GOV
Signature of Authorized Representative: ___________________________ * Date Signed: ___________________________
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:
   - [ ] JUN 02 2014
   - [ ] STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - [ ] 61498073

6. Date Received by State:

7. State Application Identifier:
   - [ ] P1498073

8. APPLICANT INFORMATION:
   a. Legal Name:
      - [ ] STATE OF CALIFORNIA
   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - [ ] 94-1697567
   c. Organizational DUNS:
      - [ ] 8083225580000
   d. Address:
      - [ ] 1831 9TH STREET
      - [ ] SACRAMENTO
      - [ ] CA: California
      - [ ] USA: UNITED STATES
   e. Zip/Postal Code:
      - [ ] 95811-7011
   f. Organizational Unit:
      - [ ] FISH AND WILDLIFE
      - [ ] GRANTS MANAGEMENT BRANCH
   g. Name and contact information of person to be contacted on matters involving this application:
      - [ ] Prefix: 
      - [ ] First Name: BRIAN
      - [ ] Middle Name: 
      - [ ] Last Name: SALAZAR
      - [ ] Suffix: 
      - [ ] Title: GRANT ADMINISTRATOR
      - [ ] Telephone Number: 916-323-6201
      - [ ] Fax Number: 916-327-6320
      - [ ] Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

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

**11. Catalog of Federal Domestic Assistance Number:**
   - 15.634

**CFDA Title:**
   - State Wildlife Grants

**12. Funding Opportunity Number:**
   - F14AS001127

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

**13. Competition Identification Number:**
   - 

**Title:**
   - 

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
   - FRESNO, MADERA, SAN BENITO, KINGS, TULARE, KERN, SAN LUIS OBISPO, AND SANTA BARBARA COUNTIES

**15. Descriptive Title of Applicant’s Project:**
   - SAN JOAQUIN ANTELOPE SQUIRREL ASSESSMENT

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

**Version 02**

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

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

**17. Proposed Project:**
- **a. Start Date:** 07/01/2014
- **b. End Date:** 06/30/2017

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

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<td>Local</td>
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<tr>
<td>Other</td>
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<td>Program Income</td>
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**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2014
- [ ] 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. The statements contained in the list of certifications are true, complete and accurate to the best of my knowledge.
2. I also provide the required assurances and agree to comply with any resulting terms if I accept an award.

I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)

**[x] I AGREE**

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

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

**Title:** STAFF SERVICES MANAGER I

**Telephone Number:** 916-445-3701
**Fax Number:** 916-327-0062

**Email:** LISA.BAYS@WILDLIFE.CA.GOV

**Signature of Authorized Representative:**

**[x] Date Signed:**

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prepared 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:

5. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Madera County, MD-19AB Parkwood

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

84-6050516

c. Organizational DUNS:

038069228

d. Address:
- Street 1: 2037 W. Cleveland Avenue
- City: Madera
- County/Parish: 
- State: California
- Province: 
- Country: USA; UNITED STATES
- Zip / Postal Code: 93637

e. Organizational Unit:

Department Name: 
Division Name: 
Public Works

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

Prefix: 
* First Name: Kheng
Middle Name: 
* Last Name: Vang
Suffix:

Title: County Engineer
Organizational Affiliation: 
Employee

* Telephone Number: (559) 675-7817

* Email: Kheng.Vang@madera-county.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   Madura County - Public

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:
   010.763

CPDA Title:

Emergency and Imminent Community Water Assistance Grant

* 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:

   Construction of new water source (well) to replace an existing well within same site location. See attached report (PER) and supporting documentation.

Attach supporting documents as specified in agency instructions.

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

14. Congressional District(s) Of:
   * a. Applicant: CA-16
   * b. Program/Project: CA-16

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

17. Proposed Project:
   * a. Start Date: 06-01-2014
   * b. End Date: 08-31-2015

18. Estimated Funding (5):

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19. Is Application Subject to Review by State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 06-02-2014.
   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 [x]
   If "Yes", provide explanation and attach.

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and assurances 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 statement or claim may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)

   [ ] I AGREE

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

Authorized Representative:

Prefix: [ ] First Name: Khang
Middle Name: [ ]
Last Name: Vang
Suffic: [ ]
Title: County Engineer
Telephone Number: (559) 678-7817
Fax Number: [ ]
Email: khang.vang@madera-county.com

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

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

Version 02

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

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

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

4. Applicant Identifier:

   State Use Only:

5. Date Received by State: __________
6. State Application Identifier: __________

7. State Application Identifier: G1498973

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 34-1627567

   c. Organizational DUNS: 8081223560000

   d. Address:

      Street: 1831 9TH STREET

      City: SACRAMENTO

      State: CA, California

      Zip / Postal Code: 95811-7011

   e. Organizational Unit:

      Department Name: FISH AND WILDLIFE

      Division Name: GRANTS MANAGEMENT BRANCH

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

      Prefix: ____________________________

      First Name: Brian

      Middle Name: ______________________

      Last Name: SALAZAR

      Suffix: ____________________________

      Title: GRANT ADMINISTRATOR

      Telephone Number: 916-323-6201

      Fax Number: 916-327-6320

      Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV

   OMB Number: 4040-0004
   Expiration Date: 01/01/2009

   RECEIVED
   JUN 03 2014
   STATE CLEARING HOUSE
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>15.634</td>
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<tr>
<td><strong>CFDA Title:</strong></td>
<td>State Wildlife Grants</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>* Title:</td>
<td>A8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>HUMPA FISHER</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 07/01/2014
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal 92,220.00
   * b. Applicant 0.00
   * c. State 45,557.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 141,877.00

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 06/02/2014.
   ☐ 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

   ☐ Yes ☑ No [Explanatory Note]

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

   ☑ I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701 Fax Number: 916-327-0662

* Email: LISA.BAYS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: [Signature]

Authorized for Local Reproduction

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

**Version 02**

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**State Use Only:**

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**B. APPLICANT INFORMATION:**

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<td>FISH AND WILDLIFE</td>
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<td>SACRAMENTO</td>
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<td>USA: UNITED STATES</td>
<td>95811-7011</td>
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<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
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<td>916-323-6201</td>
<td>916-327-6320</td>
<td><a href="mailto:BRIAN.SALAZAR@WILDLIFE.CA.GOV">BRIAN.SALAZAR@WILDLIFE.CA.GOV</a></td>
</tr>
</tbody>
</table>
### Application for Federal Assistance SF-424

**Version 02**

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

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

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

**Other (specify):**

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

**11. Catalog of Federal Domestic Assistance Number:**
- 15.634

**CFDA Title:**
- State Wildlife Grants

**12. Funding Opportunity Number:**
- F14A800127

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

**13. Competition Identification Number:**

**Title:**

---

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

**15. Descriptive Title of Applicant's Project:**
- HUMBOLDT MARTEN HABITAT RESTORATION

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

16. Congressional Districts Of:
   "a. Applicant  CA-005  "b. Program/Project  CA-002"

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

17. Proposed Project:
   "a. Start Date: 07/01/2014  "b. End Date: 06/30/2017"

18. Estimated Funding ($):
   "a. Federal  100,000.00  "b. Applicant  0.00  
   "c. State  53,846.00  "d. Local  0.00  
   "e. Other  0.00  
   "f. Program Income  0.00  
   "g. TOTAL  153,846.00"

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 06/02/2014
   ☐ 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  
   "Explained by LISA BAYS@WILDLIFE.CA.GOV"

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

   ☒ I AGREE

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

Authorized Representative:

Prefix:
First Name: LISA

Middle Name:

Last Name: BAYS

Suffix:

Title: STAFF SERVICES MANAGER I

Telephone Number: 916-443-3701  Fax Number: 916-327-0662

Email: LISA.BAYS@WILDLIFE.CA.GOV

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

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

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

3. Date Received:
   * [RECEIVED] JUN 03 2014

4. Applicant Identifier:
   - Completed by Grants.gov upon submission.
   - Water Supply Restoration Project

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name:

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

   c. Organizational DUNS:

   d. Address:
   - Street 1:
   - Street 2:
   - City:
   - County/Parish:
   - State:
   - Province:
   - Country: USA
   - Zip / Postal Code:

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

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

Organizational Affiliation:

* Telephone Number: (559) 732-7937
* Fax Number: (559) 732-7937
* Email: kelweg1965@gmail.com
**Application for Federal Assistance SF-424**

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

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   - United States Department of Agriculture, Rural Development

11. Catalog of Federal Domestic Assistance Number:
   - 10.763

CFDA Title:
- Emergency and Imminent Community Water Assistance Grant

12. Funding Opportunity Number:
   - 10.763

* Title:
- Emergency and Imminent Community Water Assistance Grant

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:

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

18. Congressional District Of:

* a. Applicant 21

* b. Program/Project 21

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

19. Proposed Project:

* a. Start Date: 03-06-2014

* b. End Date: 08-30-2014

20. Estimated Funding ($):

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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>$607,000.00</td>
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21. Is this application subject to review by State under Executive Order 13372 Process?

☐ a. This application was made available to the State under the Executive Order 13372 Process for review on .

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

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

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

☐ Yes ☐ No

If "Yes", provide explanation and attach.

