Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse June 16 - 30, 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
   - Preapplication: Non-Construction

2. DATE SUBMITTED
   - June 16, 2014
   - Applicant Identifier: MPP 49 U.S.C 5303 Consolidated Planning Grant

3. DATE RECEIVED BY STATE
   - State Application Identifier: 94-6001344-C

4. DATE RECEIVED BY FEDERAL AGENCY
   - Federal Identifier

5. APPLICANT INFORMATION
   - Legal Name: California Department of Transportation
   - Address (give city, county, State, and zip codes):
     P.O. Box 942874, MS - 32
     Sacramento, CA 94274-0001

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   - 94-6001344

7. TYPE OF APPLICANT:
   - (enter appropriate letter in box)
     - A. State
     - 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):

8. TYPE OF APPLICATION:
   - Now
   - Continuation
   - Revision

9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   - 20-505

10. TITLE:
    - Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    - FY 2014 49 U.S.C. Section 5303 FTA Metropolitan Planning Program - $17,025,078
    - FY 2014 49 U.S.C 5304 FTA Statewide Planning and Research Program - $3,281,279
    - FY 2014 FHWA PL - $44,920,714
    - FY 2014 FHWA State Planning and Research Studies - $1,200,000

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
    - State of California

13. PROPOSED PROJECT:
    - Start Date: 7/1/14
    - Ending Date: 6/30/15
    - a. Applicant
    - b. Project

14. CONGRESSIONAL DISTRICTS OF:
    - California Statewide

15. ESTIMATED FUNDING:
    a. Federal
    - $65,431,071
    b. Applicant
    - $30,900
    c. State
    - $30,900
    d. Local
    - $860,378
    e. Other
    - $60,000
    f. Program Income
    - $60,000
    g. TOTAL
    - $67,281,449

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
    - No

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

   a. Type of Authorized Representative
   - C. Garth Hopkins
   - Title: Chief, Office of Regional & Intergency Planning
   - Telephone Number: (916) 654-8175
   - Date Signed: 5/16/14

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
**Application for Federal Assistance SF-424**

**Version 02**

<table>
<thead>
<tr>
<th>*1. Type of Submission</th>
<th>*2. Type of Application</th>
<th>*If Revision, select appropriate letter(s):</th>
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<td>□ Application</td>
<td>□ Continuation</td>
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<td>□ Changed/Corrected Application</td>
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<td>STATE CLEARING HOUSE</td>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>*a. Legal Name:</th>
<th>The Regents of the University of California</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>*b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>95-6006142</td>
</tr>
<tr>
<td>*c. Organizational DUNS:</td>
<td>627797426</td>
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<thead>
<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>Street1: 200 University Office Building</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>*City: Riverside</td>
</tr>
<tr>
<td>*State: CA</td>
</tr>
<tr>
<td>Country: USA</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Zip/ Postal Code: 92521-0217</td>
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<tr>
<td>Department Name:</td>
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<tr>
<td>Sponsored Programs Administration</td>
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<tr>
<td>Division Name:</td>
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<td>Research and Economic Development</td>
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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>First Name: Robert</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Chan</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Senior Contract and Grant Officer</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
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<table>
<thead>
<tr>
<th>*Telephone Number: 951-827-7986</th>
<th>Fax Number: 951-827-4483</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Email: <a href="mailto:Robert.chan@ucr.edu">Robert.chan@ucr.edu</a></td>
<td></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424
Version 02

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

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

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

*Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:  10.025

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

*12. Funding Opportunity Number:

*Title:  Farm Bill - Notice of Cooperative Agreement No. 14-8130-0359-CA

13. Competition Identification Number:

Title:

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

California

*15. Descriptive Title of Applicant's Project:
Brown Marmorated Stink Bug Classical Biological Control

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

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

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

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

18. Estimated Funding ($):
   *a. Federal: $25,000.00
   *b. Applicant: $0.00
   *c. State: $0.00
   *d. Local: $0.00
   *e. Other: $0.00
   *f. Program Income: $0.00
   *g. TOTAL: $25,000.00

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 6/17/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372

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

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

☑ **I AGREE

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

Authorized Representative:
Prefix: Mr.  ☑
*First Name: Robert
Middle Name: 
*Last Name: Chan
Suffix: 
*Title: Senior Contract and Grant Officer

*Telephone Number: 951-827-7986  Fax Number: 951-827-4483
*Email: robert.chan@ucr.edu
*Signature of Authorized Representative: Date Signed: 6/17/2014
### Application for Federal Assistance SF-424

**Version 02**

**OMB Number:** 4040-0004  
**Expiration Date:** 01/31/2006

**RECEIVED**  
**JUN 17 2014**

STATE CLEARING HOUSE

---

#### 1. Type of Submission:
- [x] Application
- [ ] Revised
- [ ] Continuation
- [ ] Other (Specify):

#### 2. Type of Application:
- [x] New
- [ ] Revision, select appropriate letter:

#### 3. Date Received:

#### 4. Applicant Identifier:

#### 5a. Federal Entity Identifier:

#### 5b. Federal Award Identifier:

#### 6. Data Received by State:

#### 7. State Application Identifier:

---

#### B. APPLICANT INFORMATION:

**a. Legal Name:** City of Farmersville

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 346050396

**c. Organizational DUNS:** 004953360

#### d. Address:

- **City:** Farmersville
- **State:** California
- **County:** Tulare
- **Zip / Postal Code:** 93223

#### e. Organizational Unit:

- **Department Name:** City of Farmersville
- **Division Name:** N/A

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

- **Prefix:** Mr.
- **First Name:** Mario
- **Middle Name:**
- **Last Name:** Krsatic
- **Suffix:**

**Title:** Interim City Manager

**Organizational Affiliation:** City of Farmersville

**Telephone Number:** (559) 747-0458  
**Fax Number:** (559) 747-6724

**Email:** mkratic@farmersvillegaind.com
**Application for Federal Assistance SF-424**

**Version 02**

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

- G. City

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

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

- *Other (specify):*

**10. Name of Federal Agency:**

- [NGMS 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:**

- [MBL-SF424 FAMILY-ALL FORMS]

**Title:**

- [MBL-SF424 FAMILY-ALL FORMS]

**13. Competition Identification Number:**

**Title:**

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

- Cameron Creek Colony and the City of Farmersville, Tulare County, California

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

- Cameron Creek Colony Drought Water Supply Project

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

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: 07-01-2014
   * b. End Date: 07-01-2015

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. Application was made available to the State under the Executive Order 12372 Process for review on 06-17-2014
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

21. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances. I 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: Mario
Middle Name: 
Last Name: Krsatic
SUFFIX: 

Title: Interim City Manager

Telephone Number: (559) 747-0458 Fax Number: (559) 747-6724

Email: mkrsatic@farmersvillepd.com

Signature of Authorized Representative: [Signature] Date Signed: 6-16-2014

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Application for Federal Assistance SF-424

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

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

3. Date Received:
06/17/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

6. APPLICANT INFORMATION:

a. Legal Name: Unified Port of San Diego

b. Employer/Taxpayer Identification Number (EIN/TIN):
993241403

c. Organizational DUNS:
505926250000

d. Address:
- Street: 3165 Pacific Highway
- City: San Diego
- County/Parish:
- State: CA, California
- Province:
- Country: USA, UNITED STATES
- Zip/Postal Code: 92101-0000

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

f. Name and contact information of person to be contacted on matters involving this application:
- Prefix: 
- First Name: Jerino
- Middle Name:
- Last Name: Rosato
- Suffix:
- Title: Sr. Mgr. Strategy & Business Development
- Organizational Affiliation:

- Telephone Number: 619-723-6084
- Fax Number: 619-635-6556
- Email: jrosato@portofsandiego.org

OMB Number: 4040-0004
Expiration Date: 09/30/2016

RECEIVED
JUN 17 2014
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Owner (specify):

* 10. Name of Federal Agency:
   Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   66.039

CFDA Title:
   National Clean Diesel Emissions Reduction Program

* 12. Funding Opportunity Number:
   EPA–OAR–OTAQ–14–05

* Title:
   National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   Install a zero-emitting electric drive, battery & charging system on existing diesel-powered reach stacker and upgrade a second reach stacker's under-powered electric system to increase zero-emissions

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

16. Congressional Districts Of:
   * a. Applicant O32
   * b. Program/Project O31

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

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

18. Estimated Funding (b):

   * a. Federal 513,893.00
   * b. Applicant 14,400.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 790,938.00
   * f. Program Income 0.00
   * g. TOTAL 1,329,232.00

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 06/17/2014.
   ☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☑ c. Program is not covered by E.O. 12372.

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

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 219, Section 1991)
   ☑ 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: Robert
Middle Name:     Last Name:        Oengellis
* Title:         SFO/Treasurer
* Telephone Number: 619.400.4728       Fax Number: 619.666.6403
* Email:         rdeangellis@portofsandiego.org
* Signature of Authorized Representative: Cynthia Allen * Date Signed: 09/17/2014
Application for Federal Assistance SF-424

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

2. Type of Application:
   - m New
   - l Continuation
   - m 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: San Francisco State University

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

   c. Organizational DUNS:

   831137247

   942514985

   d. Address:

   - Street1: 600 Holloway Ave
     Street2: ADM 471
   - City: San Francisco
   - County: San Francisco
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 94132-1722

   e. Organizational Unit:

   - Department Name: ""
   - Division Name: ""
   - Rombarg Tiburon Center
   - Coll. Science & Engineering

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

   Prefix: 
   * First Name: William
   Middle Name:
   * Last Name: Kimmerer
   Suffix: 

   Title: RTC Research Professor

   Organizational Affiliation:

   San Francisco State University

   Telephone Number: 415-338-3515
   Fax Number: ""

   * Email: kimmerer@sfsu.edu

   Funding Opportunity Number: 
   Received Date; Time Zone; GMT-8
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

- H: Public/State Controlled institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):  

* 10. Name of Federal Agency:

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15.008

CFDA Title:

U.S. Geological Survey, Research and Data Collection

* 12. Funding Opportunity Number:

G14AS00001

* Title:

USGS Non-Competitive Assistance FY 2014 - National Grants Branch

13. Competition Identification Number:

G14AS00001

Title:

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

* 15. Descriptive Title of Applicant's Project:

Studies on the Role of Zooplankton Density and Feeding Success in the Spawning Migration of Delta Smelt (Hypomesus transpacificus) in the Sacramento-San Joaquin Delta

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

16. Congressional Districts Of:
   * a. Applicant  CA-012
   * b. Program/Project  CA-012

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

17. Proposed Project:
   * a. Start Date: 08/01/2014
   * b. End Date: 07/31/2015

18. Estimated Funding ($):
   * a. Federal  86,275.00
   * b. Applicant  0.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  86,275.00

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 08/17/2014
   * b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   * c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)
   m Yes  i 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:                        * First Name:  Alison
Middle Name:                  
* Last Name:  Sanders
Suffix:                        

* Title:  Director

* Telephone Number: 415-405-3943  Fax Number: 415-338-2482

* Email:  asanders@sfu.edu

* Signature of Authorized Representative:  [Signature]  * Date Signed: 08/17/2014

Authorized for Local Reproduction

Standard Form 424

Prescribed by Office of Management and Budget
**Application for Federal Assistance SF-424**

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  - Preapplication  
  - Application  
  - Changed/Corrected Application  
  - New  
  - Continuation  
  - Revision  
  - Other (Specify): |
| *2. Type of Application: | New |
| *3. Date Received: | JUN 18 2014 |
| 4. Applicant Identifier: | STATE CLEARING HOUSE |
| 5a. Federal Entity Identifier: |  
  | |
| 5b. Federal Award Identifier: |  
  | |
| 6. Date Received by State: |  
  | |
| 7. State Application Identifier: | G1400088 |
| 8. APPLICANT INFORMATION: | |
| *a. Legal Name: | STATE OF CALIFORNIA |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): | 94-1697567 |
| *c. Organizational DUNS: | 8043223500000 |
| d. Address: | 1831 5TH STREET  
  SACRAMENTO  
  CA: California  
  USA: UNITED STATES  
  95811-7011 |
| e. Organizational Unit: | FISH AND WILDLIFE  
  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: 916-127-0062  
  Fax Number: 916-327-6320  
  *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:
    28 (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.):
    Statewide

*15. Descriptive Title of Applicant's Project:
    WILDLIFE INVENTORIES AND RESEARCH - BIOLOGICAL RESOURCE ASSESSMENT & LAND MANAGEMENT PLANNING

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

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>
<td>b. Applicant</td>
<td>0.00</td>
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<td>c. State</td>
<td>127,210.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<td>e. Other</td>
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<tr>
<td>f. Program Income</td>
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<td>g. TOTAL</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/16/2014
   - [ ] 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.)
   - [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 210, Section 1091)

