Federal Grant Applications

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

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

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

* 3. Date Received:  □ 4. Applicant Identifier:  □ State Clearing House

State Use Only:

6a. Federal Entity Identifier:  □ 6b. Federal Award Identifier:

STATE CLEARING HOUSE

8. Date Received by State:  □ 7. State Application Identifier:  □

8. APPLICANT INFORMATION:

a. Legal Name: Desert Mountain Resource Conservation and Development Council

b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0647815

c. Organizational DUNS: 341124994

d. Address:

- Street 1: 1258 B. Ridgeway Blvd, #7

- City: Ridgecrest

- County/Parish: Kern

- State: California

- Province:  □

- Country: USA United States

- Zip / Postal Code: 23555

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: Deborah

Middle Name:  □

Last Name: Kern

Suffix:  □

Title: President

Organizational Affiliation:

President

* Telephone Number: 760-486-1976

* Email: dmcarr@desertmountaincouncil.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   Non-profit with 501(c) 3 IRS Status
   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:
    10.756
    OFDA Title:
    Community Facilities Loan and Grants

12. Funding Opportunity Number:

13. Competition Identification Number:
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Southern Inyo County, CA

16. Descriptive Title of Applicant's Project:
    Development of Local Foodshed for Southern Inyo County

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

16. Congressional Districts Of:
   * a. Applicant CA008
   * b. Program/Project CA008

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

Add Attachments  Delete Attachments  View Attachments

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

18. Estimated Funding (If):

   * a. Federal $12,781.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other $178,377.00
   * f. Program Income
   * g. TOTAL $192,158.00

19. Is Application Subject to Review By State Under Executive Order 12572 Process?

   [ ] a. This application was made available to the State under the Executive Order 12572 Proposal for review on 03-03-2014.
   [ ] b. Program is subject to E.O. 12572 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12572.

20. Is the Applicant Disaggregated By Any Federal Data? (If "Yes", provide explanation.)

   [ ] Yes  [ ] No

If "Yes", provide explanation and attach:

Add Attachments  Delete Attachments  View Attachments

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. I accept any award. I am aware that any false, fraudulent, or misleading statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1091)

[ ] I AGREE

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

Authorized Representative:

Last Name: Hess
First Name: Deborah
Middle Name:
Title: President
Telephone Number: (760) 446-1974
Fax Number:
Email: descanddivers.com

Signature of Authorized Representative: [Signature]
* Data Signed: [Signature]
Completed by [Name] upon signature.
SF 424

The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>February 2014</th>
<th>Applicant Identifier</th>
<th>8-14-UC-06-0502</th>
<th>Type of Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received by state</td>
<td>State Identifier</td>
<td>Federal Identifier</td>
<td>Construction</td>
<td>Construction</td>
</tr>
<tr>
<td>Date Received by HUD</td>
<td>Organization Unit</td>
<td>Board of Supervisors</td>
<td>Non Construction</td>
<td>Non Construction</td>
</tr>
<tr>
<td>Applicant Information</td>
<td>County: Kern County</td>
<td>Program Year Start Date (MM/DD)</td>
<td>07/01/2014</td>
<td>Specify Other Type if necessary:</td>
</tr>
<tr>
<td>COUNTY OF KERN</td>
<td>2700 &quot;M&quot; Street, Suite 250</td>
<td>DUNS Number: 063-811-350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bakersfield,</td>
<td>California</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93301</td>
<td>Country: U.S.A.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Identification Number (EIN):</td>
<td>95-60000925</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant Type:</td>
<td>County: Kern County</td>
<td>Specify Other Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Government:</td>
<td>County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Funding</td>
<td>U.S. Department of Housing and Urban Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding</td>
<td>Community Development Block Grant</td>
<td>14.218 Entitlement Grant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.</td>
<td></td>
<td></td>
<td>Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.</td>
<td></td>
</tr>
<tr>
<td>SCDBG Grant Amount - $4,769,103 est.</td>
<td>$Additional HUD Grant(s)</td>
<td>$4,769,103 leveraged - $0</td>
<td>Describe - N/A</td>
<td></td>
</tr>
<tr>
<td>$Additional Federal Funds Leveraged - $0</td>
<td>$Additional State Funds Leveraged - $0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$Locally Leveraged Funds - $28,560</td>
<td>$Grantee Funds Leveraged - $0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$Anticipated Program Income - $160,000</td>
<td>Other (Describe) - $ (Certificates of Participation; Developer fees; Redevelopment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Funds Leveraged for CDBG-based Project(s) - $188,560</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Home Investment Partnerships Program

| Home Investment Partnerships Program | 14,239 HOME  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Identifier - M-14-UC-06-0517</td>
<td>Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, McFarland, Ridgecrest, Shafter, and Tehachapi.</td>
</tr>
<tr>
<td>To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County.</td>
<td></td>
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<tr>
<td>$HOME Grant Amount - $1,390,928 est.</td>
<td>$Additional HUD Grant(s) - $0</td>
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<tr>
<td>$Additional Federal Funds Leveraged - $0</td>
<td>$Additional State Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Locally Leveraged Funds - $0</td>
<td>$Grantee Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Anticipated Program Income - $350,000</td>
<td>Other (Describe)-$0</td>
</tr>
<tr>
<td>Total Funds Leveraged for HOME-based Project(s) - $350,000</td>
<td></td>
</tr>
</tbody>
</table>