24. *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 1601)

☐ I AGREE

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

Authorized Representative:

Prefix:  
Middle Name:  
* First Name:  Silvestre  
Last Name:  Torres-Varas  
Suffix:  

* Title:  President  
* Telephone Number:  (661) 849-2663  
Fax Number:  (661) 849-2690  
* Email:  spudd@cyboglobal.net  
Signature of Authorized Representative:  
Completed by Grant.gov upon submission.  
* Date Signed:  
Completed by Grant.gov upon submission.

Authorized Representative

Signed:  

Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>Type of Submission</th>
<th>Type of Application</th>
<th>If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Preapplication</td>
<td>☑ New</td>
<td>CBO/Cofounder</td>
</tr>
<tr>
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<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Applicant Identifier:</th>
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<tbody>
<tr>
<td>JUN 8 2014</td>
<td>Galilee Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Entity Identifier:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date Received by State:</th>
<th>State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

8. APPLICANT INFORMATION:

- a. Legal Name: Galilee Center
- b. Employer/Taxpayer Identification Number (EIN/TIN): 27-3133801
- c. Organizational DUNS: 0530789421
- d. Address:
  - Street 1: 165401 Hammond Road
  - City: San Diego
  - County/Parish: Riverside
  - State: CA
  - Zip / Postal Code: 92234

<table>
<thead>
<tr>
<th>Organization Unit:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Title: CFO/Cofounder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organizational Affiliation: Galilee Center</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number: (760) 396 9200</th>
<th>Fax Number: (760) 396 5400</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email: <a href="mailto:cfo@sanagallecenter.org">cfo@sanagallecenter.org</a></th>
</tr>
</thead>
</table>
**Application for Federal Assistance SF-424**

9. **Type of Applicant 1 - Select Applicant Type:**
   - [ ] Non-Profit

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. **Name of Federal Agency:**
   - USDA-RD

11. **Catalog of Federal Domestic Assistance Number:**
    - N/A

    **CFDA Title:**
    - N/A

* 12. **Funding Opportunity Number:**
    - N/A

* **Title:**
    - N/A

13. **Competition Identification Number:**
    - N/A

    **Title:**
    - N/A

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

* 15. **Descriptive Title of Applicant's Project:**
    - Gallilee Center Facilities Renovation 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:
   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?
   a. This application was made available to the State under the Executive Order 12372 Process for review on:
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation):
   Yes  ☐ 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 1601)

☐ I AGREE

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

Authorized Representative:

Prefix:  Ms  * First Name:  Gloria
Middle Name:
Last Name:  Gomez
Suffix:

Title:  CEO/COO/CEO
*Telephone Number:  (760) 396-9100  Fax Number:  (760) 396-5400
*Email:  gloria.gomez@alliescenter.org

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

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Preapplication</td>
<td>[X] New</td>
<td></td>
</tr>
<tr>
<td>[X] Application</td>
<td>[ ] Continuation</td>
<td>* Other (Specify)</td>
</tr>
<tr>
<td>[ ] Changed/Corrected Application</td>
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<table>
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<tr>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<td>3078-1501</td>
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<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
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</table>

**State Use Only:**

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 8. APPLICANT INFORMATION:

### a. Legal Name:
Pacific Gas & Electric Co.

### b. Employer/Taxpayer Identification Number (EIN/TIN):
45 2207612

### c. Organizational DUNS:
03-200-3509

### d. Address:

<table>
<thead>
<tr>
<th>Street1</th>
<th>Street2</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Province</th>
<th>Country</th>
<th>Zip / Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 Hayes Street</td>
<td>Suite C-15</td>
<td>Benicia</td>
<td>Solano</td>
<td>California</td>
<td></td>
<td>USA</td>
<td>94510</td>
</tr>
</tbody>
</table>

### e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Title</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr</td>
<td>Rob</td>
<td></td>
<td>Kamisky</td>
<td></td>
<td>CFO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Fax Number:</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>(550) 902-1166</td>
<td></td>
<td><a href="mailto:robkaminsky@pacificenergy.com">robkaminsky@pacificenergy.com</a></td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

9. **Type of Applicant 1: Select Applicant Type:**
   - M. Profit Organization

10. **Name of Federal Agency:**

11. **Catalog of Federal Domestic Assistance Number:**
    - 81067

   **CPDA Title:**
   - TECHNOLOGY INCUBATOR FOR WIND ENERGY INNOVATIONS

12. **Funding Opportunity Number:**
    - DE-FOA-0000978

   **Title:**
   - TECHNOLOGY INCUBATOR FOR WIND ENERGY INNOVATIONS

13. **Competition Identification Number:**

   **Title:**

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

15. **Descriptive Title of Applicant's Project:**
    - Modular Wing-Shaped Tower Designed for 500 ft Hub Height

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

16. Congressional District Of:
   * a. Applicant [CA-005]  
   * b. Program/Project [CA-005]  

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

17. Proposed Project:
   * a. Start Date: 10/01/2014  
   * b. End Date: 11/01/2015  

18. Estimated Funding ($):

   * a. Federal [ ] 500,000.00  
   * b. Applicant [ ] 147,212.00  
   * c. State [ ]  
   * d. Local [ ]  
   * e. Other [ ]  
   * f. Program Income [ ]  
   * g. TOTAL [ ] 647,212.00  

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   * [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/04/2014  
   * [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   * [ ] c. Program is not covered by E.O. 12372.  

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms If I accept an award, I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)
   * [ ] 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: [ ] Rob  
Middle Name: [ ]  
* Last Name: [ ] Kamisky  
Suffix [ ]  
Title [ ] CFO  
* Telephone Number: [ ] (530) 902-1166  
Fax Number: [ ]  
* Email: robkamisky@pacificoceanenergy.com  
* Signature of Authorized Representative: [ ]  
* Date Signed: [ ] 4 June 2014  

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

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

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

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

3. Date Received:
4. Applicant Identifier: 0670-7130

5a. Federal Entity Identifier: 0670-7130
5b. Federal Award Identifier:

5c. Federal Entity Identifier: STATE CLEARING HOUSE

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

8. APPLICANT INFORMATION:

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

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

c. Organizational DUNS: 627797426

d. Address:

Street 1: 200 University Office Building
Street 2: 
City: Riverside
County: 
State: CA; California
Province: 
Country: USA; United States
Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: CE-CERT
Division Name: Bourns College of Engineering

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

Prefix: 
First Name: Ursula
Middle Name: 
Last Name: Prins
Suffix: 
Title: Principal Contract and Grant Officer

Organizational Affiliation:
Research & Economic Development

Telephone Number: 951-827-4808
Fax Number: 951-827-4483

Email: ursula.prins@ucr.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   S. Hispanic-serving institution
Type of Applicant 2: Select Applicant Type:
   H. Public/State Controlled Inst on of Higher Educ
Type of Applicant 3: Select Applicant Type:

*Other (Specify)

10. Name of Federal Agency:
    Department of Energy

11. Catalog of Federal Domestic Assistance Number:
    81.087
    CFDA Title:
    Renewable Energy Research and Development

12. Funding Opportunity Number:
    DE-FOA-0000974

*Title:
    Bioenergy Technologies Incubator

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
    THF Co-Solvent Biomass Fractionation to Catalytic Fuel Precursors with High Yields
**Application for Federal Assistance SF-424**

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

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

**18. Estimated Funding ($):**
- **a. Federal**
  - 1,060,000
- **b. Applicant**
  - 265,000
- **c. State**
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL**
  - 1,325,000

**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 05/23/2014**
- **b. Program is subject to E.O. 12372 but has not been selected by the State for review.**
- **c. Program is not covered by E. O. 12372**

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

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

- **I AGREE**

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Middle-Name:</td>
<td></td>
</tr>
<tr>
<td><strong>First Name:</strong> Ursula</td>
<td></td>
</tr>
<tr>
<td><strong>Last Name:</strong> Prins</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

**Title:** Principal Contract and Grant Officer

**Telephone Number:** 951-827-4808
**Fax Number:** 951-827-4483

**Email:** ursula.prins@ucr.edu

**Signature of Authorized Representative:**

**Date Signed:** 5/23/2007

---

**Authorized for Local Reproduction**

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

Version 02

*1. Type of Submission:

☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application:

☒ New
☐ Continuation
☐ Revision

*3. Date Received:

Completed by Grants.gov upon submission.

*4. Applicant Identifier:

5. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

G1480013

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

0832323560000

d. Address:

* Street: 1831 9TH STREET

Street2:

* City: SACRAMENTO

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name: STEVE

Middle Name:

* Last Name: WONG

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

*Telephone Number: 916-445-3694

Fax Number: 916-327-6320

*Email: steve.wong@wildlife.ca.gov
**Application for Federal Assistance SF-424**

**Version 02**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

13. Competition Identification Number:
   
   Title:

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

15. Descriptive Title of Applicant’s Project:
   - SALMON AND STEELHEAD CONSERVATION AND MANAGEMENT: ENHANCED FALL-RUN CHINOOK

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

16. Congressional District Of:
   * a. Applicant: CA-055
   * b. Program/Project: CA-211
   Attach an additional list of Program/Project Congressional Districts if needed.