   ** I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix:</th>
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<tbody>
<tr>
<td>* First Name: LISA</td>
<td></td>
</tr>
</tbody>
</table>

| Middle Name: |   |

| Last Name: | BAYS |

| Suffix: |   |

| Title: | STAFF SERVICES MANAGER I |

| Telephone Number: | 916-445-3701 |
| Fax Number: | 916-327-6320 |

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

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

Authorized for Local Reproduction

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

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**State Use Only:**

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

**8. APPLICANT INFORMATION:**

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<th>Unified Port of San Diego</th>
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<td>* Street: 3165 Pacific Highway</td>
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<tr>
<td>Street2:</td>
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<tr>
<td>* City: San Diego</td>
</tr>
<tr>
<td>County/Parish:</td>
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<tr>
<td>* State: CA: California</td>
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<tr>
<td>Province:</td>
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<tr>
<td>* Country: USA: UNITED STATES</td>
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<tr>
<td>* Zip / Postal Code: 92101-0000</td>
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d. Organizational Unit:

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<th>Division Name:</th>
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**f. Name and contact information of person to be contacted on matters involving this application:**

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<td>Jerine</td>
<td>Rosato</td>
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<tr>
<td>Middle Name:</td>
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<td>Suffix:</td>
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<table>
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<tr>
<th>Title: Sr. Mgr. Strategy &amp; Business Development</th>
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Organizational Affiliation:

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<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
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<tr>
<td>619.725.6084</td>
<td>619-686-6555</td>
</tr>
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</table>

| * Email: | |
|----------| |
| jrosato@portofsandiego.org | |
**Application for Federal Assistance SF-424**

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

D: Special District Government

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

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

*Other (specify):*

**10. Name of Federal Agency:**

Environmental Protection Agency

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

56.039

CFDA Title:

National Clean Diesel Emissions Reduction Program

**12. Funding Opportunity Number:**

EPA-OAR-OTAQ-14-05

*Title:

National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

**13. Competition Identification Number:**

Title:

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

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

Install a zero-emitting electric drive, battery & charging system on existing diesel-powered reach stacker and upgrade a second reach stacker’s under-powered electric system to increase zero-emissions

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

16. Congressional Districts Of:
   a. Applicant 052
   b. Program/Project 051

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

17. Proposed Project:
   a. Start Date: 04/01/2015
   b. End Date: 04/01/2016

18. Estimated Funding ($):
   a. Federal 512,893.00
   b. Applicant 14,400.00
   c. State 0.00
   d. Local 0.00
   e. Other 790,939.00
   f. Program Income 0.00
   g. TOTAL 1,318,232.00

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 06/17/2014
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

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

* Telephone Number: 619.400.4725  Fax Number: 619.686.6403
* Email: cdeangelis@portofsandiego.org
* Signature of Authorized Representative: [ ]
   * Date Signed: 06/17/2014
Application for Federal Assistance SF-424

**Version 02**

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<td>☐ Preapplication</td>
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<td>☐ Changed/Corrected</td>
<td>☐ Revision</td>
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**State Use Only:**

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**B. APPLICANT INFORMATION:**

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<th>*c. Organizational DUNS:</th>
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<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>1831 9TH STREET</td>
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<tr>
<td>SACRAMENTO</td>
</tr>
<tr>
<td>CA: California</td>
</tr>
<tr>
<td>USA: UNITED STATES</td>
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<td>95611-7011</td>
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<th>e. Organizational Unit:</th>
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<td>FISH AND WILDLIFE</td>
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<tr>
<td>GRANTS MANAGEMENT BRANCH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
</table>
| Prefix: * First Name: JASON *
| Middle Name:                                                                             |
| Last Name: WILLIAMS                                                                     |
| Suffix:                                                                                  |
| Title: GRANT ADMINISTRATOR                                                               |
| Organizational Affiliation:                                                             |
| Telephone Number: 916-327-0062                                                          |
| Fax Number: 916-327-0320                                                                  |
| 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:**

**F14AS00009**

**Title:**

**88 (CA/WV) Wildlife Restoration Grant Program for State Fish and Game Agencies**

**13. Competition Identification Number:**


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

**STATEWIDE**

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

**WILDLIFE INVENTORIES AND RESEARCH: UPLAND GAME**

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

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

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

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

18. Estimated Funding ($):
   * a. Federal  652,996.00
   * b. Applicant  0.00
   * c. State  217,685.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  870,661.00

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 06/16/2014.
   ☐ 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 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 II
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.

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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
   - [x] Application
   - [ ] Changed/Corrected Application

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

3. Date Received:
   - Reveal by Granite.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier: 01498099

9. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS:
      8082229400000

   d. Address:
      - **Street:** 1431 9th STREET
      - **City:** SACRAMENTO
      - **State:** CA
      - **Province:** Ch: California
      - **County:**
      - **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**

**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:**
- PA04AS00058

*Title:
- 8E (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), Modoc (1), Siskiyou (1), Shasta (1), Tehama (1), Humboldt (2), Del Norte (2), Mendocino (2) and Trinity (2) Counties

**15. Descriptive Title of Applicant's Project:**
- WILDLIFE MANAGEMENT & RESOURCE ASSESSMENT: NORTHERN REGION (Game Species)

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-006
   * b. Program/Project  1, 2

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

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

18. Estimated Funding ($):

   * a. Federal  440,615.00
   * b. Applicant  0.00
   * c. State  146,873.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  587,492.00

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 06/16/2014
   
   [] 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.)
   
   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 agrees 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)

   XX 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: DAVIS
Suffix: ___________________________

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701  Fax Number: 916-327-8320

* Email: LISA.DAVIS@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 10/2008)
Prescribed by OMB Circular A-102
# Application for Federal Assistance SF-424

**Version 02**

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<th><strong>2. Type of Application:</strong></th>
<th><strong>3. Date Received:</strong></th>
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**5b. Federal Award Identifier:** [ ]

**State Use Only:**  
6. Date Received by State: [ ]  
7. State Application Identifier: 01498092

**8. APPLICANT INFORMATION:**

**a. Legal Name:** STATE OF CALIFORNIA  
**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-1697567  
**c. Organizational DUNS:** 8083223580000

**d. Address:**  
Street: 1821 9TH STREET  
City: SACRAMENTO  
County:  
State: CA: California  
Province:  
Country: USA: UNITED STATES  
Zip / Postal Code: 95811-7011

**e. Organizational Unit:**
Department Name: 95811-7011  
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: WONG  
Suffix:  
Title: Grant Administrator
Organizational Affiliation:  
* Telephone Number: 916-445-3694  
Fax Number: 916-327-6320  
* Email: steve.wong@wildlife.ca.gov
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>16. Descriptive Title of Applicant's Project:</strong></td>
<td>WILDLIFE HABITAT MANAGEMENT AND MAINTENANCE-R6 LANDS NORT</td>
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### Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:
   
   **a.** Applicant: CA-005

   **b.** Program/Project: Sec#14

   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
   
   **b.** Applicant
   
   **c.** State
   
   **d.** Local
   
   **e.** Other
   
   **f.** Program Income
   
   **g.** TOTAL
   
   74,819.00
   
   0.00
   
   24,940.00
   
   0.00
   
   0.00
   
   0.00
   
   99,759.00

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 06/13/2014.
   
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   
   c. Program is not covered by E.O. 12372.

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

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

**[X] I AGREE

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

**Authorized Representative:**

Prefix: ____________________________

Middle Name: ____________________________

*Last Name: ____________________________

Suffix: ____________________________

**Title: ____________________________

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

Fax Number: 916-327-0320

**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 10/2008)

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

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

2. **DATE SUBMITTED:**
   - June 25, 2014

3. **DATE RECEIVED BY STATE:**
   - NA

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

5. **APPLICANT INFORMATION**
   - **Legal Name:** California State Coastal Conservancy
   - **Organizational DUNS:** 89322408
   - **Address:** 1330 Broadway, 13th floor
   - **City:** Oakland
   - **County:** Alameda
   - **State:** CA
   - **Zip Code:** 94612
   - **Email:** jgarwein@scc.org
   - **Phone Number:** 510-286-4170
   - **Fax Number:** 510-286-0470

6. **EMPLOYER IDENTIFICATION NUMBER (EIN):**
   - 94-3112695

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

8. **STATEMENT OF PROJECT:***

9. **TITLE (Name of Program):**
   - National Coastal Wetlands Conservation Program

10. **AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**
    - County of Marin, California

11. **CONGRESSIONAL DISTRICTS OF:**
    - a. Applicant: Barbara Lee, CA #13
    - b. Project: Jared Huffman, CA #2

12. **PROPOSED PROJECT**
    - Start Date: January 1, 2015
    - Ending Date: December 31, 2016

13. **CATEGORIZATION NUMBER:**
    - 15-614

14. **AREAS AFFECTED BY PROJECT:**
    - County of Marin, California

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

   - a. $863,000
   - b. $200,000
   - c. $0
   - d. $5,000
   - e. $247,000
   - f. $0
   - g. $1,335,000

16. **IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
    - a. Yes [x]
    - b. No [ ]

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

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

   - **Authorized Representative:**
     - **Last Name:** Samuel
     - **Middle Name:**
     - **Suffix:**

   - **Telephone Number:** 510-286-1015
   - **Date Signed:** 6/12/14

---

Standard Form 224 (Rev. 9-2003)
Prescribed by OMB Circular A-102

TOTAL P.01
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: New Auberry Water Association

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2318559

   c. Organizational DUNS: 6280751450000

   d. Address:
      - Street1: 34624 Robles
      - City: Auberry
      - County/Parish: Fresno
      - State: CA California
      - 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 Directors; Grant Manager
      - Organizational Affiliation: [ ]
      - * Telephone Number: 510-415-6053
      - Fax Number: 510-828-6512
      - * Email: rebecca.nawa@gmail.com
**Application for Federal Assistance SF-424**

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<tr>
<th>*9. Type of Applicant 1: Select Applicant Type:</th>
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</thead>
<tbody>
<tr>
<td>M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td>
</tr>
</tbody>
</table>

| Type of Applicant 2: Select Applicant Type: |

| Type of Applicant 3: Select Applicant Type: |

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<tr>
<th>* Other (specify):</th>
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<th>*10. Name of Federal Agency:</th>
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<td>United States Department of Agriculture</td>
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<th>*12. Funding Opportunity Number:</th>
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<th>Title:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<th>* 15. Descriptive Title of Applicant's Project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Water Service Measures for NAWA Community: Lowering Well Pumps and Water Hauling</td>
</tr>
</tbody>
</table>

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: 07/15/2014
   * b. End Date: 07/15/2016

18. Estimated Funding ($) :

   * a. Federal 400,000.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 400,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

Authorized Representative:

Prefix: Mr.
Middle Name: Lee
* 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: 06/13/2014
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: JUN 9 2014

* 4. Applicant Identifier:

6a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

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

68-0288069

* c. Organizational DUNS:

1959102760000

d. Address:

* Street1: 1001 I Street

Street2: PO Box 1436

* City: Sacramento

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95814-4801

e. Organizational Unit:

Department Name:
California Air Resources Board

Division Name:
Administrative Services Division

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

Prefix:

* First Name: Brandy

Middle Name:

* Last Name: Hunt

Suffix:

Title: Manager, Budgets, Grants & Revenues Section

Organizational Affiliation:

* Telephone Number: (916) 445-4845

Fax Number: (916) 327-2940

* Email: brandy.hunt@ca.gov
# Grant Application Package

**Opportunity Title:** National Clean Diesel Funding Assistance Program FY 2014  
**Offering Agency:** Environmental Protection Agency  
**CFDA Number:** 66.039  
**CFDA Description:** National Clean Diesel Emissions Reduction Program  
**Opportunity Number:** EPA-OAR-OTAQ-14-05  
**Competition ID:**  
**Opportunity Open Date:** 05/01/2014  
**Opportunity Close Date:** 06/17/2014  
**Agency Contact:**  
Faye Swift  
Phone: (202) 343-9147  
Email: swift.faye@epa.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

**Application Filing Name:** California Air Resources Board (CARB)School Bus Retrofit Project

## Select Forms to Complete

### Mandatory

- Application for Federal Assistance (SF-424)  
- Project Narrative Attachment Form  
- Budget Information for Non-Construction Programs (SF-424A)

### Optional

- [ ] Other Attachments Form

## Instructions

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.
**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:

   Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

   66.039

CFDA Title:

   National Clean Diesel Emissions Reduction Program

* 12. Funding Opportunity Number:

   EPA-GAP-OYAQ-14-05

* Title:

   National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

13. Competition Identification Number:

   Title:

   

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

   

* 15. Descriptive Title of Applicant's Project:

   California Air Resources Board (CARB) School Bus Retrofit Project

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

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

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

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

18. Estimated Funding ($):
   * a. Federal  1,200,000.00
   * b. Applicant  0.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  1,200,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 06/17/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

