

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16 - 30, 2013**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): C - Changed title of project  * Other (Specify) C - Changed title of project
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\* 3. Date Received: \_\_\_\_\_ 4. Application Identifier: \_\_\_\_\_

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: <b>RECEIVED</b>
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**State Use Only:** \_\_\_\_\_ **JUN 17 2013**

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

**8. APPLICANT INFORMATION:** **STATE CLEARING HOUSE**

\* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339
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**d. Address:**  
\* Street1: 1300 Airport Road  
Street 2:  
\* City: Mammoth Lakes  
County: Mono  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93546

e. Organizational Unit:  
Department Name: Public Works Division Name: \_\_\_\_\_

f. Name and contact information of person to be contacted on matters involving this application:  
Prefix: Mr. First Name: Brian  
Middle Name:  
\* Last Name: Picken  
Suffix:

Title: Assistant Airport Manager

Organizational Affiliation:  
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

\* Telephone Number: 760-934-3813 Fax Number: 760-934-3119

\* Email: bpicken@ci.mammoth-lakes.ca.us

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Construction of Temporary Terminal Facilities; Pavement Maintenance/Management Program; Remark Runway, Taxiway and Apron; Engineering Design - Crack and Joint Seal

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$798,842.00
*b. Applicant	\$88,760.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$887,602.00

**\*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 6-12-2013  
 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: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

\*Signature of Authorized Representative:



Date Signed: 6/12/13

**Application for Federal Assistance SF-424**

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s):  * Other (Specify)
---	---	---

* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

**RECEIVED**  
JUN 17 2013  
STATE CLEARING HOUSE

5a. Federal Entity Identifier: MMH - 3-06-0146-	* 5b. Federal Award Identifier: JUN 17 2013
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6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Town of Mammoth Lakes

* b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0043067	*c. Organizational DUNS: 144603339
---	---------------------------------------

**d. Address:**

\* Street1: 1300 Airport Road  
Street 2:  
\* City: Mammoth Lakes  
County: Mono  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93546

**e. Organizational Unit:**

Department Name: Public Works	Division Name:
----------------------------------	----------------

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

Prefix: Mr. First Name: Brian  
Middle Name:  
\* Last Name: Picken  
Suffix:  
Title: Airport Manager

Organizational Affiliation:  
Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

* Telephone Number: 760-934-3813	Fax Number: 760-934-3119
* Email: bpicken@ci.mammoth-lakes.ca.us	

**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

Town of Mammoth Lakes, California

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

Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Wildlife Hazard Assessment

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

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

*a. Federal	\$99,000.00
*b. Applicant	\$11,000.00
*c. State	\$0.00
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$110,000.00

**\*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 6-12-2013
- 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: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

\*Signature of Authorized Representative:

\*Date Signed:

6/12/13

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b>		<b>* 2. Type of Application</b>		<b>* If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<b>RECEIVED</b>	
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b>		<b>JUN 17 2013</b>	
<b>5a. Federal Entity Identifier:</b> MMH - 3-06-0146-			<b>* 5b. Federal Award Identifier:</b> STATE CLEARING HOUSE		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> Town of Mammoth Lakes					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 77-0043067			<b>*c. Organizational DUNS:</b> 144603339		
<b>d. Address:</b>					
<b>* Street1:</b> 1300 Airport Road <b>Street 2:</b> <b>* City:</b> Mammoth Lakes <b>County:</b> Mono <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA <b>*Zip/ Postal Code:</b> 93546					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Public Works			<b>Division Name:</b>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b> Mr.		<b>First Name:</b> Brian			
<b>Middle Name:</b>					
<b>* Last Name:</b> Picken					
<b>Suffix:</b>					
<b>Title:</b> Assistant Airport Manager					
<b>Organizational Affiliation:</b> Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport					
<b>* Telephone Number:</b> 760-934-3813			<b>Fax Number:</b> 760-934-3119		
<b>* Email:</b> bpicken@ci.mammoth-lakes.ca.us					



**Application for Federal Assistance SF-424**

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

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

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

\* Other (specify):

\* 10. Name of Federal Agency:  
**Federal Aviation Administration**

11. Catalog of Federal Domestic Assistance Number:

**20.106**

CFDA Title:

**Airport Improvement Program**

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

**Town of Mammoth Lakes, California**

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

**Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Reimbursement for Enhanced ALP Update Project.**

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-025

\* a. Applicant CA-025

\* b. Program/Project: CA-025

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

17. Proposed Project:

\* a. Start Date: 2013

\* b. End Date: 2013

18. Estimated Funding (\$):

*a. Federal	\$96,551.00
*b. Applicant	\$10,728.00
*c. State	
*d. Local	\$0.00
*e. Other	\$0.00
*f. Program Income	\$0.00
*g. TOTAL	\$107,279.00

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on 1-21-2013
- 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: Mr. \*First Name: Raymond

Middle Name:

\*Last Name: Jarvis

Suffix: P.E.

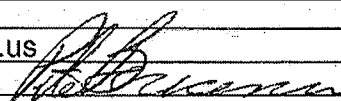
\*Title: Director of Public Works, Town of Mammoth Lakes

\*Telephone Number: 760-934-8989

Fax Number: 760-934-8608

\*Email: rjarvis@ci.mammoth-lakes.ca.us

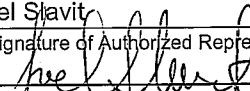
\*Signature of Authorized Representative:



Date Signed:

6/12/13

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 31, 2013	Applicant Identifier 1671
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier CA-90-Z043
<b>5. APPLICANT INFORMATION</b>			
Legal Name: San Mateo Transit District		Organizational Unit: Development	
Address (give city, county, State, and zip code): 1250 San Carlos Blvd. San Carlos, CA 94070		Name and telephone number of person to be contacted on matters involving this application (give area code) Rebecca Arthur (650)508-6368	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2325976		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> [G]	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-507 TITLE: FTA Section 5307 Program		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> San Mateo County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Replacement of 40-foot Hybrid Buses Replacement of 40-foot Diesel Buses Replacement of 30-foot Diesel Buses Replacement of Minivans ADA Operating Subsidy, Preventive Maintenance	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 7/1/12	Ending Date 9/30/15	a. Applicant 12 & 14	b. Project 12 & 14
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 25,905,791 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/15/13	
b. Applicant	\$ <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 7,777,697 <sup>00</sup>		
d. Local	\$ 6,362,700 <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 40,046,188 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>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.</b>			
a. Type Name of Authorized Representative Joel Slavit		b. Title Manager, Grants & Fund Programmir	c. Telephone Number (650) 508-6476
d. Signature of Authorized Representative 		e. Date Signed 5-31-13	

OMB Number 4940-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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RECEIVED

**State Use Only:**

6. Date Received by State: _____	7. State Application Identifier: _____ JUN 17 2013
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**8. APPLICANT INFORMATION:**

STATE CLEARING HOUSE

* a. Legal Name: California Emergency Management Agency
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* b. Employer/Taxpayer Identification Number (EIN/TIN): 680270801	* c. Organizational DUNS: 9474361760000
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**d. Address:**

* Street1: 3650 Schriever Avenue
Street2: _____
* City: Mather
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 95655-4203

**e. Organizational Unit:**

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

Prefix: Ms.	* First Name: Kris
Middle Name: _____	
* Last Name: Whitty	
Suffix: _____	
Title: Branch Chief	
Organizational Affiliation: _____	
* Telephone Number: (916) 845-8251	Fax Number: _____
* Email: Kris.Whitty@calema.ca.gov	