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

18. Estimated Funding ($):
   * a. Federal: 300,192.00
   * b. Applicant: 0.00
   * c. State: 100,064.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 400,256.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

   ** 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: LIBA
Middle Name:  
Last Name:  REYES
Suffix:  
Title:  M.S.W.
Telephone Number:  916-445-3701  Fax Number:  916-327-6320
Email:  kisa.bays@wildlife.ca.gov

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  Preprinted 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. Data Received:  
   Completed by Grant.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  
   FL4A5000033

JUN 04 2014

STATE CLEARING HOUSE

State Use Only:

6. Data Received by State:
7. State Application Identifier: 61488007

8. APPLICANT INFORMATION:

a. Legal Name: STATE OF CALIFORNIA

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

c. Organizational DUNS: 8083223580000

d. Address:
   * Street: 1831 3rd Street
   * City: SACRAMENTO
   * State: CA: California
   * Country: USA: UNITED STATES
   * Zip / Postal Code: 95811-7011

e. Organizational Unit:
   Department Name:  
   Division Name:  

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

Prefix:  
* First Name: PETER

Middle Name:  
* Last Name: MARCELLANA

Suffix:  
Title: GRANTS ADMINISTRATOR

Organizational Affiliation:  

* Telephone Number: 916-445-4658  
Fax Number:  
* Email: PETER.MARCELLANA@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

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

**11. Catalog of Federal Domestic Assistance Number:**
- 15.605

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

**12. Funding Opportunity Number:**
- F14A000G33

* Title:
- 66 [CA/NV] Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

Title:

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

**15. Descriptive Title of Applicant's Project:**
- FISH HATCHERY OPERATIONS: MAD RIVER HATCHERY

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

16. Congressional Districts Of:
   "a. Applicant: CA-005
   "b. Program/Project: CA-002

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

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

18. Estimated Funding ($):

   "a. Federal: 338,799.00
   "b. Applicant: 0.00
   "c. State: 112,333.00
   "d. Local: 0.00
   "e. Other: 0.00
   "f. Program Income: 0.00
   "g. TOTAL: 451,732.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   "x. This application was made available to the State under the Executive Order 12372 Process for review on 06/04/2014.
   "d. 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
   "d. No

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

   "x. I AGREE

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

Authorized Representative:

Prefix:                      * First Name: LISA
Middle Name:                
* Last Name: MAYS
Suffic:                     

* Title: SMXI

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

* Email: LISA.MAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2000)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received: 

4. Applicant Identifier: 

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: New Auberry Water Association

* b. Employer/Taxpayer Identification Number (EIN/TIN): 84-2318559

* c. Organizational DUNS: 6280751450000

d. Address: 

* Street1: 34624 Robles

Street2: 

* City: Auberry

County/Parish: Fresno

* State: CA: California

Province: 

* Country: USA: UNITED STATES

* Zip / Postal Code: 93602

e. Organizational Unit:

Department Name: 

Division Name: 

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

Prefix: Ms.

* First Name: Rebecca

Middle Name: 

* Last Name: Nunnelee

Suffix: 

Title: Treasurer (Board of Director) and Grant Manager

Organizational Affiliation: 

* Telephone Number: 310-415-6053

Fax Number: 310-828-6512

* Email: rebeccan.nawa@gmail.com
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 Department of Agriculture

11. Catalog of Federal Domestic Assistance Number:
10.763

CFDA Title:
Emergency and Imminent Community Water Assistance Grant (ECWAG) Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
Well Construction (Including Site Selection and Design) and Temporary Water Hauling

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant  21
   * b. Program/Project  21

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

17. Proposed Project:
   * a. Start Date: 07/15/2014
   * b. End Date: 12/31/2015

18. Estimated Funding (S):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  500,000.00

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 05/31/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Mr.  
Middle Name: L
* Last Name: Miller
Suffix: 

* Title: President, Board of Directors

* Telephone Number: 310-828-6512  Fax Number: 310-828-6512

* Email: d777miller@roadrunner.com

* Signature of Authorized Representative: [Signature]
* Date Signed: 05/30/2014
**Application for Federal Assistance SF-424**  
*Version 02*

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<tr>
<td><a href="mailto:steve.wong@wildlife.ca.gov">steve.wong@wildlife.ca.gov</a></td>
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**Application for Federal Assistance SF-424**

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

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

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

*Other (specify):*

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

**11. Catalog of Federal Domestic Assistance Number:**
- 15.605

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

**12. Funding Opportunity Number:**
- P14AS00033

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

**13. Competition Identification Number:**

*Title:*

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

**15. Descriptive Title of Applicant's Project:**
- HIGH MOUNTAIN LAKES RESOURCES ASSESSMENT

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

**Version 02**

#### 16. Congressional Districts Of:
* a. Applicant: CA-005
* b. Program/Project: CA-022

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

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

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

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#### 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 06/03/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

#### 21. "By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)

[ ] **I AGREE**

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

### Authorized Representative:

**Prefix:**

**Middle Name:**

**Last Name:** BAYES

**Sufx:**

**Title:** 3SHI

**Telephone Number:** 916-445-3701

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

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

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

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

Authorized for Local Reproduction

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

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

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

* 3. Date Received:  
   - 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:  
   - STATE OF CALIFORNIA

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

* c. Organizational DUNS:
   - 6083223580000

d. Address:
   - 1531 9TH STREET
   - SACRAMENTO CA: California
   - USA: UNITED STATES
   - 95811-7011

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

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

   - Prefix:
   - Middle Name:
   - * Last Name:  
   - Suffix:

   - Title:  
   - GRANTS ADMINISTRATOR

   - Organizational Affiliation:

   - * Telephone Number: 916-445-3694
   - Fax Number: 916-327-6320

   - * Email: steve.wong@wildlife.ca.gov
### Application for Federal Assistance SF-424

**Version 02**

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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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**15. Descriptive Title of Applicant's Project:**

**STURGEON BY-CATCH ASSESSMENT RESEARCH PROJECT**

Attach supporting documents as specified in agency instructions.

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

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

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

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

18. Estimated Funding ($):

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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 06/02/2014.
   - [ ] 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
    therein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to
    comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may
    subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)
    
    ** "I AGREE"

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

**Authorized Representative:**

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<td>916-327-6320</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:lisa.bays@wildlife.ca.gov">lisa.bays@wildlife.ca.gov</a></td>
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**Signature of Authorized Representative:**

* Signed by Grantee upon Submission.

**Date Signed:**

* Signed by Grantee upon submission.
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<td><strong>Street:</strong></td>
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<td><strong>City:</strong></td>
<td>SACRAMENTO</td>
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<td><strong>State:</strong></td>
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<td><strong>Email:</strong></td>
<td>[<a href="mailto:BBTE.MARCELLA@WILDLIFE.CA.GOV">BBTE.MARCELLA@WILDLIFE.CA.GOV</a>]</td>
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**State Use Only:**

**STATE CLEARING HOUSE**

**RECEIVED**

JUN 4 2014
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:
    13.605
    CFDA Title:
    Sport Fish Restoration Program

* 12. Funding Opportunity Number:
    F14AS00033
    *Title:
    N3 (CA/SV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Merced (16), Tuolumne (4), and Stanislaus (10) Counties.

* 15. Descriptive Title of Applicant's Project:
    FALL-RUN CHINOOK SALMON POPULATION MODEL (SALSIM) ENHANCEMENTS

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

Version 02

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

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

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

18. Estimated Funding ($):

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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 06/03/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix:  
First Name:  LISA
Middle Name:  
Last Name:  BAYS
Suffix:  
Title:  ASSOCIATE DIRECTOR
Telephone Number:  916-445-3701
Fax Number:  
Email:  LISA.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

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

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

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

3. Date Received:
   - [ ] Received by Grant.gov upon submission
   - [ ] Other

4. Applicant Identifier:
   - [ ] Other (Specify)

5a. Federal Entity Identifier:
   - [ ] EIN/TIN:
   - [ ] Other:

5b. Federal Award Identifier:
   - [ ] Award Number:
   - [ ] Other:

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

7. State Application Identifier:
   - [ ] 01498018

8. APPLICANT INFORMATION:

   a. Legal Name:
   - [ ] STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   - [ ] 94-1697167

   c. Organizational DUNS:
   - [ ] 8093223560000

   d. Address:
   - [ ] 1831 9TH STREET
   - [ ] SACRAMENTO
   - [ ] CA
   - [ ] USA
   - [ ] 95811-7011

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

   f. Name and contact information of person to be contacted on matters involving this application:
   - [ ] Prefix:
   - [ ] Middle Name:
   - [ ] Last Name:
   - [ ] Suffix:
   - [ ] Title:
   - [ ] Organizational Affiliation:
   - [ ] * First Name:
   - [ ] * Last Name:
   - [ ] * Suffix:
   - [ ] * Title:
   - [ ] * Organization:
   - [ ] * Telephone Number:
   - [ ] Fax Number:
   - [ ] * Email:
   - [ ] STEVE.WONG@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   15.685
   CFDA Title:
   Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   FL4AS00033
   * Title:
   SB (CA/8V) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

   Title:

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

* 15. Descriptive Title of Applicant's Project:
   FLATWATER FISHERY MANAGEMENT AND RESEARCH

Attach supporting documents as specified in agency instructions.