      X ** I AGREE

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

Authorized Representative:

Prefix:  Ms.  * First Name:  Alice
Middle Name:  
* Last Name:  Stebbins
Suffix:  

*Title:  Chief, Administrative Services Division

* Telephone Number:  (916) 322-8198
Fax Number:  (916) 327-2940

* Email:  astebbin@arb.ca.gov

* Signature of Authorized Representative:  Kate Patten * Date Signed:  06/15/2014
Application for Federal Assistance SF-424

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

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

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:

JUN 19 2014

8. APPLICANT INFORMATION:

a. Legal Name: Valley Small Business Development Corporation
   - STATE CLEARING HOUSE

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 942461565
   - 1692061410000
   - CAGE 4A7W3 5/21/201

c. Organizational DUNS:

D. Address:

- * Street1: 7035 North Fruit Avenue
- * City: Fresno
- * County/Parish: Fresno
- * State: CA: California
- * Province:
- * Country: USA: UNITED STATES
- * Zip / Postal Code: 93711-0761

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: Debbie
Middle Name: 
* Last Name: Raven
Suffix: 

Title: President/Chief Executive Officer

Organizational Affiliation: 

* Telephone Number: 55-476-3977
Fax Number: 559-438-9690

* Email: draven@vsbdc.com
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<td>M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</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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* Other (specify):  

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<td>10.773 CFDA Title:</td>
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<td>* Title:</td>
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<tr>
<td>Rural Business Opportunity Grant</td>
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<th>13. Competition Identification Number:</th>
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<td>Title:</td>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<td>Fresno, Kings, Kern, Tulare counties</td>
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<tr>
<th>15. Descriptive Title of Applicant's Project:</th>
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<tbody>
<tr>
<td>Bringing Resources to You - Mobile Resource/Work Office Vehicle</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-16
   * b. Program/Project: CA-21

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

17. Proposed Project:
   * a. Start Date: 01/01/2015
   * b. End Date: 12/30/2015

18. Estimated Funding ($):
   * a. Federal: 100,000.00
   * b. Applicant: 25,000.00
   * c. State: 
   * d. Local: 
   * e. Other: 225,000.00
   * f. Program income: 
   * g. TOTAL: 350,000.00

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 06/16/2014.
   ☐ 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:  Ms.  * First Name: Debbie
Middle Name: 
* Last Name: Raven
Suffix: 

*Title: President/Chief Executive Officer

*Telephone Number: 559-476-3977  Fax Number: 559-438-9690

*Email: draven@vabadc.com

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

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

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

3. Data Received:
   Compiled by Grants.gov upon submission.

4. Applicant Identifier:
   BLM Bi-State DPS Year 1

5a. Federal Entity Identifier:
   BLM CA

5b. Federal Award Identifier:
   L14A000134

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   a. Legal Name: County of Mono
   b. Employer/Taxpayer Identification Number (EIN/TIN):
      956005-661
   c. Organizational DUNS:
      888128932

9. Address:
   - Street 1: PO Box 347
   - City: Mammoth Lakes
   - County: Mono
   - State: CA: California
   - Zip/Postal Code: 93546

10. Organizational Unit:
    - Department Name: Community Development
    - Division Name:

11. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Mrs.
   - First Name: Wendy
   - Last Name: Sugimura
   - Title: Associate Analyst
   - Telephone Number: 760.924.1814
   - *Email: wsugimura@mono.ca.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2009
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<tr>
<td>B: County Government</td>
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**Type of Applicant 2: Select Applicant Type:**

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

* Other (specify): 

**10. Name of Federal Agency:**

Bureau of Land Management

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

15.223

**CFDA Title:**

Fish, Wildlife and Plant Conservation Resource Management

**12. Funding Opportunity Number:**

B14A00134

* Title:

NIM CA Bi-State Distinct Population of Greater Sage-Grouse Strategic Action Plan DPR

**13. Competition Identification Number:**


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

Mono County, CA, and potentially Alpine and Inyo counties in California; and Carson City, Lyon, Douglas, Mineral, and Nye counties in Nevada.

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


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

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

17. Proposed Project:
   * a. Start Date: 07/08/2014
   * b. End Date: 09/30/2018

18. Estimated Funding ($):
   * a. Federal 35,000.00
   * b. Applicant 2,015,000.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 2,050,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2014
   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 returfing 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:
* Last Name: Burns
Suffix:
* Title: Community Development Director
* Telephone Number: 760.924.1800
* Fax Number: 760.924.1801
* Email: aburns@mono.ca.gov

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

Authorized for Local Reproduction
Standard Form 424 (Revised 10/2008)
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
   - Other (Specify)

3. Date Received:
   Computed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:
   BIM CA

5b. Federal Award Identifier:
   L14AS00134

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: County of Mono

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      936005-661

   c. Organizational DUNS:
      086228332

   d. Address:
      - Street: PO Box 347
      - City: Mammoth Lakes
      - State: CA: California
      - Zip / Postal Code: 93546

   e. Organizational Unit:
      Department Name: Community Development
      Division Name:

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

   Prefix: Mrs.
   * First Name: Wandy
   Middle Name:
   * Last Name: Sugimura
   Suffix:

   Title: Associate Analyst

   Organizational Affiliation:
   Mono County

   * Telephone Number: 760.924.1814
   Fax Number:

   * Email: waugimura@mono.ca.gov
**Application for Federal Assistance SF-424**

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

**10. Name of Federal Agency:**
- Bureau of Land Management

**11. Catalog of Federal Domestic Assistance Number:**
- 15.231
  - CFDA Title:
  - Fish, Wildlife and Plant Conservation Resource Management

**12. Funding Opportunity Number:**
- L14AS001134
  - Title:
  - NLN CA Bi-State Distinct Population of Greater Sage-Grouse Strategic Action Plan DRB

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

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Mono County, CA, and potentially Alpine and Inyo counties in California; and Carson City, Lyon, Douglas, Mineral, and Esmeralda counties in Nevada.

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

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

**Version 02**

16. Congressional Districts Of:

- **a. Applicant**: CA-8
- **b. Program/Project**: CA-8

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

17. Proposed Project:

- **a. Start Date**: 07/08/2014
- **b. End Date**: 09/30/2015

18. Estimated Funding ($):

- **a. Federal**: 230,000.00
- **b. Applicant**: 3,000,000.00
- **c. State**: 0.00
- **d. Local**: 0.00
- **e. Other**: 0.00
- **f. Program Income**: 0.00
- **g. TOTAL**: 3,250,000.00

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/19/2014.
- [ ] 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:
- Middle Name:
- **First Name**: Scott
- **Last Name**: Burns
- Suffix:
- **Title**: Community Development Director
- **Telephone Number**: 760.924.1800
- **Fax Number**: 760.924.1801
- **Email**: aburns@mono.co.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 10/2005)

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

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<tr>
<td>Prefix</td>
<td>Dr.</td>
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<tr>
<td>First Name</td>
<td>Stephen</td>
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<tr>
<td>Email</td>
<td><a href="mailto:stephen.gaimari@cdfa.ca.gov">stephen.gaimari@cdfa.ca.gov</a></td>
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**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. **Catalog of Federal Domestic Assistance Number:**
   - 10-026

**CFDA Title:**

**Plant & Animal Disease, Pest Control and Animal Care**

* 12. **Funding Opportunity Number:**

* **Title:**

13. **Competition Identification Number:**

**Title:**

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

**State of California**

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

**Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Files**

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

16. Congressional Districts Of:
   * a. Applicant: 3rd
   * b. Program/Project: Worldwide

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

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

18. Estimated Funding ($):
   * a. Federal: $135,034
   * b. Applicant: $78,145
   * c. State: $78,145
   * d. Local: 
   * e. Other: 
   * f. Program Income: 
   * g. TOTAL: $213,182

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 6/20/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

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

---

**Authorized Representative:**

Prefix: 
Middle Name: 
* Last Name: Myers
Suffic: 
* Title: Federal Funds Manager
* Telephone Number: 916-403-6653
* Fax Number: 
* Email: crystal.meyers@cofa.ca.gov
* Signature of Authorized Representative: 
* Date Signed: 6/19/14
# Application for Federal Assistance SF-424

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

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

**3. Date Received:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

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

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

**c. Organizational DUNS:**

**d. Address:**

- **Street1:** 8000 J Street
- **City:** Sacramento
- **State:** CA
- **Zip / Postal Code:** 95819-8111

**e. Organizational Unit:**

**Department Name:** Research Administration

**Division Name:** Academic Affairs

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

**Prefix:** Mr.

**First Name:** David

**Middle Name:**

**Last Name:** Eelickson

**Suffix:**

**Title:** Assistant Vice President

**Organizational Affiliation:**

**California State University, Sacramento**

**Telephone Number:** (916) 278-3659

**Fax Number:** (916) 278-6163

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

8. Type of Applicant 1: Select Applicant Type:

☐ Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

CSU Sacramento auxiliary org

RECEIVED

10. Name of Federal Agency:

Geological Survey

11. Catalog of Federal Domestic Assistance Number:

15,808

CFDA Title:

U.S. Geological Survey, Research and Data Collection

12. Funding Opportunity Number:

G14A000000

* Title:

USGS Non-Competitive Assistance FY 2014 - Sacramento Acquisition Branch

13. Competition Identification Number:

G14A000000

Title:

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

15. Descriptive Title of Applicant's Project:

Placer Hall - Fifth Floor Cabling

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

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

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

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

18. Estimated Funding ($):

   * a. Federal 14,644.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 14,644.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   i. This application was made available to the State under the Executive Order 12372 Process for review on 06/18/2014
   m. Program is subject to E.O. 12372 but has not been selected by the State for review.
   m. Program is not covered by E.O. 12372.

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

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

   * I AGREE

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

Authorized Representative:

Prefix: Mr
First Name: David
Middle Name:
Last Name: Earwicker
Suffix:

Title: Assistant Vice President

Telephone Number: 916-278-3689
Fax Number: 916-278-8163

Email: david.earwicker@cpus.edu

Signature of Authorized Representative: David Earwicker
Date Signed: 

Authorized for Local Reproduction

Funding Opportunity Number: 
Received Date: Time Zone: GMT-5

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

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**APPLICANT INFORMATION:**

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<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
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<td>d. Address:</td>
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<td>Street 1:</td>
<td>1220 N Street</td>
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<td>City:</td>
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d. Organizational Unit:

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<tr>
<th>f. Telephone Number:</th>
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<tbody>
<tr>
<td>(916) 900-5024</td>
<td>(916) 900-5350</td>
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<p>| g. Email: | <a href="mailto:roger.spencer@cdfa.ca.gov">roger.spencer@cdfa.ca.gov</a> |</p>
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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>
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<td>Pierce’s Disease Control Program/Glasy-winged Sharpshooter</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
   * b. Program/Project: GWSS

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

17. Proposed Project:
   * a. Start Date: 10/1/13
   * b. End Date: 9/30/14

18. Estimated Funding ($):
   * a. Federal 507,688
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 507,688

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

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

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

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

Authorized Representative:

Prefix:  
* First Name: Crystal
Middle Name:  
* Last Name: Myers
Suffix:  

** Title: Federal Funds Manager

* Telephone Number: (916) 403-6533  Fax Number:  
* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative:  
* Date Signed: 6/19/14
**Application for Federal Assistance SF-424**

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<td>(916) 654-1211</td>
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<th>Fax Number:</th>
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<tr>
<td>(916) 654-0555</td>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
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</tbody>
</table>
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

   Title:

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

* 15. Descriptive Title of Applicant's Project:
   - Red Imported Fire Ant

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

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

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

17. Proposed Project:
   * a. Start Date: 7/1/2014
   * b. End Date: 8/30/2015

18. Estimated Funding ($):
   * a. Federal 120,030
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 120,030

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 June 19, 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
   - [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 218, Section 1001)

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

Authorized Representative:

Prefix: 
* First Name: Crystal
Middle Name: 
* Last Name: Myers
Suffix: 

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative: 
* Date Signed: 

**Application for Federal Assistance SF-424**

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<td>8. APPLICANT INFORMATION:</td>
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<td>a. Legal Name:</td>
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<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-6000528</td>
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<tr>
<td>c. Organizational DUNS:</td>
<td>01-099-7419</td>
</tr>
<tr>
<td>d. Address:</td>
<td>198 Andy's Way</td>
</tr>
<tr>
<td>City:</td>
<td>Quincy</td>
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<tr>
<td>County:</td>
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<td>Division Name:</td>
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<td>f. Name and contact information of person to be contacted on matters involving this application:</td>
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<tr>
<td>Prefix:</td>
<td>Mr.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Dony</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Sawchuk</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Facility Services</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
<td>Plumas County, Department of Facility Services, Airports Division</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>530-283-6070</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>530-283-6103</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:DonySawchuk@countyofplumas.com">DonySawchuk@countyofplumas.com</a></td>
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<td>* 10. Name of Federal Agency:</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>CFDA Title:</td>
<td>Airport Improvement Program</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Beckwourth, Plumas County, California</td>
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<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>Beckwourth-Nervino Airport, Beckwourth, Plumas County, California: New Beacon Tower, Acquire Snow Blower</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-004
   * 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: 2014
   * b. End Date: 2014