### Housing Opportunities for People with AIDS

| 14.241 HOPWA: The County of Kern does not receive/administer HOPWA funds. |

### Emergency Solutions Grants Program

| 14.231 ESG  
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Applicant Identifier - S-14-UC-06-0502</td>
</tr>
<tr>
<td>The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless.</td>
</tr>
<tr>
<td>$ESG Grant Amount - $329,388 est.</td>
</tr>
<tr>
<td>$Additional Federal Funds Leveraged - $0</td>
</tr>
<tr>
<td>$Locally Leveraged Funds - $329,388</td>
</tr>
<tr>
<td>$Anticipated Program Income - $0</td>
</tr>
<tr>
<td>Total Funds Leveraged for ESG-based Project(s) - $329,388</td>
</tr>
</tbody>
</table>

### Congressional Districts of:

| 21st & 23rd Congressional Districts | Is application subject to review by state Executive Order 12372 Process? |

- Yes  
- No  
- N/A  

| Is the applicant delinquent on any federal debt? If "Yes" please include an additional document explaining the situation. | Yes  
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>This application was made available to the state EO 12372 process for review on March 6, 2013.</td>
<td></td>
</tr>
<tr>
<td>Program is not covered by EO 12372.</td>
<td></td>
</tr>
<tr>
<td>Program has not been selected by the state for review</td>
<td></td>
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</table>

### Person to be contacted regarding this application

| Lorelei H. Oviatt, AICP  
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Director (661) 862-5050 (661) 862-5052 -FAX</td>
</tr>
<tr>
<td><a href="mailto:lorelei@co.kern.ca.us">lorelei@co.kern.ca.us</a></td>
</tr>
</tbody>
</table>

Signature of Authorized Representative  

Date Signed
Application for Federal Assistance SF-424

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

*2. Type of Application
- New
- Continuation

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

*3. Date Received:

*4. Application Identifier:

*5a. Federal Entity Identifier:
KTRK - 3-06-0262-

*5b. Federal Award Identifier:

*8. APPLICANT INFORMATION:

* a. Legal Name:
Truckee Tahoe Airport District

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1563328

* c. Organizational DUNS:
006492235

*d. Address:
10356 Truckee Tahoe Airport Road
Truckee
Nevada
California

*e. Organizational Unit:
Department Name: 
Division Name: 
Airport District

f. Name and contact information of person to be contacted on matters involving this application:
Prefix: Mr.
First Name: Kevin
Middle Name: 
Last Name: Smith
Suffix: 
Title: General Manager
Organizational Affiliation:
Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105
Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
<th>C. City or Township Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td>- Select One -</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td>- Select One -</td>
</tr>
<tr>
<td>* Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

* 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.):  
Truckee, Nevada County, California

* 15. Descriptive Title of Applicant's Project:  
Truckee Tahoe Airport, Truckee, Nevada County, California: Engineering Design for Apron A4 - Reconstruct, South Jet Apron - Reconstruct, and Taxiways L & M - Reconstruct

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 ($):

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>$246,600.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>$15,070.00</td>
</tr>
<tr>
<td>c. State</td>
<td>$12,330.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>$0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>$0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>$0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>$274,000.00</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 3-3-2014
☐ 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: Kevin

Middle Name:

Last Name: Smith

Suffix:

*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105  Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

*Signature of Authorized Representative  Date Signed: 3/28/14
### 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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</thead>
<tbody>
<tr>
<td>☑ Application</td>
<td>☑ New</td>
<td></td>
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<tr>
<td>☐ Preapplication</td>
<td>☐ Continuation</td>
<td></td>
</tr>
<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
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<table>
<thead>
<tr>
<th>*3. Date Received:</th>
<th>*4. Application Identifier:</th>
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</table>

<table>
<thead>
<tr>
<th>*5a. Federal Entity Identifier:</th>
<th>*5b. Federal Award Identifier:</th>
</tr>
</thead>
<tbody>
<tr>
<td>KTRK - 3-06-0262-</td>
<td></td>
</tr>
</tbody>
</table>