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

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

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

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

18. Estimated Funding ($):

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<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>1,100,561.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
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<td>c. State</td>
<td>369,520.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>1,470,081.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/02/2014
   - ☐ 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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>*First Name: LISA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>*Last Name:</td>
<td>BAYS</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>*Title:</td>
<td>BSMI</td>
</tr>
<tr>
<td>*Telephone Number:</td>
<td>916-445-3701</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>916-327-6320</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:lisa.bays@wildlife.ca.gov">lisa.bays@wildlife.ca.gov</a></td>
</tr>
</tbody>
</table>

*Signature of Authorized Representative: Complied by Grants.gov upon submission. *Date Signed: Complied 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: 5/27/14

4. Applicant Identifier:

5a. Federal Entity Identifier: [ ]

* 5b. Federal Award Identifier: [ ]

State Use Only:

6. Date Received by State: [ ]

7. State Application Identifier: [ ]

8. APPLICANT INFORMATION:

* a. Legal Name: City of Montague

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000375

* c. Organizational DUNS: 933529278

d. Address:

* Street 1: P.O. Box 428

* City: Montague

* County/Parish: Siskiyou

* State: California

* Province: [ ]

* Country: USA: UNITED STATES

* Zip / Postal Code: 96064

e. Organizational Unit:

Department Name: [ ]

Division Name: [ ]

water

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

Prefix: Mr.

* First Name: Chris

Middle Name: [ ]

Last Name: Tyhurst

Suffix: [ ]

Title: Water/Sewer Supt.

Organizational Affiliation:

City of Montague

* Telephone Number: (530) 459-5204

Fax Number: (530) 459-0327

* Email: montaguepubwks@abcglobal.net

RECEIVED

JUN 05 2014

STATE CLEARING HOUSE

By: [Signature]
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   municipal
   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:
    10.763
    CFDA Title:
    Emergency and Imminent Community Water Assistance Grant

12. Funding Opportunity Number:
    * Title:

13. Competition Identification Number:
    Title:

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

* 15. Descriptive Title of Applicant’s Project:
    Emergency Water Purchase Project
Application for Federal Assistance SF-424

16. Congressional Districts (a) Applicant (b) Program/Project

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

17. Proposed Project:
   * a. Start Date: 08-20-2014
   * b. End Date: 10-05-2014

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

   $185,735.00

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

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   [ ] 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: Mr. * First Name: Chris
Middle Name:
* Last Name: Tyhurst
Suffix:

*Title: Water/Sewer Supt.

*Telephone Number: (530) 459-5204 * Fax Number: (530) 459-0327

*Email: montaguepubwks@sbcglobal.net

*Signature of Authorized Representative: [Signature] 5/27/14

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

RECEIVED

[Stamp]

[Signature]
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:
   JUN 05 2014

* 4. Applicant Identifier:

6a. Federal Entity Identifier:

6b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Ventura County Watershed Protection District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000944

* c. Organizational DUNS: 0566911220000

d. Address:

* Street: 900 South Victoria Ave

City: Ventura

County: Ventura

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 93009

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: Bob

Middle Name: 

* Last Name: Carlson

Suffix: 

Title: Santa Clara River Watershed Coordinator

Organizational Affiliation:

Staff Environmental Planner

* Telephone Number: 805-654-2032

Fax Number: 805-654-3360

* Email: Bob.Carlos@Ventura.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

12. Funding Opportunity Number:
R14AS00038

* Title:
WatersMRT: Cooperative Watershed Management Program Grants for FY 2014

13. Competition Identification Number:
R14AC00038

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
The Santa Clara River Watershed including the City of Santa Clarita, the City of Santa Paula, the City of Fillmore, the City of Ventura, the City of Oxnard, the County of Ventura, the County of Los Angeles and the state of California.

* 15. Descriptive Title of Applicant's Project:
Santa Clara River Watershed Enhanced Coordination

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

16. Congressional Districts Of:
   * a. Applicant 26
   * b. Program/Project 24-26

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

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

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 06/05/2014
   □ 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 28, 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: [Blank]
Middle Name: [Blank]
* Last Name: Clifford
Suffix: [Blank]

* Title: Director

* Telephone Number: 805-654-2040
Fax Number: 805-654-3350

* Email: Tully.Clifford@Vancura.org

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

Authorized for Local Reproduction

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

1. Type of Submission:
   - [X] Application
   - [ ] Continuation
   - [ ] Revision
   - [ ] Reapplication

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

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

3. Date Received:
   [ ] State Use Only
   [ ] Federal Use Only

4. Applicant Identifier:
   [ ] State Clearing House
   [ ] State Use Only
   [ ] Federal Use Only

5a. Federal Entity Identifier:
   04-6003888

5b. Federal Award Identifier:
   STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name:
      MARIPOSA PUBLIC UTILITY DISTRICT

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-6003888

   c. Organizational DUNS:
      809500030

   d. Address:
      PO BOX 494
      MARIPOSA
      CALIFORNIA
      USA: UNITED STATES
      95338

   e. Organizational Unit:
      MARIPOSA PUBLIC UTILITY DISTRICT
      NA

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix:
      Middle Name:
      First Name: MARK
      Last Name: ROWNEY
      Suffix:
      Title: GENERAL MANAGER
      Organizational Affiliation:
      EMPOLOYEE MANAGER CLERK TO THE BOARD OF DIRECTORS

   * Telephone Number:
      (209) 666-8615
      Fax Number:
      (209) 866-6615

   * Email:
      epud@esu.net

   RECEIVED
   JUN 06 2014
   STATE CLEARING HOUSE
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   California Special District

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:
   10.763
   CFDA Title:
   Emergency and Imminent Community Water Assistance Grant

12. Funding Opportunity Number:
   
   * Title:

13. Competition Identification Number:
   
   Title:

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

15. Descriptive Title of Applicant’s Project:
   Acquisition of an existing water well, install pumping equipment and appurtenant infrastructure including 20’x20’ security fence and 8’x8’ control building.

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

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

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

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

18. Estimated Funding ($):
   a. Federal
   b. Applicant
   c. State
   d. Local
   e. Other
   f. Program Income
   g. TOTAL $100,000.00

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 06-05-2014.
   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 Or Any Federal Debt? (If "Yes", provide explanation.)
   a. Yes
   b. 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 forms 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 ACKEE

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: [Rooney]
Suffix: [ ]
* Title: [General Manager]
* Telephone Number: (209) 966-2515
Fax Number: (209) 966-2515
* Email: [mprdsstl.net]
* 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:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

JUN 06 2014  

STATE CLEARING HOUSE

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

* a. Legal Name:  
  Tuolumne Utilities District  

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  770313842  

* c. Organizational DUNS:  
  071871248  

d. Address:  

* Street1:  
  18885 Nugget Blvd.  

Street2:  

* City:  
  Sonora  

County:  
  Tuolumne  

* State:  
  California  

Province:  

* Country:  
  United States  

* Zip / Postal Code:  
  95370  

e. Organizational Unit:  

Department Name:  
  Engineering  

Division Name:  
  N/A  

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

Prefix:  
  Mr.  

* First Name:  
  Erik  

Middle Name:  

* Last Name:  
  Johnson  

Suffix:  

Title:  
  Senior Engineer  

Organizational Affiliation:  

* Telephone Number:  
  (209) 532-6536  

Fax Number:  
  (209) 532-0693  

* Email:  
  erik@tuolumneutilities.com
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
</tr>
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<tbody>
<tr>
<td>9. <strong>Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>G. Special District</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
</tr>
<tr>
<td>10. <strong>Name of Federal Agency:</strong></td>
</tr>
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<td>United States Department of Agriculture</td>
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<tr>
<td>11. <strong>Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>10763</td>
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<td>CFDA Title:</td>
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<td>Emergency and Imminent Community Water Assistance Grant</td>
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<tr>
<td>12. <strong>Funding Opportunity Number:</strong></td>
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<td></td>
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<tr>
<td>13. <strong>Competition Identification Number:</strong></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>14. <strong>Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>Columbia, Tuolumne County, California</td>
</tr>
<tr>
<td>15. <strong>Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>New Melones Emergency Water Supply Project</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-004
   * b. Program/Project CA-004

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

17. Proposed Project:
   * a. Start Date: 03/13/2014
   * b. End Date: 09/30/2014

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant 500,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program income 318,450.00
   * g. TOTAL 818,450.00

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 05/05/2014
   * 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: Mr.  
First Name: Thomas  
Middle Name:  
Last Name: Scesa  
Suffix:  
Title: General Manager  
Telephone Number: (209) 532-5536  
Fax Number: (209) 532-0693  
Email: tscesa@tolumnautilities.com  
Signature of Authorized Representative: [Signature]  
Date Signed: 6/5/14
Application for Federal Assistance SF-424

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

* 2. Type of Application: New

* 3. Date Received: [RECEIVED]
   - JUN 06 2014
   - STATE CLEARING HOUSE

* 4. Applicant Identifier:
   - 71448500533

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

**B. APPLICANT INFORMATION:**

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS: 8083223586000

* d. Address:
   - Street: 1831 9TH STREET
   - City: SACRAMENTO
   - State: CA: California
   - Zip / Postal Code: 95811-7011

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

* f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: 
   - * First Name: PETE
   - Middle Name: 
   - * Last Name: MARCELLANA
   - Suffix: 
   - Title: GRANTS ADMINISTRATOR
   - Organizational Affiliation: 
   - * Telephone Number: 915-445-4658
   - Fax Number: 
   - * Email: PETE.MARCELLANA@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**  
*Version 02*