18. Estimated Funding ($):
   * a. Federal $220,500.00
   * b. Applicant $13,475.00
   * c. State $11,025.00
   * d. Local $0.00
   * e. Other $0.00
   * f. Program Income $0.00
   * g. TOTAL $245,000.00

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 3-10-2014
   ☐ 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   ✔ 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: Dony
Middle Name:
*Last Name: Sawchuk
Suffix:
*Title: Director, Facilities and Airports

*Telephone Number: 530-283-6070
Fax Number: 530-283-6103
*Email: DonySawchuk@countyofplumas.com
*Signature of Authorized Representative:
Date Signed: 01/01/2014
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):
A
A

* 3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:
201-3-06-0191

* 5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: County of Plumas

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000528

* c. Organizational DUNS:
01-099-7419

* d. Address:

198 Andy's Way
198 Andy's Way

Quinov
Plumas
California
USA

Zip/Postal Code: 95971

a. Organizational Unit:
Department Name: Department of Facility Services
Division Name: Airports

f. Name and contact information of person to be contacted on matters involving this application:
Prefix: Mr.
First Name: Dony
Middle Name:
Last Name: Sawchuk
Suffix:
Title: Facility Services
Organizational Affiliation:
Plumas County, Department of Facility Services, Airports Division

* Telephone Number: 530-283-6070
Fax Number: 530-283-6103
* Email: DonySawchuk@countyofplumas.com
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<thead>
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<td>9. <strong>Type of Applicant 1: Select Applicant Type:</strong></td>
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<td>* 10. <strong>Name of Federal Agency:</strong></td>
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<td>11. <strong>Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>CFDA Title:</td>
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<td>12. <strong>Funding Opportunity Number:</strong></td>
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<td>Title:</td>
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<tr>
<td>13. <strong>Competition Identification Number:</strong></td>
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<td>Title:</td>
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<td>14. <strong>Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>* 15. <strong>Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
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</table>
Application for Federal Assistance SF-424

18. Congressional Districts Of: CA-004

* 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: 2014
   * b. End Date: 2014

18. Estimated Funding ($):

* a. Federal: $529,200.00
* b. Applicant: $32,340.00
* c. State: $26,460.00
* d. Local: $0.00
* e. Other: $0.00
* f. Program Income: $0.00
* g. TOTAL: $588,000.00

*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 5-21-2014.
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

☐ Yes ☑ No

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

Middle Name:

*Last Name: Sawchuk

Suffix:

*Title: Director, Facilities and Airports

*Telephone Number: 530-283-6070

*Email: DonySawchuk@countyofplumas.com

*Signature of Authorized Representative: [Signature]

Data Signed: 06/01/2014
### APPLICATION FOR FEDERAL ASSISTANCE

**1. TYPE OF SUBMISSION:**
- Application

**2. DATE SUBMITTED**
- 5/23/2014

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

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

**5. APPLICANT INFORMATION**

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<tr>
<th>Legal Name</th>
<th>Los Angeles County Metropolitan Transportation Authority</th>
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<tbody>
<tr>
<td>Address (give city, state, and zip code):</td>
<td>One Gateway Plaza, Los Angeles, California 90012</td>
</tr>
<tr>
<td>Name and telephone number of the person to be contacted on matters involving this application (give area code):</td>
<td>Nathan Maddox, (213) 922-7368</td>
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**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**
- 95-4401975

**7. TYPE OF APPLICANT:**
- N

**8. TYPE OF APPLICATION:**
- New

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
- 20.516

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

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<th>b. Project</th>
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**15. ESTIMATED FUNDING**

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<td>b Applicant</td>
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<td>c State</td>
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<td>d Local</td>
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<td>e Other</td>
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<td>$16,068,962.00</td>
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**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?**
- a YES
- b NO

**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 | ASHAD HAMIDEH |
| b. Title | Transportation Planning Manager |
| e. Date Signed | 06/18/2014 |

**Previous Edition Not Usable**

[Standard Form 424 REV 4/88; Prescribed by OMB Circular A-102]
**Application for Federal Assistance SF-424**

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5. **Federal Entity Identifier:**
   KCIC - 3-06-0041-

5b. **Federal Award Identifier:**

6. **Date Received by State:**
   JUN 2, 2014

7. **State Application Identifier:**
   STATE CLEARING HOUSE

8. **APPLICANT INFORMATION:**

   a. **Legal Name:** City of Chico

   b. **Employer/Taxpayer Identification Number (EIN/TIN):**
      94-6000308

   c. **Organizational DUNS:**
      08-528-7522

d. **Address:**
   411 Main Street
   Chico, Butte, California, USA
   Zip/Postal Code: 95927

e. **Organizational Unit:**
   City Manager's Office
   Facilities - Airports

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

   Prefix: Ms.
   First Name: Debbie
   Middle Name: 
   Last Name: Collins
   Suffix: 
   Title: Management Analyst

Organizational Affiliation:
City of Chico, City Manager's Office, Facilities - Airports

* **Telephone Number:** 530-896-7216
* **Fax Number:** 530-895-4825
* **Email:** debbie.collins@Chicoca.gov
**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.):  
   City of Chico, Butte County and Adjacent Counties, California

15. Descriptive Title of Applicant's Project:  
   Chico Municipal Airport, Chico, Butte County, California: Reconstruct Taxiway H and Holding Apron and Remark Taxiways & Apron Phase 2

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

**16. Congressional Districts Of:** CA-002

* 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: 2014   * b. End Date: 2014

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

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<td>g. TOTAL</td>
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**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 6-16-2014
- [ ] 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.)**

- [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 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: Mark

Middle Name:

*Last Name: Orme

Suffix:

**Title: Interim City Manager, City of Chico**

**Telephone Number:** 530-896-7202  
Fax Number: 530-895-4825

**Email:** mark.orme@chicoca.gov

**Signature of Authorized Representative:**  
Date Signed: June 18, 2014

**AUTHORIZED PURSUANT TO BUDGET POLICY**

G.6.a, PARTICIPATION IN FEDERAL, STATE OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2013-14 ANNUAL BUDGET.
**Application for Federal Assistance SF-424**

<table>
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<th>2. Type of Application</th>
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<td>☑ New</td>
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<td>☐ Continuation</td>
<td>* Other (Specify)</td>
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<th>5b. Federal Award Identifier:</th>
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**State Use Only:**

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<th>6. Date Received by State:</th>
<th>7. State Application Identifier:</th>
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**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>City of Chico</th>
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<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-60000308</td>
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<tr>
<td>c. Organizational DUNS:</td>
<td>08-528-7522</td>
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<table>
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<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>*Street1: 411 Main Street</td>
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<tr>
<td>*City: Chico</td>
</tr>
<tr>
<td>*County: Butte</td>
</tr>
<tr>
<td>*State: California</td>
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<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA</td>
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<tr>
<td>*Zip/ Postal Code: 95927</td>
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<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>City Manager's Office</td>
</tr>
<tr>
<td>Facilities - Airports</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Ms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Debbie</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Collins</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

**Title:** Management Analyst

**Organizational Affiliation:**

City of Chico, City Manager's Office, Facilities - Airports

**Telephone Number:** 530-896-7216  
**Fax Number:** 530-895-4825  
**Email:** debbie.collins@Chicoca.gov
<table>
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<th>Question</th>
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<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<tr>
<td>* 10. Name of Federal Agency:</td>
<td>Federal Aviation Administration</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>20.106</td>
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<tr>
<td>CFDA Title:</td>
<td>Airport Improvement Program</td>
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<tr>
<td>12. Funding Opportunity Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>City of Chico, Butte County and Adjacent Counties, California</td>
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<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>Chico Municipal Airport, Chico, Butte County, California: Reconstruct Aircraft Parking Apron Phase 5 - South Central (600' x 450')</td>
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</table>

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

16. Congressional Districts Of: CA-002
   * 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: 2014
   * b. End Date: 2014

18. Estimated Funding ($):
   *a. Federal $2,124,000.00
   *b. Applicant $236,000.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $2,360,000.00

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 6-12-2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

   □ "I AGREE"

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

Authorized Representative:
Prefix: Mr.
*First Name: Mark
Middle Name:

*Last Name: Orme
Suffix:

*Title: Interim City Manager, City of Chico

*Telephone Number: 530-896-7202
*Email: mark.orne@chicoca.gov
*Signature of Authorized Representative: [Signature]
Date Signed: June 18, 2014

AUTHORIZED PURSUANT TO BUDGET POLICY G.S.A., PARTICIPATION IN FEDERAL, STATE OR OTHER FUNDING ASSISTANCE PROGRAMS, AS CONTAINED IN THE 2013-14 ANNUAL BUDGET
Application for Federal Assistance SF-424

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

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

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

*3. Date Received: 4. Application Identifier:

5a. Federal Entity Identifier:
   3-06-0249-  

*5b. Federal Award Identifier:

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

8. APPLICANT INFORMATION:

   * a. Legal Name: City of South Lake Tahoe
   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     94-1610868
   * c. Organizational DUNS:
     09-5883476
   * d. Address:
     Street 1: 1901 Airport Road, Suite 100
     City: South Lake Tahoe
     County: El Dorado
     State: California
     Province: USA
     Zip/Postal Code: 96150

   e. Organizational Unit:
     Department Name: Department of Public Works
     Division Name: Lake Tahoe Airport

   f. Name and contact information of person to be contacted on matters involving this application:
     Prefix: Ms.
     First Name: Sherry
     Middle Name:
     Last Name: Miller
     Suffix:
     Title: Airport Manager
     Organizational Affiliation:
     Lake Tahoe Airport

   * Telephone Number: 530-542-6182
   * Fax Number: 530-544-6366
   * Email: smiller@cityofslt.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.):
    South Lake Tahoe; El Dorado County; Douglas County, Nevada

15. Descriptive Title of Applicant's Project:
    Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Reconstruct General Aviation Apron Phase 3 (380' x 290')

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

16. Congressional Districts Of: CA-004, NV-002

* 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: 2014
   * b. End Date: 2014

18. Estimated Funding ($):

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<td>g. TOTAL</td>
<td>$1,075,000.00</td>
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**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

☐ Yes
☑ No

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

Middle Name: 

*Last Name: Miller

Suffix: 

*Title: Airport Manager

*Telephone Number: 530-542-6182

Fax Number: 530-544-6366

*Email: smiller@cityofsflt.us

*Signature of Authorized Representative: [Signature]

Date Signed: 06-19-14
**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>□ Continuation</td>
<td>* Other (Specify)</td>
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<td>□ Revision</td>
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<td>STATE CLEARING HOUSE</td>
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**State Use Only:**

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<th>7. State Application Identifier:</th>
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**8. APPLICANT INFORMATION:**

- **Legal Name:** City of South Lake Tahoe
- **Employer/Taxpayer Identification Number (EIN/TIN):** 94-1610868
- **Organizational DUNS:** 09-5883476
- **Address:**
  - Street 1: 1901 Airport Road, Suite 100
  - City: South Lake Tahoe
  - County: El Dorado
  - State: California
  - Province: USA
- **Zip/Postal Code:** 96150
- **Organizational Unit:**
<table>
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<th>Department Name:</th>
<th>Division Name:</th>
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</thead>
<tbody>
<tr>
<td>Department of Public Works</td>
<td>Lake Tahoe Airport</td>
</tr>
</tbody>
</table>
- **Name and contact information of person to be contacted on matters involving this application:**
  - **Prefix:** Ms.
  - **First Name:** Sherry
  - **Last Name:** Miller
  - **Suffix:**

**Title:** Airport Director

**Organizational Affiliation:**

Lake Tahoe Airport

**Telephone Number:** 530-542-6182

**Fax Number:** 530-544-6366

**Email:** smiller@cityofslt.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.):  
   South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant’s Project:  
   Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Obstruction Study

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

16. Congressional Districts Of: CA-004, NV-002
   * 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: 2014  * b. End Date: 2014

18. Estimated Funding ($):
   *a. Federal $45,000.00
   *b. Applicant $2,750.00
   *c. State $2,250.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $50,000.00

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 3-28-2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182  Fax Number: 530-544-6366

*Email: smiller@cityofsllt.us

*Signature of Authorized Representative: Sherry Miller  Date Signed: 6-19-14
**Application for Federal Assistance SF-424**

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

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

3. **Date Received:** [JUN 23 2014]