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

### 9. Type of Applicant 2: Select Applicant Type:

### 10. Type of Applicant 3: Select Applicant Type:

**Other (specify):**

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

### 11. Catalog of Federal Domestic Assistance Number:
- **15.605**

**CFDA Title:** Sport Fish Restoration Program

### 12. Funding Opportunity Number:
- **F14AS00033**

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

### 13. Competition Identification Number:

**Title:**

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

### 15. Descriptive Title of Applicant's Project:
- **SAN JOAQUIN RIVER ANADROMOUS FISH MONITORING AND ASSESSMENTS**

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

Version 02

16. Congressional Districts Of:
   *a. Applicant: CA-005
   *b. Program/Project: CA-009

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

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

18. Estimated Funding ($):

   *a. Federal: 992,115.00
   *b. Applicant: 0.00
   *c. State: 330,705.00
   *d. Local: 0.00
   *e. Other: 0.00
   *f. Program Income: 0.00
   *g. TOTAL: 1,322,825.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 06/04/2014
   [ ] 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 that the statements contained in the list of certifications and assurances are true, complete, and accurate to the best of my knowledge. I also provide the required certifications and assurances and agree to comply with any resulting terms of the 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 28, Section 6101)"
   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: ESMD
Telephone Number: 916-445-3701
Fax Number:  
Email: LISA.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
Prescribed by OMB Circular A-192
Application for Federal Assistance SF-424

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

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

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier: 
5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: River Pines Public Utility District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1540099

* c. Organizational DUNS: 0049547560000

d. Address:

* Street: 22900 Canyon Avenue
  Street2: PO Box 70
  * City: River Pines
  County/Parish: Amador
  * State: CA: California
  Province: 
  * Country: USA: UNITED STATES
  * Zip / Postal Code: 95675-0070

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: Greg
   Middle Name: 
   * Last Name: Guinea
   Suffix: 
   Title: Chief Plant Operator
   Organizational Affiliation: 

   * Telephone Number: 209-245-6723
   Fax Number: 209-245-5710

   * Email: rrpud@rrpud.org
### Application for Federal Assistance SF-424

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

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

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

**Other (specify):**

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

**11. Catalog of Federal Domestic Assistance Number:**
- 10.763

**CFDA Title:**
- Emergency and Tarmenent Community Water Assistance Grant

**12. Funding Opportunity Number:**
- N.A.

**Title:**
- N.A.

**13. Competition Identification Number:**
- N.A.

**Title:**
- N.A.

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

**15. Descriptive Title of Applicant's Project:**
- Replacement District Well No. 2

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant: CA-04
   * b. Program/Project: CA-04

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

17. Proposed Project:
   * a. Start Date: 08/01/2014
   * b. End Date: 11/30/2014

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: 380,100.00

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 05/27/2104.
   - 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:    Cathy
Middle Name:   
Last Name:     Landgraf
Suffix:        

Title: Board Chair
Telephone Number: 209-245-6723  Fax Number: 209-245-5710
Email: rrpud@rrpud.org

Signature of Authorized Representative:  
Date Signed: 05/26/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:

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: Clinicas De Salud Del Pueblo, Inc

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-2657324

   c. Organizational DUNS:
      079729688

   d. Address:
      - Street: 1186 K Street
      - City: Brawley, CA
      - County: Imperial
      - State: CA
      - Province: USA: UNITED STATES
      - Zip / Postal Code: 92227

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - * First Name: Yvonne
      - Middle Name:
      - * Last Name: Bell
      - Suffix:
      - Title: CEO
      - Organizational Affiliation:
      - * Telephone Number: 760-344-9951
      - Fax Number: 760-344-5840
      - * Email: YvonneB@cdsdp.org
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:  
   M: Non-profit

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:  
   10.766

CFDA Title:  
Community Facilities Loan & Grant Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:  
Title:

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

* 15. Descriptive Title of Applicant's Project:  
   2014 Mecca Clinic Medical and Office Equipment Purchase

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

15. Congressional Districts Of:

* a. Applicant 51
* b. Program/Project 36

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

17. Proposed Project:

* a. Start Date: 10/1/2014
* b. End Date: 12/31/2015

18. Estimated Funding ($):

* a. Federal $16,500
* b. Applicant $13,500
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL $30,000

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/29/2014.
☑ 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 21, Section 1001)

☑ ** I AGREE

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

Authorized Representative:

Prefix: Ms.
Middle Name: 
* Last Name: Bell
Suffix: 
* Title: CEO
* Telephone Number: 760-344-9951
Fax Number: 760-344-9840
* Email: YvonneB@cdasp.org
* Signature of Authorized Representative: [Signature]

* Date Signed: 5/30/14
Application for Federal Assistance SF-424

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

* 2. Type of Application:
   - New
   - Continuation
   - Revision
   - * If Revision, select appropriate letter(s):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

JUN 09 2014

8. APPLICANT INFORMATION:

* a. Legal Name: Clinicas De Salud Del Pueblo, Inc

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   95-2657324

* c. Organizational DUNS:
   078729688

d. Address:
   * Street1: 1166 K Street
   Street2:
   * City: Brawley, CA
   County: Imperial
   * State: CA
   Province:
   * Country:
   * Zip / Postal Code: 92227
   USA: UNITED STATES

e. Organizational Unit:
   Department Name:
   Division Name:

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

   Title: CEO

   Organizational Affiliation:

   * Telephone Number: 760-344-9951
   Fax Number: 760-344-5840

   * Email: YvonneB@cdsdp.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   M: Non-profit

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:
    10.766

    CFDA Title:
    Community Facilities Loan & Grant Program

12. Funding Opportunity Number:

    * Title:

13. Competition Identification Number:

    Title:

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

* 15. Descriptive Title of Applicant's Project:
    2014 West Shores Clinic Medical and Office Equipment Purchase

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

16. Congressional Districts Of:
   * a. Applicant 51
   * b. Program/Project 51

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

17. Proposed Project:
   * a. Start Date: 10/1/2014
   * b. End Date: 12/31/2015

18. Estimated Funding (5):
   * a. Federal $16,400
   * b. Applicant $5,500
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $21,900

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 5/29/2014
   - [ ] 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: Ms. First Name: Yvonne
Middle Name: 
Last Name: Bell
Suffx: 
Title: CEO

* Telephone Number: 760-344-9951 Fax Number: 760-344-6840
* Email: YvonneB@ccsdsp.org

* Signature of Authorized Representative: Date Signed: 5/30/14
Application for Federal Assistance SF-424

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

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

3. Date Received:  

4. Applicant Identifier:  

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: Clinicas De Salud Del Pueblo, Inc  

   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2857324  

   c. Organizational DUNS: 078729688  

   d. Address:  
      - Street1: 1166 K Street  
      - City: Brawley, CA  
      - County: Imperial  
      - State: CA  
      - Province:  
      - Country: USA: UNITED STATES  
      - Zip / Postal Code: 92227  

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

   f. Name and contact information of person to be contacted on matters involving this application:  
      - Prefix: Ms.  
      - First Name: Yvonne  
      - Middle Name:  
      - Last Name: Bell  
      - Suffix:  
      - Title: CEO  
      - Organizational Affiliation:  
      - Telephone Number: 760-344-9951  
      - Fax Number: 760-344-5840  
      - Email: YvonneB@cdsdp.org
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
</tr>
<tr>
<td>M: Non-profit</td>
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<tr>
<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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<tr>
<td>* 10. Name of Federal Agency:</td>
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<tr>
<td>USDA Rural Development</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<tr>
<td>10.766</td>
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<tr>
<td>CFDA Title:</td>
</tr>
<tr>
<td>Community Facilities Loan &amp; Grant Program</td>
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<tr>
<td>* 12. Funding Opportunity Number:</td>
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<tr>
<td>* Title:</td>
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<tr>
<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.):</td>
</tr>
<tr>
<td>Niland, CA</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>2014 Niland Clinic Medical and Office Equipment Purchase</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant 51  
   * b. Program/Project 51

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

17. Proposed Project:
   * a. Start Date: 10/1/2014  
   * b. End Date: 12/31/2015

18. Estimated Funding ($):
   * a. Federal $22,300  
   * b. Applicant $7,500  
   * c. State  
   * d. Local  
   * e. Other  
   * f. Program Income  
   * g. TOTAL $29,800

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ✔ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/29/2014.
   ☐ 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:

Prefic: Ms.  
First Name: Yvonne
Middle Name: 
Last Name: Bell
Suffix: 
Title: CEO
Telephone Number: 760-344-9951  
Fax Number: 760-344-5840
Email: YvonneB@cdsdp.org

Signature of Authorized Representative: [Signature]  
Date Signed: 5/30/14
Application for Federal Assistance SF-424

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

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

3. Date Received: 

4. 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: Clínicas De Salud Del Pueblo, Inc

   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2857324

   c. Organizational DUNS: 078729688

   d. Address:
      - Street 1: 1165 K Street
      - City: Brawley, CA
      - County: Imperial
      - State: CA
      - Zip/Postal Code: 92227

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - * First Name: Yvonne
      - Middle Name: 
      - * Last Name:Bell
      - Suffix: 
      - Title: CEO
      - Organizational Affiliation: 
      - Telephone Number: 760-344-9951
      - Fax Number: 760-344-5840
      - Email: YvonneB@cdsedp.org
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:
   - M: Non-profit

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:
   - 10.766
   - CFDA Title:
     - Community Facilities Loan & Grant Program

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

   Title:

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

15. Descriptive Title of Applicant's Project:
   - 2014 Winterhaven Clinic Medical and Office Equipment Purchase

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

### 16. Congressional Districts Of:
- **a. Applicant:** 51
- **b. Program/Project:** 51

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

### 17. Proposed Project:
- **a. Start Date:** 10/1/2014
- **b. End Date:** 12/31/2015

### 18. Estimated Funding ($):
- **a. Federal:** $24,600
- **b. Applicant:** $8,300
- **c. State**
- **d. Local**
- **e. Other**
- **f. Program Income**
- **g. TOTAL:** $32,900

### 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 5/29/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

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

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

### Authorized Representative:
- **Prefix:** Ms.
- **First Name:** Yvonne
- **Middle Name:**
- **Last Name:** Bell
- **Suffix:**
- **Title:** CEO
- **Telephone Number:** 760-344-9951
- **Fax Number:** 760-344-5840
- **Email:** YvonneB@dssdp.org

** Signature of Authorized Representative: **
- **Date Signed:** 5/30/14
Application for Federal Assistance SF-424

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

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

3. Date Received: 

4. Applicant Identifier: 
   Dept. of Food and Agriculture

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

* 5b. Federal Award Identifier: 

   STATE CLEARINGHOUSE

   JUN 10 2014

State Use Only:

6. Date Received by State: 
   April 1, 2014

7. State Application Identifier: 
   13-0444-PR

B. 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

   City: 
   Sacramento

   County: 

   State: 
   California

   Province: 

   Country: 
   USA; UNITED STATES

   Zip / Postal Code: 
   95814

   e. Organizational Unit:

   Department Name: 
   California Department of Food and Agriculture

   Division Name: 
   Plant Health & Pest Prevention Services

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

   Prefix: 

   * First Name: 
   Jason

   Middle Name: 
   K

   * Last Name: 
   Chan

   Suffix: 

   Title: 

   Organizational Affiliation: 
   California Department of Food and Agriculture

   * Telephone Number: 
   (916) 654-1211

   Fax Number: 
   (916) 654-0555

   * Email: 
   jason.chan@cdfa.ca.gov
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

<table>
<thead>
<tr>
<th>10. Name of Federal Agency:</th>
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<td>USDA/APHIS/PPQ</td>
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11. Catalog of Federal Domestic Assistance Number:
    - 10-025

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<tr>
<th>CFDA Title:</th>
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<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
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</tbody>
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12. Funding Opportunity Number:

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<tr>
<th>* Title:</th>
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</table>

13. Competition Identification Number:

<table>
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<th>Title:</th>
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</table>

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

<table>
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<tr>
<th>15. Descriptive Title of Applicant’s Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Grapevine Moth</td>
</tr>
</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: 1/1/2014
- * b. End Date: 12/31/2014

### 18. Estimated Funding ($):
- * a. Federal 6,241,075
- * b. Applicant
- * c. State 0
- * d. Local
- * e. Other
- * f. Program Income
- * g. TOTAL 6,241,075

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

### 20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.) Applicant Federal Debt Delinquency Explanation
- □ Yes
- ✓ 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) 557-3231
- Fax Number: 
- * Email: crystal.myers@cdfls.ca.gov
- * Signature of Authorized Representative: 
- * Date Signed: 

---

*This information is automatically extracted from the document for reference.*

---
# 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:**
Dept. of Food and Agriculture

**6a. Federal Entity Identifier:**
14-6505-1211-CA

**5b. Federal Award Identification:**

**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:**
807487685

**d. Address:**

- **Street:** 1220 N Street, Room 315
- **City:** Sacramento
- **County:**
- **State:** California
- **Province:**
- **Country:** USA; UNITED STATES
- **Zip / Postal Code:** 95814

**e. Organizational Unit:**

<table>
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<tr>
<th>Department Name</th>
<th>Division Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Department of Food and Agriculture</td>
<td>Plant Health &amp; Pest Prevention Services</td>
</tr>
</tbody>
</table>

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

- **Prefix:**
- **Middle Name:** K
- **First Name:** Jason
- **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>
</tr>
<tr>
<td>A - State Government</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
</tr>
<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>* Other (specify):</td>
</tr>
<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
</tr>
<tr>
<td>USDA/APHIS/PPQ</td>
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<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
</tr>
<tr>
<td>10-025</td>
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<tr>
<td><strong>CFDA Title:</strong></td>
</tr>
<tr>
<td>Plant and Animal Disease, Pest Control, and Animal Care</td>
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<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
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<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<tr>
<td>Title:</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>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>Asian Citrus Psyllid</td>
</tr>
</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 December 10, 2013.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

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

**21. By signing this application, I certify (1) to the statements contained in the list of certifications**
and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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@ocfa.ca.gov  
- * Signature of Authorized Representative:  
  - * Date Signed: 
## Application for Federal Assistance SF-424

**Version 02**

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

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

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

### 4. Applicant Identifier:
- [6b. Federal Award Identifier:]
  - STATE CLEARING HOUSE

### 5a. Federal Entity Identifier:

### 7. State Application Identifier:
- 01498094

### 8. APPLICANT INFORMATION:
- **a. Legal Name:** STATE OF CALIFORNIA
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-1697567
- **c. Organizational DUNS:** 6083223590000

### d. Address:
- **Street:** 1631 5th STREET
- **City:** SACRAMENTO
- **County:**
- **State:** Ca: California
- **Province:**
- **Country:** CBA: UNITED STATES
- **Zip / Postal Code:** 95811-7811

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

### f. Name and contact information of person to be contacted on matters involving this application:
- **Prefix:**
- **Middle Name:**
- **Last Name:** WILLIAMS
- **Suffix:**
- **Title:** GRANT ADMINISTRATOR

### Telephone Affiliation:
- **Telephone Number:** 916-327-0062
- **Fax Number:** 916-327-8320
- **Email:** JASON.WILLIAMS@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   15.611

CPDA Title:
Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:
   F14AS00058

* Title:
   N9 (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.):
   Lassen (1), Siskiyou (1), Del Norte (1) and Tehama (1) Counties

* 15. Descriptive Title of Applicant's Project:
   WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: REGION 1

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-142

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

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

18. Estimated Funding ($):
   * a. Federal: 1,570,421.00
   * b. Applicant: 0.00
   * c. State: 523,474.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 277,796.00
   * g. TOTAL: 2,371,691.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 06/21/2042
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I
* Telephone Number: 916-645-3701  Fax Number: 916-327-6320
* Email: LISA.BAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative:  
* 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
   - [X] Application
   - [ ] Changed/Corrected Application

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

* 3. Date Received: [Insert Date]

4. Applicant Identifier: [Insert Identifier]

5a. Federal Entity Identifier: [Insert Identifier]
5b. Federal Award Identifier: [Insert Identifier]

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: River Pines Public Utility District

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1540059
* c. Organizational DUNS: 0049547560000

d. Address:

- Street1: 22900 Canyon Avenue
- Street2: PO Box 70
- City: River Pines
- County/Parish: Amador
- State: CA: California
- Province: 
- Country: USA: UNITED STATES
- Zip / Postal Code: 95675-0070

e. Organizational Unit:

Department Name: [Insert Name]
Division Name: [Insert Name]

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

Prefix: [Insert Prefix]
* First Name: Greg
Middle Name: [Insert Name]
* Last Name: Guina
Suffic: [Insert Suffix]

Title: Chief Plant Operator

Organizational Affiliation:

* Telephone Number: 209-245-6723
Fax Number: 209-245-5710
* Email: rrpud@rrpud.org
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<tr>
<th>Question</th>
<th>Answer</th>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
<td>Special District Government</td>
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<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><strong>10. Name of Federal Agency:</strong></td>
<td>USDA Rural Development</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>10.763</td>
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<td><strong>OFDA Title:</strong></td>
<td>Emergency and Imminent Community Water Assistance Grant</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>
<td>N.A.</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>Replacement District Well No. 2</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: Ca-04
   * b. Program/Project: Ca-04

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

17. Proposed Project:
   * a. Start Date: 06/01/2014
   * b. End Date: 11/30/2014

18. Estimated Funding ($):

<p>| | |</p>
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<td>a. Federal</td>
<td>380,100.00</td>
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<tr>
<td>b. Applicant</td>
<td></td>
</tr>
<tr>
<td>c. State</td>
<td></td>
</tr>
<tr>
<td>d. Local</td>
<td></td>
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<tr>
<td>e. Other</td>
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<td>f. Program Income</td>
<td></td>
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<tr>
<td>g. TOTAL</td>
<td>380,100.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/27/2104.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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: Cathy
Middle Name: |
Last Name: Landgraf
Suffix: |
Title: Board Chair
Telephone Number: 209-245-6723
Fax Number: 209-245-5710
Email: rrpud@rrpud.org
Signature of Authorized Representative: [Signature]
Date Signed: 05/26/2014
Application for Federal Assistance SF-424

Version 02

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

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

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

* 3. Date Received:
- RECEIVED
- JUN 11 2014
- STATE CLEARING HOUSE

* 4. Applicant Identifier:
- Completed by Grants.gov upon submission.