4. **Application Identifier:**

5. **Federal Entity Identifier:**
   - 3-06-0249-

5a. **Federal Award Identifier:**

6. **State Use Only:**

7. **State Application Identifier:**

8. **APPLICANT INFORMATION:**

   a. **Legal Name:** City of South Lake Tahoe
   
   b. **Employer/Taxpayer Identification Number (EIN/TIN):** 94-1610868
   
   c. **Organizational DUNS:** 09-5883476

9. **Address:**
   - Street 1: 1901 Airport Road, Suite 100
   - City: South Lake Tahoe
   - County: El Dorado
   - State: California
   - Province:
   - Country: USA
   - Zip/Postal Code: 96150

10. **Organizational Unit:**
    - Department Name: Department of Public Works
    - Division Name: Lake Tahoe Airport

11. **Name and contact information of person to be contacted on matters involving this application:**
    - **Prefix:** Ms.
    - **First Name:** Sherry
    - **Middle Name:**
    - **Last Name:** Miller
    - **Suffix:**
    - **Title:** Airport Manager

12. **Organizational Affiliation:**
    - Lake Tahoe Airport

13. **Telephone Number:** 530-542-6182
    - **Fax Number:** 530-544-6366
    - **Email:** smiller@cityofslt.us
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>Federal Aviation Administration</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>20.106</td>
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<td>13. Competition Identification Number:</td>
<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Reseal Taxiway Pavement Joints and Runway Cracks</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of: CA-004, NV-002
   * 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: 2014
   * b. End Date: 2014

18. Estimated Funding ($):
   *a. Federal $521,100.00
   *b. Applicant $31,845.00
   *c. State $26,055.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $579,000.00

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 3-21-2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

*Telephone Number: 530-542-6182  Fax Number: 530-544-6366
*Email: s.miller@cityofsflt.us
*Signature of Authorized Representative: Signature  Date Signed: 6-19-14
Application for Federal Assistance SF-424

* 1. Type of Submission
   □ Preapplication
   ✓ Application

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

* If Revision, select appropriate letter(s):

* 3. Date Received: JUN 23 2014

* 4. Application Identifier:

5a. Federal Entity Identifier: 3-06-0249-

* 5b. Federal Award Identifier: JUNE 23 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of South Lake Tahoe

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1610868

* c. Organizational DUNS: 09-5883476

* d. Address:
   * Street 1: 1901 Airport Road, Suite 100
   * City: South Lake Tahoe
   * County: El Dorado
   * State: California
   * Zip/Postal Code: 96150

* e. Organizational Unit:
   Department of Public Works
   Division Name: Lake Tahoe Airport

* f. Name and contact information of person to be contacted on matters involving this application:
   Prefix: Ms.
   First Name: Sherry
   Middle Name:
   Last Name: Miller
   Suffix:
   Title: Airport Manager

Organizational Affiliation:

Lake Tahoe Airport

* Telephone Number: 530-542-6182
* Fax Number: 530-544-6366
* Email: smiller@cityofslt.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.):  
   South Lake Tahoe; El Dorado County; Douglas County, Nevada

* 15. Descriptive Title of Applicant's Project:  
   Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Pavement Maintenance/Management Program

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

16. Congressional Districts Of: CA-004, NV-002
   * 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: 2014
   * b. End Date: 2014

18. Estimated Funding ($):
   *a. Federal $72,000.00
   *b. Applicant $4,400.00
   *c. State $3,600.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $80,000.00

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

Middle Name:

*Last Name: Miller

Suffix:

*Title: Airport Manager

*Telephone Number: 530-542-6182

Fax Number: 530-544-6366

*Email: smiller@cityofslt.us

*Signature of Authorized Representative: [Signature]

Date Signed: 6-19-14
**Application for Federal Assistance SF-424**

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<td>[x] Application</td>
<td>[ ] Continuation</td>
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<td>[ ] Changes/Corrected Application</td>
<td>[ ] Revision</td>
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<td><strong>JUN 23 2014</strong></td>
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<td><strong>Federal Entity Identifier:</strong></td>
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<td><strong>6. Date Received by State:</strong></td>
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<td></td>
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<td><strong>7. State Application Identifier:</strong></td>
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</table>

**B. Applicant Information:**

<table>
<thead>
<tr>
<th><strong>a. Legal Name:</strong></th>
<th>CITY OF WATSONVILLE</th>
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<tr>
<td><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></td>
<td>84-6000451</td>
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<tr>
<td><strong>c. Organizational DUNS:</strong></td>
<td>010334520000</td>
</tr>
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<th><strong>d. Address:</strong></th>
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<tbody>
<tr>
<td><strong>Street:</strong></td>
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<td><strong>City:</strong></td>
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<tr>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>Province:</strong></td>
</tr>
<tr>
<td><strong>Country:</strong></td>
</tr>
<tr>
<td><strong>Zip/Postal Code:</strong></td>
</tr>
</tbody>
</table>

**e. Organizational Unit:**

| Department Name: | Community Development |
| Division Name:   |                        |

**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>Jackie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Ventura</td>
<td></td>
</tr>
<tr>
<td><strong>Suffice:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Administrative Analyst</td>
<td></td>
</tr>
<tr>
<td><strong>Organizational Affiliation:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Telephone Number:** 831-765-3080  
Fax Number: 831-763-6114  
**Email:** Jackie.ventura@cityofwatsonville.org
Application for Federal Assistance SF-424

15. Congressional Districts Of:
   * a. Applicant: CA-17
   * b. Program/Project: CA-17

   Attach 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
   * b. Applicant
   * c. State
   * d. Local
   * e. Other: 569,201.99
   * f. Program Income: 80,000.00
   * g. TOTAL: 1,368,000

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 06/19/2014
   [ ] b. Program is subject to E.O. 13272 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 13272.

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

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

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

Authorized Representative:

Prefix: Mr.  First Name: Carlos
Middle Name:  J.
Last Name: Palacios
Suffix:  
Title: City Manager
Telephone Number: 831-763-3680  Fax Number: 831-763-4114
Email: carlos.palacios@cityofwatsonville.org
Signature of Authorized Representative:  Date Signed: 06/19/2014
Application for Federal Assistance SF-424

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

*2. Type of Application  
☐ New  
☐ Continuation  
☐ Revision  
☐ Other (Specify) ______

3. Date Received: 4. Applicant Identifier:  

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

JUN 24 2014

State Use Only:  

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

8. APPLICANT INFORMATION:

*a. Legal Name: Community Housing Improvement Program, Incorporated

*b. Employer/Taxpayer Identification Number (EIN/TIN):  
94-2223398

*c. Organizational DUNS:  
010998797

d. Address:  
Street 1: 1001 Willow Street  
Street 2: ______

*City: Chico  
County: Butte  
*State: CA  
Province: ______

*Country: U.S.A.  
*Zip / Postal Code 95928

e. Organizational Unit:  
Department Name:  
Division Name:  
N/A

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

Middle Name: ______  
*Last Name: Quezada  
Suffix: ______

Title: Director of Homeownership  
Organizational Affiliation:  

*Telephone Number: (530) 891-6931, ext. 227  
Fax Number: (530) 891-8547

*Email: jquezada@chiphousing.org
**Application for Federal Assistance SF-424**

*9. Type of Applicant 1: Select Applicant Type:*
M. Nonprofit w/501C3 IRS Status (Other Than Higher Edu)

*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:**
10-420

*CFDA Title:*
Rural Self-Help Housing Technical Assistance

*12 Funding Opportunity Number:*

*Title:*

**13. Competition Identification Number:**

*Title:*

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
Butte, Colusa, Glenn, Shasta, Sutter, Tehama, and Yuba Counties.

*15. Descriptive Title of Applicant's Project:*
This application is for $2,277,000, USDA Section 523 TA Grant, to complete 82 equivalent construction units.
**Application for Federal Assistance SF-424**

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

**17. Proposed Project:**
- *a. Start Date: 8/22/2015*
- *b. End Date: 8/21/2017*

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

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<th>Source</th>
<th>Amount</th>
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<td>Applicant</td>
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<td>State</td>
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<tr>
<td>Other</td>
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<tr>
<td>Program Income</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>2,277,000</td>
</tr>
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</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 6/23/2014
- ☐ 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 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></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>*First Name:</td>
<td>David</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>*Last Name:</td>
<td>Ferrier</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Title: Executive Director**

**Telephone Number: (530) 891-6931, ext. 240**

Fax Number: (530) 891-8547

* Email: dferrer@chiphousing.org

**Signature of Authorized Representative:**

*Date Signed: 6/23/2014

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

   * Received

* 3. Date Received:  
   [06/20/2014]

* 4. Applicant Identifier:  
   [JUN 24 2014]

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

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

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  
   [S1496105]

8. APPLICANT INFORMATION:

   * a. Legal Name:  
     [STATE OF CALIFORNIA]

   * b. Employer/Taxpayer Identification Number (EIN/TIN):  
     [94-1691567]

   * c. Organizational DUNS:  
     [8032235800000]

9. d. Address:

   - Street:  
     [1931 9TH STREET]

   - City:  
     [SACRAMENTO]

   - County:  
     [SACRAMENTO]

   - State:  
     [CA: California]

   - Province:  
     [USA: UNITED STATES]

   - Zip / Postal Code:  
     [95811-7011]

10. e. Organizational Unit:

   - Department Name:  
     [FISH AND WILDLIFE]

   - Division Name:  
     [GRANTS MANAGEMENT BRANCH]

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

   - Prefix:  
     [Lisa]

   - Middle Name:  
     [BAYS]

   - * Last Name:  
     [BAYS]

   - Suffix:  

   - Title:  
     [STAFF SERVICES MANAGER I]

   - Organizational Affiliation:  

   - * Telephone Number:  
     [916-445-9701]

   - Fax Number:  
     [916-327-6320]

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

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

2. Type of Applicant 2: Select Applicant Type:

3. Type of Applicant 3: Select Applicant Type:

   * Other (specify):

4. Name of Federal Agency:
   Fish and Wildlife Service

5. Catalog of Federal Domestic Assistance Number:
   15.611

6. CFDA Title:
   Wildlife Restoration and Basic Hunter Education

7. Funding Opportunity Number:
   P14AS00058

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

9. Competition Identification Number:

10. Title:

11. Areas Affected by Project (Cities, Counties, States, etc.):
    San Diego, Orange and Imperial Counties

12. Descriptive Title of Applicant's Project:
    SOUTH COAST LARGE MAMMAL POPULATION MONITORING AND CONSERVATION - REGION 5

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-052**

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

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

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

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<td>0.00</td>
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<td>c. State</td>
<td>47,225.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<td>e. Other</td>
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<td>f. Program Income</td>
<td>0.00</td>
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<td>g. TOTAL</td>
<td>188,915.00</td>
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**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on **07/01/2014**
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

**20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**
- ☐ Yes  
- ☒ 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 1095)"**

- ☒ I AGREE
- ☐ I DISAGREE

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: <strong>BLAINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: <strong>WICKENS</strong></td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title: <strong>CHIEF, GRANTS MANAGEMENT BRANCH</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Telephone Number: **916-445-8300** | Fax Number: **916-327-6320**
| Email: **BLAINE.WICKENS@WILDLIFE.CA.GOV** |
| Signature of Authorized Representative: **Shane Niedsen** | Date Signed: **06/20/2014**  

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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<th><em>2. Type of Application:</em></th>
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<tr>
<td>☐ Preapplication</td>
<td>☐ Continuation</td>
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<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
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**3. Date Received:** 06/25/2014

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** STATE CLEARING HOUSE

**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<td><em>c. Organizational DUNS:</em></td>
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**d. Address:**

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<th><em>Street1:</em></th>
<th>1831 9th STREET</th>
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<tr>
<td>Street2:</td>
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<tr>
<td><em>City:</em></td>
<td>SACRAMENTO</td>
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<tr>
<td>County:</td>
<td></td>
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<td><em>State:</em></td>
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<td>USA: UNITED STATES</td>
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<td>Zip / Postal Code:</td>
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**e. Organizational Unit:**

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<th>Department Name:</th>
<th>Division Name:</th>
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<tr>
<td>FISH AND WILDLIFE</td>
<td>GRANTS MANAGEMENT BRANCH</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: JASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: WILLIAMS</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>GRANT ADMINISTRATOR</th>
</tr>
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<tr>
<th>Organizational Affiliation:</th>
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<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>916-327-9662</th>
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<tbody>
<tr>
<td>Fax Number:</td>
<td>916-327-6320</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:JASON.WILLIAMS@WILDLIFE.CA.GOV">JASON.WILLIAMS@WILDLIFE.CA.GOV</a></td>
</tr>
</tbody>
</table>
### Application for Federal Assistance SF-424

**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):*

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

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

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

**Funding Opportunity Number:**
- FI4A000059

*Title:*
- H5 (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

**Competition Identification Number:**

*Title:*

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

**Descriptive Title of Applicant's Project:**
- WILDLIFE INVENTORIES AND RESEARCH: REFUSE WATER SUPPLY PROGRAM

Attach supporting documents as specified in agency instructions.

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

**Version 02**

### 16. Congressional Districts Of:

- **a. Applicant**
  - CA-06

- **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 ($) :

<table>
<thead>
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<th>Category</th>
<th>Amount</th>
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<tbody>
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<td>Applicant</td>
<td>0.00</td>
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<td>Local</td>
<td>0.00</td>
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<td>Other</td>
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<td>Program Income</td>
<td>0.00</td>
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<tr>
<td>Total</td>
<td>140,644.00</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 06/19/2014.
- □ 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 1091)

- X I AGREE

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

### Authorized Representative:

- **Prefix:**
- **First Name:** BLAINE
- **Middle Name:**
- **Last Name:** NICKENS
- **Suffix:**

- **Title:** STAFF SERVICES MANAGER II

- **Telephone Number:** 916-645-9300
- **Fax Number:** 916-327-6320

- **Email:** BLAINE.NICKENS@WILDLIFE.CA.GOV

- **Signature of Authorized Representative:** Blaine Nickens
- **Date Signed:** 06/30/2014

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 [X]
   - Changed/Corrected Application

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

3. Date Received: 06/24/2014
4. Applicant Identifier: JUN 24 2014

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

6. Date Received by State: 
7. State Application Identifier: G1498056

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS: 8083223580000

   d. Address:
      - Street: 1831 9TH STREET
      - City: SACRAMENTO
      - County: 
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95811-7511

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

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

Organizational Affiliation:

- Telephone Number: 916-445-3701
- Fax Number: 916-327-6320
- * Email: LISA.RAY@WILDLIFE.CA.GOV
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

CFDA Title:
Wildlife Restoration and Basic Hunter Education

12. Funding Opportunity Number:
    F14AS00058

* Title:
    58 (CA/SV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    
* 16. Descriptive Title of Applicant's Project:
    WILDLIFE HABITAT INVENTORIES AND RESEARCH - WILDLIFE INVESTIGATIONS LABORATORY
Application for Federal Assistance SF-424

18. Congressional Districts Of:
   a. Applicant: CA-006
   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 ($):
   a. Federal: 360,600.00
   b. Applicant: 0.00
   c. State: 120,203.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 480,800.00

* 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 06/20/2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix:  [ ] First Name: BLAINE
Middle Name:  
Last Name: NICKENS
Suffix:  
Title: STAFF SERVICES MANAGER II

Telephone Number: 916-445-9300
Fax Number: 916-327-6320
Email: BLAINE.NICKENS@WILDLIFE.CA.GOV

Signature of Authorized Representative: Blaine Nickens  Date Signed: 06/06/2014

Authorized for Local Reproduction

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

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

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

3. Date Received: 

4. Applicant Identifier: 
   Dept. of Food and Agriculture

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

5b. Federal Award Identifier: 

6. Data Received by State: 

7. State Application Identifier: 
   14-0134-FR

8. APPLICANT INFORMATION:
   - a. Legal Name: State of California
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104
   - c. Organizational DUNS: 807487665
   - d. Address:
     - Street: 1220 N Street, Room 315
     - City: Sacramento
     - County: 
     - State: California
     - Province: 
     - Country: USA
     - Zip / Postal Code: 95814
   - e. Organizational Unit:
     - Department Name: California Department of Food and Agriculture
     - Division Name: Plant Health & Pest Prevention Services
   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: 
     - * First Name: Jason
     - Middle Name: K
     - * Last Name: Chan
     - Suffix: 
     - Title: 
     - Organizational Affiliation: California Department of Food and Agriculture
     - * Telephone Number: (916) 654-1211
     - Fax Number: (916) 654-0555
     - * Email: jason.chan@cdfa.ca.gov
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
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<tbody>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<td>- <strong>A - State Government</strong></td>
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<td>* Other (specify):</td>
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<td>- <strong>USDA/APHIS/PPQ</strong></td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>- <strong>10-025</strong></td>
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<td><strong>CFDA Title:</strong></td>
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<td>- <strong>Plant and Animal Disease, Pest Control, and Animal Care</strong></td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>- <strong>State of California</strong></td>
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<td><strong>15. Descriptive Title of Applicant’s Project:</strong></td>
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<td>- <strong>False Codling Moth</strong></td>
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Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

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

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

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

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

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

**20. Is the Applicant Delinquent On Any Federal Debt?**
- [ ] Yes
- [x] No

(If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation

**21. By signing this application, I certify (1) to the statements contained in the list of certifications**

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

- [x] **I AGREE**

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

**Authorized Representative:**

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

---

**Application for Federal Assistance SF-424**

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

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

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

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

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

**20. Is the Applicant Delinquent On Any Federal Debt?**
- [ ] Yes
- [x] No

(If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation

**21. By signing this application, I certify (1) to the statements contained in the list of certifications**

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

- [x] **I AGREE**

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**Authorized Representative:**

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

---
Application for Federal Assistance SF-424

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

2. Type of Application: [X] New

3. Date Received: _______

4. Applicant Identifier: Dept. of Food and Agriculture

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

5b. Federal Award Identifier: _______

6. Date Received by State: _______

7. State Application Identifier: 14-0198-FR

8. APPLICANT INFORMATION:

a. Legal Name: State of California

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

c. Organizational DUNS: 807487665

d. Address: 1220 N Street, Room 315

Street2: 

City: Sacramento

County: 

State: California

Province: 

Country: USA: UNITED STATES

Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture

Division Name: Plant Health & Pest Prevention Services

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

Prefix: 

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
### Application for Federal Assistance SF-424

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

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

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

* Other (specify):

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

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

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

**12. Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Palm Commodity-based Survey

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

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

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

17. Proposed Project:
   - a. Start Date: 7/1/2014
   - b. End Date: 8/30/2015

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

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

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

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

I AGREE ☑

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

**Authorized Representative:**

Prefix: ___________________________ * First Name: Crystal
Middle Name: ______________________
* Last Name: Myers
Suffix: ____________________________

* Title: Manager, Federal Funds Management Office

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

* Signature of Authorized Representative: ___________________________ * Date Signed: ______________________
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>
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<tbody>
<tr>
<td>☑ Preapplication</td>
<td>☑ New</td>
<td></td>
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<tr>
<td>☒ Application</td>
<td>☐ Continuation</td>
<td>☐ Revision</td>
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<tr>
<td>☐ Changed/Corrected Application</td>
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<table>
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<th>* 3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<tr>
<td></td>
<td>Dept. of Food and Agriculture</td>
</tr>
</tbody>
</table>

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

5b. Federal Award Identifier:

State Use Only:
6. Date Received by State: [ ]
7. State Application Identifier: 14-0135-FR

8. APPLICANT INFORMATION:

a. Legal Name: State of California

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

c. Organizational DUNS:
807487665

d. Address:

Street1: 1220 N Street, Room 315
Street2: [ ]
City: Sacramento
County: [ ]
State: California
Province: [ ]
Country: USA: UNITED STATES
Zip / Postal Code: 95814

e. Organizational Unit:

Department Name: California Department of Food and Agriculture
Division Name: Plant Health & Pest Prevention Services

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

Prefix: [ ]
First Name: Jason
Middle Name: K
Last Name: Chan
Suffix: [ ]
Title: [ ]

Organizational Affiliation:
California Department of Food and Agriculture

* Telephone Number: (916) 654-1211
Fax Number: (916) 654-0555
* Email: jason.chan@cdfa.ca.gov
### Application for Federal Assistance SF-424

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

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

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

* Other (specify):  

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

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

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

**12. Funding Opportunity Number:**  

* Title:

**13. Competition Identification Number:**  

Title:

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

**15. Descriptive Title of Applicant's Project:**  
Tomato Commodity Survey

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

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

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

17. Proposed Project:
   * a. Start Date: 7/1/2014
   * b. End Date: 9/30/2015

18. Estimated Funding ($):
   * a. Federal 125,000
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 125,000

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 June 24, 2014
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Crystal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Myers</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

* Title: Manager, Federal Funds Management Office

* Telephone Number: (916) 657-3231

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

* Signature of Authorized Representative:  

* Date Signed:  

---
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:

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

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

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: 14-0135-FR

8. APPLICANT INFORMATION:

* a. Legal Name: State of California

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

* c. Organizational DUNS:
  607487665

d. Address:

  * Street1: 1220 N Street, Room 315
  * City: Sacramento
  * County: 
  * State: California
  * Province: 
  * Country: USA: UNITED STATES
  * Zip / Postal Code: 95814

e. Organizational Unit:

  Department Name: California Department of Food and Agriculture
  Division Name: Plant Health & Pest Prevention Services

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

  Prefix: 
  * First Name: Jason
  Middle Name: K
  * Last Name: Chan
  Suffix: 

  Title: 

  Organizational Affiliation: California Department of Food and Agriculture

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

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    USDA/APHIS/PPQ

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

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
    Tomato Commodity Survey

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

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

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

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

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

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

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

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## Authorized Representative:

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<tr>
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<td>Last Name:</td>
<td>Myers</td>
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<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Manager, Federal Funds Management Office</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(916) 657-3231</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:crystal.myers@cdf.ca.gov">crystal.myers@cdf.ca.gov</a></td>
</tr>
</tbody>
</table>

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

---
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: South Coast Air Quality Management District

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      953059419

   c. Organizational DUNS:
      0255861550000

   d. Address:
      21862 Copley Drive
      Diamond Bar, CA 91765-4170

   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:
      * First Name: Mary
      Last Name:
      Suffix:
      Title: Financial Analyst
      Organizational Affiliation:
      * Telephone Number: 909-396-2980
      Fax Number:
      * Email: mleonsard@aqmd.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   66.039

CPDA Title:
   National Clean Diesel Emissions Reduction Program

12. Funding Opportunity Number:
   EPA-OAR-GTAQ-14-05

* Title:
   National Clean Diesel Funding Assistance Program FY 2014 Request for Proposals (RFP)

13. Competition Identification Number:

   Title:

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

15. Descriptive Title of Applicant's Project:
   On-Road Heavy-duty Vehicle and School Bus Replacement Project

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

16. Congressional Districts Of:
   - a. Applicant: 42

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

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

18. Estimated Funding (\$):

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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 06/17/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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<tbody>
<tr>
<td>Yes</td>
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If "Yes", provide explanation and attach

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

<p>| |</p>
<table>
<thead>
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<tbody>
<tr>
<td>☒ I AGREE</td>
</tr>
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</table>

"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: Wallerstein  
- Suffix:  
- Title: Executive Officer  
- Telephone Number: 305-396-5100  
- Fax Number:  
- Email: bwallerstein@agd.gov

**Signature of Authorized Representative:**

**Date Signed:**  

**Compliance by Grant.gov upon submission:**

---

APPROVED AS TO FORM
KURT R. WIESE, GENERAL COUNSEL
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   a. Legal Name: California State Coastal Conservancy
   b. Employer/Taxpayer Identification Number (EIN/TIN): 64-3154568
   c. Organizational DUNS: 8083224080000

9. Address:
   - Street: 1330 Broadway, 13th Floor
   - City:
   - County/Parish: Oakland
   - State: CA, California
   - Province:
   - Country: USA, United States
   - Zip / Postal Code: 94612-2530

10. Organizational Unit:
    - Department Name: San Francisco Bay Program
    - Division Name:

11. Name and contact information of person to be contacted on matters involving this application:
    - Prefix:
    - Middle Name:
    - * Last Name: Wilson
    - Suffix:
    - Title: Project Manager
    - Organizational Affiliation:

   * Telephone Number: (510) 286-4167
   * Fax Number: 510-286-0470
   * Email: bwilson@acc.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:
   U.S. Department of the Interior Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
   15.614
   CFDA Title:
   Coastal Wetlands Planning, Protection and Restoration Program

*12. Funding Opportunity Number:
   FP11A000079
   *Title:
   National Coastal Wetlands Conservation Grant Program

13. Competition Identification Number:
   
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Figure 1 - Project Area.pdf

*15. Descriptive Title of Applicant's Project:
   Alameda and Contra Costa Counties Wildlife-Friendly Pond Wetlands Restoration Program

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

16. Congressional Districts Of:
   * a. Applicant [CA-15]
   * b. Program/Project: [CA-15]

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

CA-11.pdf

17. Proposed Project:
   * a. Start Date: [02/01/2015]
   * b. End Date: [07/31/2016]

18. Estimated Funding ($):

<p>| | |</p>
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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 [06/25/2014].
[ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
[ ] c. Program is not covered by E.O. 12372.