* 5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier:
- 1496097

8. APPLICANT INFORMATION:

* a. Legal Name:
- STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
- 94-1677567

* c. Organizational DUNS:
- 8003223560000

d. Address:

* Street:
- 1851 9TH STREET

Street2:

* City:
- SACRAMENTO

County:

* State:
- CA: California

Province:

* Country:
- USA: UNITED STATES

* Zip / Postal Code:
- 95813-7011

e. Organizational Unit:

Department Name:
- FISH AND WILDLIFE

Division Name:
- GRANTS MANAGEMENT BRANCH

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

Prefix:

* First Name:
- JASON

Middle Name:

* Last Name:
- WILLIAMS

Suffix:

Title:
- GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number:
- 916-327-0062

Fax Number:
- 916-327-6320

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

#### Version 02

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

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

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

- [ ] Other (specify):

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

**11. Catalog of Federal Domestic Assistance Number:**
- S5.611

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

**12. Funding Opportunity Number:**
- 214A30005#

**Title:**
- RB (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.):**
- Kern (16), Tulare (23) and Fresno (21) Counties

**15. Descriptive Title of Applicant's Project:**
- ECOLOGICAL RESERVE ENHANCEMENT: CENTRAL REGION

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

**Version 02**

**16. Congressional Districts Of:**

- **a.** Applicant: CA-006
- **b.** Program/Project: CA-ALL

**17. Proposed Project:**

- **a.** Start Date: 07/01/2014
- **b.** End Date: 06/30/2015

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

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<th>Category</th>
<th>Amount</th>
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<tr>
<td>Federal</td>
<td>96,056.00</td>
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<td>Applicant</td>
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<tr>
<td>State</td>
<td>32,019.00</td>
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<td>Local</td>
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<tr>
<td>Other</td>
<td>0.00</td>
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<td>Program Income</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>128,075.00</strong></td>
</tr>
</tbody>
</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 06/10/2014.
- **□** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- **□** c. Program is not covered by E.O. 12372.

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

- **□** Yes
- **X** No

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

- **X** I AGREE

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

**Authorized Representative:**

- **Pref:****
- **First Name:** LISA
- **Middle Name:**
- **Last Name:** BAYS
- **Suf:**
- **Title:** STAFF SERVICES MANAGER I
- **Telephone Number:** 916-445-7101
- **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:
   ☑ Construction
   ☑ Non-Construction

2. DATE SUBMITTED
   January 16, 2014

3. DATE RECEIVED BY STATE
   JAN 21 2014

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:
First 5 Del Norte Children and Family Commission

Organizational DUNS:

Address:
494 Pacific Avenue

City: Crescent City

Country: California

State: USA

Zip Code: 95431

Clearing House:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   94-2254125

7. TYPE OF APPLICATION:
   ☑ New
   ✗ Continuation
   ✗ Revision

8. NAME OF FEDERAL AGENCY:
   USDA

9. NAME OF FEDERAL ASSISTANCE NUMBER:

  TITLE (Name of Program):
  First 5 Garden Restoration and Expansion

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

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

13. PROPOSED PROJECT

Start Date: June, 2014
Ending Date: December 2014

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

15. ESTIMATED FUNDOING:

   a. Federal $ 30,000
   b. Applicant $ 73,500
   c. State $ 0
   d. Local $ 0
   e. Other $ 0
   f. Program Income $ 0
   g. TOTAL $ 103,500

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. Yes ☐
      THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
      PROCESS FOR REVIEW ON
      DATE:
   b. No. ☑
      PROGRAM IS NOT COVERED BY E. O. 12372
      OR PROGRAM HAS NOT BEEN SELECTED BY STATE
      FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   ☑ Yes If "Yes" attach an explanation. ☑ No

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

Authorized Representative

Prefix Ms.
Last Name Vernelson
First Name Patricia
Suffix
Title Director
Signature of Authorized Representative

Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2008)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received:
   - Received

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6a. State Use Only:

6b. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS:
      86322359000

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

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: 
      - * First Name: JASON
      - Middle Name:
      - * Last Name: WILLIAMS
      - Suffix:
      - Title: GRANT ADMINISTRATOR
      - Organizational Affiliation:

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

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

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

**9. Type of Applicant 2: Select Applicant Type:**

**10. Type of Applicant 3: Select Applicant Type:**

*Other (specify):*

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

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

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

**12. Funding Opportunity Number:**
- P14AS00056

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

**13. Competition Identification Number:**

**Title:**

**14. Area(s) Affected by Project (Cities, Counties, States, etc.):**
- Kern (16), Tulare (23), Fresno (21), Tuolumne (4), Merced (16), Mariposa (4), Madera (4), Kings (21) Counties

**15. Descriptive Title of Applicant’s Project:**
- WILDLIFE MANAGEMENT RESOURCE ASSESSMENT: CENTRAL REGION (General Wildlife Resources)

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

Version 02

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

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

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

18. Estimated Funding ($):

   * a. Federal: 788,251.00
   * b. Applicant: 0.00
   * c. State: 262,750.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 1,051,001.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 06/12/2014.
   □ 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 216, Section 1001)  
   □ I AGREE

   ** The list of certifications and assurances, or an internal 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: RAY
Suffix:  
* Title: STAFF SERVICES MANAGER I
* Telephone Number: 916-445-3701  Fax Number: 916-327-6320
* Email: LISA.RAY@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

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

Version 02

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

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

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

4. Applicant Identifier:
   - [ ] Federal Award Identifier:

5a. Federal Entity Identifier:

5b. State Use Only:
   - [ ] Date Received by State:
   - [ ] State Application Identifier:

6. Applicant Information:
   - [ ] Legal Name: **STATE OF CALIFORNIA**
   - [ ] Employer Identification Number (EIN/TIN): 94-1697367
   - [ ] Organizational DUNS: 8083223580000

7. Address:
   - [ ] Street1: **1831 9th STREET**
   - [ ] Street2:
   - [ ] City: **SACRAMENTO**
   - [ ] County:
   - [ ] State: **CA: California**
   - [ ] Province:
   - [ ] Country: **USA: UNITED STATES**
   - [ ] Zip / Postal Code: 95811-7611

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

9. Name and contact information of person to be contacted on matters involving this application:
   - [ ] Prefix:
   - [ ] First Name: **JASON**
   - [ ] Middle Name:
   - [ ] Last Name: **WILLIAMS**
   - [ ] Suffix:
   - [ ] Title: **GRANT ADMINISTRATOR**
   - [ ] Organizational Affiliation:

10. Contact Information:
    - [ ] Telephone Number: **916-327-0062**
    - [ ] Fax Number: **916-327-8320**
    - [ ] Email: **JASON.WILLIAMS@WILDLIFE.CA.GOV**
### Application for Federal Assistance SF-424

**Version 02**

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<td>A: State Government</td>
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Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):
  
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<th>10. Name of Federal Agency:</th>
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<td>Fish and Wildlife Service</td>
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<th>11. Catalog of Federal Domestic Assistance Number:</th>
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<td>15. 611</td>
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CFDA Title:

Wildlife Restoration and Basic Hunter Education

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* Title:

R8 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

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<th>13. Competition Identification Number:</th>
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Title:

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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<td>Del Norte(2), Humboldt(2), Mendocino(2), Trinity(2), Siskiyou(1), Shasta(1), Tehama(1), Modoc(1), and Lassen(1) Counties</td>
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<th>15. Descriptive Title of Applicant's Project:</th>
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<td>WILDLIFE &amp; HABITAT CONSERVATION: REGION 1 (REGIONAL LAND ACQUISITION PLANNING AND COORDINATION</td>
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</table>

Attachment: supporting documents as specified in agency instructions,

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

**Version 02**

### 18. Congressional District(s) Of:

- **a.** Applicant: **CA-006**
- **b.** Program/Project: **162**

Attach an additional list of Program/Project Congressional District(s) if needed.

### 17. Proposed Project:

- **a.** Start Date: **07/01/2014**
- **b.** End Date: **06/30/2015**

### 18. Estimated Funding ($):

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<td>Federal</td>
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<td>Applicant</td>
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<td>State</td>
<td>41,583.00</td>
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<td>Local</td>
<td>0.00</td>
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<td>Other</td>
<td>0.00</td>
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<tr>
<td>Program Income</td>
<td>0.00</td>
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<td><strong>TOTAL</strong></td>
<td><strong>166,331.00</strong></td>
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### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- [X] a. This application was made available to the State under the Executive Order 12372 Process for review on **06/12/2014**
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes
- [X] No

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

- [X] I AGREE

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

### Authorized Representative:

- Prefix: 
- *First Name:* **LISA**
- Middle Name:  
- *Last Name:* **BAYS**
- Suffix:  
- **Title:** **STAFF SERVICES MANAGER I**

<table>
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<th>Telephone Number</th>
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<tr>
<td><strong>916-445-3701</strong></td>
<td><strong>916-527-6320</strong></td>
</tr>
</tbody>
</table>

- *Email:* **LISA.BAYS@WILDLIFE.CA.GOV**

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

Authorized for Local Reproduction

---

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

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<th>*2. Type of Application</th>
<th>* If Revision, select appropriate letter(s)</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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3. Date Received: ____________________________ 4. Applicant Identifier: ____________________________

5a. Federal Entity Identifier: B-14-06-0603

5b. Federal Award Identifier: ____________________________

State Use Only: ____________________________

6. Data Received by State: ____________________________ 7. State Application Identifier: ____________________________

8. APPLICANT INFORMATION:

*a. Legal Name: County of San Bernardino

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748

*c. Organizational DUNS: 009241659

d. Address:

*Street 1: 385 North Arrowhead, Third Floor

Street 2: ____________________________

*City: San Bernardino

County: San Bernardino

*State: California

Province: ____________________________

*Country: US

*Zip / Postal Code: 92415-0043

e. Organizational Unit:

Department Name: Department of Community Development and Housing

Division Name: Community Development

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

Prefix: Ms. ____________________________

*First Name: Dena

Middle Name: ____________________________

*Last Name: Fuentes

Suffix: ____________________________

Title: Director of Community Development and Housing

Organizational Affiliation: ____________________________

*Telephone Number: (909) 387-4411  Fax Number: (909) 387-4411

*Email: Dena.Fuentes@sbcounty.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Name of Federal Agency:
Department of Housing and Urban Development

Catalog of Federal Domestic Assistance Number:
14-218

CFDA Title:
CDBG Entitlement Program

Funding Opportunity Number:

Title:

Competition Identification Number:

Title:

Areas Affected by Project (Cities, Counties, States, etc.):
Unincorporated San Bernardino County and 12 cooperating cities

Descriptive Title of Applicant's Project:
2014-15 Community Development Block Grant (CDBG); Multiple CDBG activities including capital improvements, and public services.
16. Congressional Districts Of:
   *a. Applicant: 8,27,31,35,39
   *b. Program/Project: 8,27,31,35,39

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

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

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<td>6,046,806</td>
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<td>6,370,806</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on May 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.)
   ☐ Yes  ☒ No

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

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

Authorized Representative:
Prefix: Ms.  *First Name: Dena  
Middle Name:  
*Last Name: Fuentes  
Suffix:  

*Title: Director of Community Development and Housing

*Telephone Number: (909) 387-4411  Fax Number: (909) 387-4411
* Email: Dena.Fuentes@eds.sbccounty.gov

*Signature of Authorized Representative:  
*Date Signed: 5/13/14
**Application for Federal Assistance SF-424**  
*Type of Submission:*
- □ Preapplication
- ☑ Application
- □ Changed/Corrected Application

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

3. Date Received: [RECEIVED]

4. Applicant Identifier:

5a. Federal Entity Identifier:
   E-14-06-0503

5b. Federal Award Identifier:
   [JUN 13 2014]

State Use Only:

6. Date Received by State: [STATE CLEARING HOUSE]

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of San Bernardino*

*b. Employer/Taxpayer Identification Number (EIN/TIN):*
   95-6002748

*c. Organizational DUNS:
   009241659*

*d. Address:*

   - Street 1: 385 North Arrowhead, Third Floor
   - Street 2:
   - City: San Bernardino
   - County: San Bernardino
   - State: California
   - Province:
   - Country: US
   - Zip / Postal Code: 92415-0043*

*e. Organizational Unit:*

   Department Name: Department of Community Development and Housing
   Division Name: Housing Development

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

   Prefix: Ms.  
   *First Name: Dena*

   Middle Name:

   *Last Name: Fuentes*

   Suffix:

   Title: Director of Community Development and Housing

   Organizational Affiliation:

   *Telephone Number: (909) 387-4411  
   Fax Number: (909) 387-4415*

   *Email: Dena.Fuentes@eda.sbcounty.gov*
**Application for Federal Assistance SF-424**

<table>
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<tr>
<th>Question</th>
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<tbody>
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<td>B. County Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>*Other (Specify)</td>
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<td>*10 Name of Federal Agency:</td>
<td>Department of Housing and Urban Development</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>14-231</td>
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<td>CFDA Title:</td>
<td>Emergency Solutions Grant Program</td>
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<td>*12 Funding Opportunity Number:</td>
<td></td>
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<td></td>
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<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Unincorporated San Bernardino County and 12 cooperating cities</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant's Project:</td>
<td>2014-15 Emergency Solutions Grant (ESG) Program activities for implementing a countywide continuum of care strategy including emergency shelter, rapid rehousing and homeless prevention services.</td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: 8,27,31,35,39
   *b. Program/Project: 8,27,31,35,39

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

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL: 496,343

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

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   ☑ Yes  ☑ 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:  Ms.  *First Name:  Dena
Middle Name:  
*Last Name:  Fuentes
Suffix:  

*Title:  Director of Community Development and Housing

*Telephone Number:  (909) 387-4411  Fax Number:  (909) 387-4415

*Email:  Dena.Fuentes@eda.sbcounty.gov

*Signature of Authorized Representative:  Dena Fuentes  *Date Signed: 5/13/14

Authorized for Local Reproduction

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

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

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

3. Date Received:
   Complied by grants.gov upon submission.

4. Applicant Identifier:
   Habitat for Humanity Lake County, CA Inc.

5a. Federal Entity Identifier:

5b. State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Habitat for Humanity Lake County, CA Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0488756

   c. Organizational DUNS: 071322903

   d. Address:
      - [ ] Street1: PO Box 1830
      - [ ] Street2: Lower Lake
      - [ ] City: Lower Lake
      - [ ] County/Parish: CA
      - [ ] State: CA
      - [ ] Province: USA
      - [ ] Country: UNITED STATES
      - [ ] Zip / Postal Code: 95437

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: [ ]
      - First Name: Richard
      - Middle Name:
      - Last Name: Birk
      - Suffix:
      - Title: President
      - Organizational Affiliation: President of Habitat for Humanity Lake County, CA
      - Telephone Number: 707-994-1100
      - Fax Number: 707-994-1450
      - Email: main@lakehabitat.org

   OMB Number: 4040-0004
   Expiration Date: 03/31/2012
   RECEIVED
   JUN 16 2014
   STATE CLEARING HOUSE
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   Non-profit affordable housing 501 (c) 3 corporation

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:
   10.433

CFDA Title:

Housing Preservation Grant

* 12. Funding Opportunity Number:
   USDA-RD-HPG-333-2014

* Title:

Housing Preservation Grant

13. Competition identification Number:
   Habitat for Humanity Lake County CA Inc.

Title:

HRR Project 5

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

* 15. Descriptive Title of Applicant's Project:

Home Repair and Rehabilitation Project 5

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

16. Congressional Districts Of:
   - a. Applicant [Calif. 5&3]
   - b. Program/Project [Calif. 5&3]

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

17. Proposed Project:
   - a. Start Date: 10/01/2014
   - b. End Date: 9/30/2015

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

   **18. 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 8/16/2014
   - [ ] 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 in attachment.)**
   - [ ] Yes
   - [ ] No

   If "Yes", provide explanation and attach

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

   **I AGREE**

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

**Authorized Representative:**

Prefix: [ ]

Middle Name: [ ]

* First Name: Richard

* Last Name: Birk

Suffix: [ ]

* Title: President

* Telephone Number: 707-994-1100

Fax Number: 707-994-1450

* Email: main@lakehabitat.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

**Version 02**

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

### 2. Type of Application
- [ ] New
- [ ] Continuation
- [✓] Revision

### 3. Date Received:
- RECEIVED

### 4. Application Identifier:
- CA-90-Z133

### 5a. Federal Entity Identifier:
- 1685

### 5b. Federal Award Identifier:
- JUN 16 2014

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

### 8. APPLICANT INFORMATION:

#### a. Legal Name: City of Redondo Beach

#### b. Employer/Taxpayer Identification Number (EIN/TIN):
- 95-6000767

#### c. Organizational DUNS:
- 074151986

#### d. Address:
- Street 1: 415 Diamond Street
- Street 2: 
- City: Redondo Beach
- County: Los Angeles County
- State: California
- Province: 
- Country: USA
- [✓] Zip/Postal Code: 90277

### e. Organizational Unit:
- Department Name: Community Services Department
- Division Name: Transit Division

### f. Name and contact information of person to be contacted on matters involving this application:
- Prefix: Ms.
- Middle Name: 
- Last Name: Rooney
- Suffix: 
- Title: Transit Operations and Transportation Facilities Manager

### Organizational Affiliation:
- Municipal local government

*Telephone Number: (310) 318-0610, ext. 2670
*Fax Number: (310) 798-8273
*Email: joyce.rooney@redondo.org
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. <strong>Type of Applicant 1:</strong> Select Applicant Type:</td>
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<tr>
<td><strong>Type of Applicant 2:</strong> Select Applicant Type:</td>
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<tr>
<td><strong>Type of Applicant 3:</strong> Select Applicant Type:</td>
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<td><strong>Other (specify):</strong></td>
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<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td><strong>CFDA Title:</strong></td>
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<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<tr>
<td><strong>Title:</strong></td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   *a. Applicant: 36th Congressional District
   *b. Program/Project: 36th Congressional District

Attach an additional list of Program/Project Congressional Districts if needed.
37th Congressional District

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

18. Estimated Funding (S):
   *a. Federal: $1,059,695.00
   *b. Applicant: $386,565.00
   *g. TOTAL: $1,446,260.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 6/16/14.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372

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

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

   [x] **I AGREE.

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

   Authorized Representative:

   Prefix: Ms.  
   *First Name: Joyce

   Middle Name: 

   *Last Name: Rooney

   Suffix: 

   *Title: Transit Operations and Transportation Facilities Manager

   *Telephone Number: (310) 318-0610, ext. 2670  Fax Number: (310) 798-8273

   *Email: joyce.rooney@redondo.org

   *Signature of Authorized Representative: [Signature]  Date Signed: 6/16/17