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

[ ] Yes [ ] No

If "Yes", provide explanation and attach

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

[ ] I AGREE

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

Authorized Representative:

Prefix: Mr.
Middle Name: 
* Last Name: Schochalt
Suffia: 
* Title: Executive Officer

* Telephone Number: [510-286-1015] Fax Number: [510-286-0470]

* Email: goschacht@co.ca.gov

* Signature of Authorized Representative: [Signature]

* Date Signed: [06/25/2014]
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):

* Revisions, select appropriate letter(s):

3. Date Received: 06/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier: ____________________________ 5b. FEIN:

5. State Use Only:

6. Date Received by State: ____________________________ 7. State Application Identifier: 01498053

8. APPLICANT INFORMATION:

   * a. Legal Name: STATE OF CALIFORNIA

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     84-1697557

   * c. Organizational DUNS:
     822223580000

   * d. Address:
     1831 9TH STREET
     SACRAMENTO, CA 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: LISA
     Middle Name: ____________________________
     * Last Name: DAVIS
     Suffix: ____________________________

     Title: GRANT ADMINISTRATOR


* Email: lisa.davis@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):

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

#### 11. Catalog of Domestic Assistance Number:
- 13.611

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

#### 12. Funding Opportunity Number:
- F14AS000058

#### *Title:
- 38 (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.):

#### *15. Descriptive Title of Applicant's Project:
- WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE - REGION 5

---

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-6
* b. Program/Project: ALL

Attach an additional list of Program/Project Congressional District 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 06/30/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

**20. Is the Applicant Delinquent On Any Federal Debt?**

- [ ] 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:** SMI
- **Telephone Number:** (916) 445-3701
- **Fax Number:** (916) 327-6320
- **Email:** lisa.bays@wildlife.ca.gov
- **Signature of Authorized Representative:**
- **Date Signed:** 06/24/2014

*Authorized for Local Reproduction*
**Application for Federal Assistance SF-424**

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

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

3. **Date Received:**

4. **Applicant Identifier:**
   - CA Department of Food & Agriculture

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:**
   - 13-5506-1494-CA

6. **Date Received by State:**

7. **State Application Identifier:**

8. **APPLICANT INFORMATION:**

   a. **Legal Name:** State of California

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

   c. **Organizational DUNS:** 807457665

   d. **Address:**
      - Street: 3294 Meadowview Road, Building E
      - City: Sacramento
      - County: Sacramento
      - State: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 95832

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

   f. **Name and contact information of person to be contacted on matters involving this application:**
      - Prefix: Dr.
      - First Name: Stephen
      - Middle Name: 
      - Last Name: Galmari
      - Suffix: 
      - Title: Program Supervisor IV

   [ ] **Telephone Number:** 916-282-1131
   [ ] **Fax Number:** 916-282-1190
   [ ] **Email:** stephen.galmari@cdfa.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

   Title:

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

* 15. Descriptive Title of Applicant's Project:
   Enhancing Taxonomic and Molecular Diagnostics Capacity for Fruit Flies

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

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

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

**17. Proposed Project:**
- a. Start Date: 8/1/2013
- b. End Date: 3/31/2015

**18. Estimated Funding ($)**:
- b. Applicant:
- c. State:  
- d. Local:  
- e. Other:  
- f. Program Income:  
- g. TOTAL: $138,105

**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 8/28/2014
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

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

- **I AGREE**

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

**Authorized Representative:**

| Prefix: |  | * First Name: Crystal |
|--------|------------------|
| Middle Name: |  |
| * Last Name: | Myera |
| Suffix: |  |

**Title:** Federal Funds Manager

**Telephone Number:** 916-403-6653  
**Fax Number:**  
**Email:** crystal.myera@cdfi.ca.gov

**Signature of Authorized Representative:** Crystal Myera  
**Date Signed:** 6/24/2014
### Application for Federal Assistance SF-424

**Version 02**

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

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

**3. Data Received:**
06/24/2014

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Data Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

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

- **b. Employer/Taxpayer Identification Number (EIN/TIN):**
  94-1697557

- **c. Organizational DUNS:**
  9083223580000

- **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:** NICOLE
  - **Middle Name:** ____________
  - **Last Name:** KEENE
  - **Suffix:** ____________
  - **Title:** GRANTS ADMINISTRATOR
  - **Organizational Affiliation:** ____________
  - **Telephone Number:** 916-445-9302
  - **Fax Number:** 916-327-6320
  - **Email:** NICOLE.KEENE@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td><strong>Other (Specify):</strong></td>
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<td><strong>10. Name of Federal Agency:</strong></td>
<td>Fish and Wildlife Service</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>15.605</td>
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<td><strong>CPDA Title:</strong></td>
<td>Sport Fish Restoration Program</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
<td>F14AS00033</td>
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<tr>
<td><strong>Title:</strong></td>
<td>R8 (CA/UV) Sport Fish Restoration 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>
<td>Statewide</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>AQUATIC RESOURCE EDUCATION</td>
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</table>

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

16. Congressional Districts Of:
   * a. Applicant 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 2,442,820.00
   * b. Applicant 0.00
   * c. State 814,272.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 3,257,092.00

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 06/24/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1004)
   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:

First Name: BLAINE
Last Name: NICKENS
Title: SOMII
Telephone Number: 016-645-9300  Fax Number: 016-367-6320
Email: BLAINE.NICKENS@WILDLIFE.CA.GOVER

Signature of Authorized Representative: SOMII NICKENS  Date Signed: 06/24/2014

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2003)
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
   [ ] Other (Specify)

* 3. Date Received:
   06/24/2014

* 4. Applicant Identifier:

* 5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: GL498100

6. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

94-169758?

* c. Organizational DUNS:

8083223560000

d. Address:

* Street1: 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: 95811-7011

Division Name: GRANTS MANAGEMENT BUREAU

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: Grant 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

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:
    15.605
    CFDA Title:
    Sport Fish Restoration Program

12. Funding Opportunity Number:
    F14AP000033
    * Title:
    88 (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:
    COORDINATION OF CA SPORT FISH RESTORATION PROGRAM

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

16. Congressional District Of:
   - a. Applicant: CA-006
   - b. Program/Project: CA-all

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

17. Proposed Project:
   - a. Start Date: 07/01/2014
   - b. End Date: 06/10/2015

18. Estimated Funding ($):

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<td>c. State</td>
<td>83,050.00</td>
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<tr>
<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
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<tr>
<td>f. Program income</td>
<td>0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>249,150.00</td>
</tr>
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</table>

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 06/16/2014
- [ ] 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
- [x] No

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

   - [x] I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name: Lisa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name: Bays</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title: SSN</td>
<td></td>
</tr>
<tr>
<td>Telephone Number: (916) 445-3701</td>
<td></td>
</tr>
<tr>
<td>Fax Number: 916-327-6370</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:lisa.bays@wildlife.ca.gov">lisa.bays@wildlife.ca.gov</a></td>
<td></td>
</tr>
<tr>
<td>Signature of Authorized Representative: Braja Nasta</td>
<td></td>
</tr>
<tr>
<td>Date Signed: 06/24/2014</td>
<td></td>
</tr>
</tbody>
</table>

Authorized for Local Reproduction
Application for Federal Assistance SF-424

*1. Type of Submission:

- [ ] Preapplication
- [ ] Application
- [ ] Changed/Corrected Application

*2. Type of Application:

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

*3. Date Received:

[ ] Complied by Grants.gov upon submission.

*4. Applicant Identifier:

*5a. Federal Entity Identifier:

04-6003888

*5b. Federal Award Identifier:

JUN 25 2014

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:

005900030

d. Address:

Street 1:
PO BOX 494
Street 2:

City:
MARIPOSA

County/Parish:
MARIPOSA

State:
CALIFORNIA

Province:

Country:
USA: UNITED STATES

Zip / Postal Code:
95338

e. Organizational Unit:

Department Name:
MARIPOSA PUBLIC UTILTITY DISTRICT

Division Name:
NA

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

Prefix:

* First Name:
MARK

Middle Name:

Last Name:
ROWNEY

Suffix:

Title:
GENERAL MANAGER

Organizational Affiliation:

EMPLOYEE MANAGER CLERK TO THE BOARD OF DIRECTORS

* Telephone Number: (209) 966-2515

Fax Number: (209) 966-6615

* Email: mpu@satl.net
Application for Federal Assistance SF-424

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

10. Name of Federal Agency:
    USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
    10.763

12. Funding Opportunity Number:

13. Competition Identification Number:

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. Replace existing pump, wire and piping for an existing drought mitigation well.
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: $181,470.00
   * b. Applicant: 
   * c. State: 
   * d. Local: 
   * e. Other: 
   * f. Program Income: 
   * g. TOTAL: $181,470.00

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 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: 
Middle Name: 
* Last Name: Rowney
Suffix: 

* Title: General Manager

* Telephone Number: (209) 966-2515 Fax Number: (209) 966-2515

* Email: mpudeati.net

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

[Signature]

June 17, 2014
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: 06/26/2014

* 4. Applicant Identifier: 

* 5a. Federal Entity Identifier: 

* 5b. Federal Award Identifier: 

State Use Only:

6. Date Received by State: 

7. State Application Identifier: 01456066

8. APPLICANT INFORMATION:

  * a. Legal Name: STATE OF CALIFORNIA

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

  * c. Organizational DUNS: 80832235603000

  d. Address:

    * Street1: 1831 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: GRANT MANAGEMENT BRANCH

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

    * First Name: JASON
    * Last Name: WILLIAMS

    Title: GRANT ADMINISTRATOR

    Telephone Number: 916-327-8062
    Fax Number: 916-327-6320

    * 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
    CFDA Title:
    Wildlife Restoration and Basic Hunter Education

* 12. Funding Opportunity Number:
    P16A300058
    * Title:
    R8 (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.):
    STATEWIDE

15. Descriptive Title of Applicant's Project:
    CALIFORNIA HUNTER EDUCATION PROGRAM
    *Section 10 Advanced HE also included

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

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

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

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

18. Estimated Funding ($):
   a. Federal: 1,963,220.00
   b. Applicant: 0.00
   c. State: 654,407.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 2,617,627.00

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 06/19/2014
   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 218, Section 106)

   ** 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: NICKERS

Suffix:

Title: STAFF SERVICES MANAGER II

Telephone Number: 916-445-9303

Fax Number: 916-327-6320

Email: BLAINE.NICKERS@WILDLIFE.CA.GOV

* Signature of Authorized Representative: Stella Notens

* Date Signed: 06/29/2014

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:
- [X] Application
- [ ] Continuation
- [ ] Revision
- [ ] Other (Specify):

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

### 3. Date Received:
- 06/26/2014

### 4. Applicant Identifier:

### 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:
- 8082323580000

### d. Address:
- Street: 1831 8TH STREET
- City: SACRAMENTO
- State: CA: California
- Country: USA: UNITED STATES
- Zip / Postal Code: 95811-7011

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

### f. Name and contact information of person to be contacted on matters involving this application:
- Prefix: 
- Middle Name: 
- * First Name: Lisa
- Last Name: 
- Suffix: 
- Title: STAFF SERVICES MANAGER II
- Organizational Affiliation: 
- Telephone Number: 916-445-3701
- Fax Number: 916-327-6320
- * Email: lisa.beyes@wildlife.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

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

*12. Funding Opportunity Number:
    F14AS000058
    * Title:
    88 (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.):
    Shasta, Lassen, Modoc, Siskiyou, Tehama, Humboldt, Del Norte, Mendocino, and Trinity

*15. Descriptive Title of Applicant's Project:
    WILDLIFE MANAGEMENT AND WILDLIFE CONSERVATION IN REG FROG 20

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

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

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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 07/01/2014
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   - [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 218, Section 1601)
   - [X] I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name: BLAINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name: NICKENS</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title: CHISF, GRANTS MANAGEMENT BRANCH</td>
<td></td>
</tr>
<tr>
<td>* Telephone Number: (916) 445-9300</td>
<td></td>
</tr>
<tr>
<td>Fax Number: (916) 327-6320</td>
<td></td>
</tr>
<tr>
<td>* Email: <a href="mailto:BLAINE.NICKENS@WILDLIFE.CA.GOV">BLAINE.NICKENS@WILDLIFE.CA.GOV</a></td>
<td></td>
</tr>
<tr>
<td>* Signature of Authorized Representative: NICKENS</td>
<td></td>
</tr>
<tr>
<td>* Date Signed: 09/05/2014</td>
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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): 
   - [ ] RECEIVED
   - [ ] JUN 25 2014

* 3. Date Received: 

4. Applicant Identifier:

5a. Federal Entity Identifier: 
   - TCY - 3-06-0059

5b. Federal Award Identifier: 

State Use Only:

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

   * a. Legal Name: 
   - City of Tracy

   * b. Employer/Taxpayer Identification Number (EIN/TIN): 
   - 94-6000442

   * c. Organizational DUNS: 
   - 9316714630000

   d. Address:
   - 320 Tracy Boulevard
   - Tracy
   - San Joaquin
   - CA: California

   * d. Country: 
   - USA: UNITED STATES

   * Zip / Postal Code: 
   - 953764917

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

 f. Name and contact information of person to be contacted on matters involving this application:
   - Title: Management Analyst II, Public Works
   - Email: ed.lovell91@ci.tracy.ca.us
   - Telephone Number: 209-831-6204
   - Fax Number: 209-831-6218
   - Suffix: 
   - Last Name: Lovell
   - Middle Name: 
   - First Name: Ed
   - Prefix: Mr.

Organizational Affiliation:

City of Tracy, Public Works Department, Airports
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106
    CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
   Tracy Municipal Airport, Tracy, San Joaquin County, CA: Partial Reimbursement for Engineering Design - Reconstruct R/We, T/We, and Aprons; Replace AMOS AV; Reconstruct R/W 12-30 and T/We B, D, E

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

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

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

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

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   x a. This application was made available to the State under the Executive Order 12372 Process for review on 06/26/2014.
   d b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   d c. Program is not covered by E.O. 12372.

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

   x I AGREE

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

Authorized Representative:

Prefix: Mr.
Middle Name: 
* Last Name: Ferguson
Suffix: 

* Title: Director of Public Works

* Telephone Number: 562-831-6300
Fax Number: 209-831-6218

* Email: david.ferguson@ci.tracy.ca.us

* Signature of Authorized Representative: "David Ferguson"

* Date Signed: 6/25/14
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):  
   - [ ] A  
   - [ ] B  
   - [ ] C

* 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:  

JUN 26 2014

8. APPLICANT INFORMATION:

   * a. Legal Name: State of California

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

   * c. Organizational DUNS: 1720708070000

   d. Address:

      - Street1: 1725 23rd Street, Suite 100
      - Street2:  
      - City: Sacramento
      - County/Parish:  
      - State: CA; California
      - Province:  
      - Country: USA; UNITED STATES
      - Zip / Postal Code: 95816-7100

   e. Organizational Unit:

      - Department Name: Dept. Parks and Recreation
      - Division Name: Office of Historic Preservation

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

      - Prefix: Mr.
      - * First Name: John
      - Middle Name:  
      - * Last Name: Thomas
      - Suffix:  

      - Title: Associate Park and Recreation Specialist

      - Organizational Affiliation:  

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

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

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

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

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

**Other (specify):**

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

**11. Catalog of Federal Domestic Assistance Number:**
- 15.904

**CFDA Title:**
- Historic Preservation Fund Grants-in-Aid

**12. Funding Opportunity Number:**
- P14AB00105

**Title:**
- Historic Preservation Fund Grants for Properties Associated with Groups Underrepresented in the National Register of Historic Places

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Preserve 20th Century Latino History in California

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

16. Congressional Districts Of:
   * a. Applicant: CA-All
   * b. Program/Project: SEE #1

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

17. Proposed Project:
   * a. Start Date: 10/01/2013
   * b. End Date: 09/30/2015

18. Estimated Funding ($):
   * a. Federal: 30,075.52
   * b. Applicant: 20,052.52
   * c. State: 20,052.52
   * d. Local: 20,052.52
   * e. Other: 20,052.52
   * f. Program Income: 20,052.52
   * g. TOTAL: 50,128.04

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 10/01/2013.
   ☐ 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 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: 
* Last Name: Roland-Nawi
Suffic: Ph.D

* Title: State Historic Preservation Officer

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

* Email: carol.roland-nawi@parks.ca.gov

* Signature of Authorized Representative: 
* Date Signed: 10/26/17
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>
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<tbody>
<tr>
<td>Preapplication</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>Continuation</td>
<td></td>
</tr>
<tr>
<td>Changed/Corrected Application</td>
<td>Revision</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<tr>
<td>Completes Grants.gov upon submission.</td>
<td>JUN 27 2014</td>
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<tr>
<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
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<tr>
<td></td>
<td>STATE CLEARING HOUSE</td>
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State Use Only:

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

8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>County of Fresno</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-6000512</td>
<td>8289278760000</td>
</tr>
</tbody>
</table>

d. Address:

| Street1: 2220 Tulare Street, 6th Floor |
| Street2: |
| City: Fresno |
| County/Parish: |
| State: CA: California |
| Province: |
| Country: USA: UNITED STATES |
| Zip / Postal Code: 93721-2132 |

e. Organizational Unit:

| Department Name: Public Works and Planning |
| Division Name: Community Development |

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

<table>
<thead>
<tr>
<th>Prefix: Mrs</th>
<th>* First Name: Gigi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name: Gibbs</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title: Division Manager</td>
<td></td>
</tr>
</tbody>
</table>

Organizational Affiliation: [Blank]

* Telephone Number: (559) 600-4292  Fax Number: (559) 600-4573

* Email: ggibbs@co.fresno.ca.us
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:  
   Utilities Programs

11. Catalog of Federal Domestic Assistance Number:  
   10.433
   CFDA Title:  
   Rural Housing Preservation Grants

* 12. Funding Opportunity Number:  
   USDA-RD-RCPP-HFG-2014
   * Title:  
   Section 533 Housing Preservation Grant

13. Competition Identification Number:  
   Title:

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

* 15. Descriptive Title of Applicant's Project:  
   Owner-Occupant Housing Rehabilitation Project in rural unincorporated Fresno County

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

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

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

18. Estimated Funding ($):

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>* a. Federal</td>
<td>50,000.00</td>
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<tr>
<td>* b. Applicant</td>
<td>50,000.00</td>
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<tr>
<td>* c. State</td>
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<tr>
<td>* d. Local</td>
<td></td>
</tr>
<tr>
<td>* e. Other</td>
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</tr>
<tr>
<td>* f. Program Income</td>
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</tr>
<tr>
<td>* g. TOTAL</td>
<td>100,000.00</td>
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</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 06/26/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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: Alan
Middle Name:
Last Name: Weaver
Suffix:  
Title:  Director, Public Works and Planning
Telephone Number:  (559) 600-4500
Fax Number:  (559) 600-4548
Email: aweaver@co.fresno.ca.us
Signature of Authorized Representative:  Completed by Grants.gov upon submission.
Date Signed:  Completed by Grants.gov upon submission.
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

**STATE CLEARING HOUSE**

**JUN 30 2014**

6. Date Received by State:  

7. State Application Identifier:  

**8. APPLICANT INFORMATION:**

* a. Legal Name:  
  National Indian Justice Center

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
  89-0004000

* c. Organizational DUNS:  
  15105220000

* d. Address:*  
  5250 Aero Drive
  Santa Rosa
  Sonoma
  CA: California
  USA: UNITED STATES
  95403-8069

* e. Organizational Unit:*  

* f. Name and contact information of person to be contacted on matters involving this application:*  
  Prefix:  
  Ms.
  * First Name:  
  Raquelle
  Middle Name:  
  Last Name:  
  Myers
  Suffix:  
  J.D.
  Title:  
  Staff Attorney
  Organizational Affiliation:  
  National Indian Justice Center
  * Telephone Number:  
  707-579-5507
  Fax Number:  
  707-579-9019
  * Email:  
  nijc@aol.com
# Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
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<tbody>
<tr>
<td>**M: Nonprofit with 501C3 IRS Status (Other than <strong>Institution of Higher Education)</strong></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><strong>Other (specify):</strong></td>
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<table>
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<th><strong>10. Name of Federal Agency:</strong></th>
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<td><strong>Utilities Programs</strong></td>
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<th><strong>11. Catalog of Federal Domestic Assistance Number:</strong></th>
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<td><strong>10.762</strong></td>
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<td><strong>CPDA Title:</strong></td>
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<th><strong>12. Funding Opportunity Number:</strong></th>
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<td><strong>SRM-FY14</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>Solid Waste Management Grant Program</strong></td>
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<th><strong>13. Competition Identification Number:</strong></th>
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<td><strong>Title:</strong></td>
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<tr>
<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Sustainable Solid Waste Management Solutions Online</strong></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: 10/01/2014
   * b. End Date: 09/30/2015

18. Estimated Funding ($):

<p>| | |</p>
<table>
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<td>a. Federal</td>
<td>47,400.00</td>
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<td>b. Applicant</td>
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<td>c. State</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>
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<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>63,060.00</td>
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</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 06/27/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Joseph</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Myers</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

| Title: | Executive Director |
| Telephone Number: | 707-579-5507 |
| Fax Number: | 707-579-9019 |
| Email: | josephmyers@njc.org |

Signature of Authorized Representative: __________________________

* Date Signed: 06/27/2014
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: 06/30/2014

4. Applicant Identifier: RECEIVED JUN 30 2014

5a. Federally Identifier: STATE CLEARING HOUSE

5b. Federal Award Identifier: JUN 30 2014

6. Date Submitted by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: California Center for Cooperation Development

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

   35-2065673

c. Organizational DUNS:

   8C9959940000

d. Address:

   - Street: 579 P Street, Suite A-1
   - City: Davis
   - County/Parish: Yolo
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95616-2256

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: Elizabeth
   Middle Name: Kin
   * Last Name: Cogan
   Suffix: 
   Title: Executive Director

   Organizational Affiliation:

   * Telephone Number: 5302971032
   Fax Number: 5302971033
   * Email: lecocos@cccoc.cccp
Application for Federal Assistance SF-424

*8. Type of Applicant 1: Select Applicant Type:
   M: Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:
   Rural Business Cooperative Services

11. Catalog of Federal Domestic Assistance Number:
   10-771
   CFDA Title:
   Rural Cooperative Development Grants

*12. Funding Opportunity Number:
   RDCEP-RCDG-2014
   * Title:
   Rural Cooperative Development Grant

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
   Stimulating Rural California Economies with Cooperative Development

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

**16. Congressional Districts Of:**
- a. Applicant: CA003
- b. Program/Project: 000

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

**17. Proposed Project:**
- a. Start Date: 12/31/2016
- b. End Date: 02/30/2015

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

<p>| | |</p>
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<tr>
<td>e. Federal</td>
<td>200,000.00</td>
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<td>b. Applicant</td>
<td>7,069.00</td>
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<tr>
<td>c. State</td>
<td>0.00</td>
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<tr>
<td>d. Local</td>
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<tr>
<td>e. Other</td>
<td>62,201.00</td>
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<td>f. Program Income</td>
<td>0.00</td>
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<td>g. TOTAL</td>
<td>270,270.00</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 06/30/2014.
- No b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- No c. Program is not covered by E.O. 12372.

**20. Is the Applicant Delinquent On Any Federal Debt?** (If "Yes," provide explanation in attachment.)
- 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, fraudulent, 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: Kim
- Last Name: Coats
- Suffix: 
- Title: Executive Director
- Telephone Number: 5302971032
- Fax Number: 5302971033
- Email: ekcoats@cccd.coop

**Signature of Authorized Representative:**

**Date Signed:** 05/30/2014
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:
   06/30/2014

4. Applicant Identifier:
   RECEIVED

5a. Federal Entity Identifier: 
5b. Federal Award Identifier: 
   JUN 3-0 2014

State Use Only:

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

6. APPLICANT INFORMATION:

   a. Legal Name: Southern California Focus on Cooperation

   b. Employer/Taxpayer Identification Number (EIN/TIN): 46-0621289
   c. Organizational DUNS: 073555892000

   d. Address:
      - Street: 20 Box 236
      - Street2: 514 S. I Street
      - City: Lompoc
      - County/Parish: Santa Barbara
      - State: CA: California
      - Province: 
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 93433-0296/93436-7704

   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: Elizabeth
      - Middle Name: Kim
      - Last Name: Poontz
      - Suffix: 
      - Title: Executive Director
      - Organizational Affiliation: 
      - Telephone Number: 9302971032
      - Fax Number: 5302971033
      - Email: @kcpoontz@cccd.com
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   - 10-071
   - CFDA Title:
     - Small Socially Disadvantaged Producer Grant

12. Funding Opportunity Number:
   - RD5C2-5500-224
   - Title:
     - Small Socially Disadvantaged Producer Grant

13. Competition Identification Number:
   - Title:

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

15. Descriptive Title of Applicant's Project:
   - MARKETING, PRODUCTION, FOOD SAFETY, AND COOPERATIVE EDUCATION AND TECHNICAL ASSISTANCE FOR REFUGEE AND IMMIGRANT FARMERS AND COOPERATIVES

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

16. Congressional Districts Of:
   * a. Applicant: CA024
   * b. Program/Project: Ch11

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 05/30/2015

18. Estimated Funding (E):
   * a. Federal: 200,000.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 200,000.00

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 06/30/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

I 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:

Pref:  
Middle:  
First Name: Elizabeth
Last:  
Suffix:  
Title: Executive Director

Telephone Number: 5302971032  Fax Number: 5302971033
Email: ekcoants@cccd.coop

Signature of Authorized Representative: [Signature]  Date Signed: 06/30/2014