### State Use Only:

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

### 8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>*8a. Legal Name:</th>
<th>Truckee Tahoe Airport District</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*8b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>*8c. Organizational DUNS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-1563328</td>
<td>006492235</td>
</tr>
</tbody>
</table>

### Address:

<table>
<thead>
<tr>
<th>*Street 1:</th>
<th>10356 Truckee Tahoe Airport Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Truckee</td>
</tr>
<tr>
<td>County:</td>
<td>Nevada</td>
</tr>
<tr>
<td>State:</td>
<td>California</td>
</tr>
<tr>
<td>Province:</td>
<td>USA</td>
</tr>
<tr>
<td>Zip/Postal Code:</td>
<td>96161</td>
</tr>
</tbody>
</table>

### Organizational Unit:

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

<table>
<thead>
<tr>
<th><em>Name and contact information of person to be contacted on matters involving this application:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Mr. First Name: Kevin Middle Name: Smith Suffix:</td>
</tr>
<tr>
<td>Title: General Manager</td>
</tr>
<tr>
<td>Organizational Affiliation: Truckee Tahoe Airport District</td>
</tr>
</tbody>
</table>

### Contact Information:

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>530-587-4119, Ext. 105</td>
<td>530-587-2984</td>
</tr>
</tbody>
</table>

*Email: ksmith@fly2trk.com
**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.):  
    Truckee, Nevada County, California

15. Descriptive Title of Applicant's Project:  
    Truckee Tahoe Airport, Truckee, Nevada County, California: Apron A4 - Reconstruct, Purchase Snow Removal Equipment - Snowplow

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 $1,748,700.00

* b. Applicant $144,300.00

* c. State $50,000.00

* d. Local $0.00

* e. Other $0.00

* f. Program Income $0.00

* g. TOTAL $1,943,000.00

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 3-3-2014

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

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

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

☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Kevin

Middle Name:

*Last Name: Smith

Suffix:

*Title: General Manager, Truckee Tahoe Airport District

*Telephone Number: 530-587-4119, Ext. 105 Fax Number: 530-587-2984

*Email: ksmith@fly2trk.com

*Signature of Authorized Representative: Date Signed: 3/3/14
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

MAR 04 2014

5c. Organizational DUNS:

073354573

6. Date Received by State:

7. State Application Identifier:

State Use Only:

8. APPLICANT INFORMATION:

a. Legal Name: County of Imperial- Fire Department

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000924

c. Organizational DUNS:

73354573

d. Address:
   - Street1: 1078 Dogwood Road Ste 104
   - City: Heber
   - County: Imperial
   - State: California
   - Province:
   - Country: USA, UNITED STATES
   - Zip / Postal Code: 92249

e. Organizational Unit:
   - Department Name:
     Multiple Imperial County Stations
   - Division Name:

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

Prefix: Mr.

First Name: Tony

Last Name: Rouhotas

Title: Fire Chief

Organizational Affiliation:

Telephone Number: 760-482-2422

Fax Number:

Email: tonyrouhotas@co.imperial.ca.us
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
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<tbody>
<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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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td></td>
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<tr>
<td>* Other (specify):</td>
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<tr>
<td></td>
</tr>
<tr>
<td>* 10. Name of Federal Agency:</td>
</tr>
<tr>
<td>US Department of Agriculture-Rural Development</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
</tr>
<tr>
<td>10.766</td>
</tr>
<tr>
<td>CFDA Title:</td>
</tr>
<tr>
<td>Community Facilities Loan &amp; Grant Program</td>
</tr>
<tr>
<td>* 12. Funding Opportunity Number:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>* Title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
</tr>
<tr>
<td>Community of Niland, and surrounding unincorporated Imperial County areas.</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>Niland Fire Station Modular Housing Structure</td>
</tr>
<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
</tr>
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</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant  51
   b. Program/Project  51
   *
   Attach an additional list of Program/Project Congressional Districts if needed.

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

18. Estimated Funding ($):
   a. Federal $52,500
   b. Applicant $17,500
   c. State
   d. Local
   e. Other
   f. Program Income
   *
   g. TOTAL $70,000

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
   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: Mr.           * First Name: Tony
Middle Name:          
* Last Name: Rouhotas
Suffix:               
* Title: Fire Chief

* Telephone Number: 760-482-2422  Fax Number: 
* Email: tonyrouhotas@co.imperial.ca.us

* Signature of Authorized Representative: ___________________________
* Date Signed: 02/28/14
## Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Preapplication</td>
<td>□ New</td>
<td>□ Continuation</td>
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<tr>
<td>✓ Application</td>
<td></td>
<td>* Other (Specify): RECOMMENDED</td>
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<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
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3. Date Received: MAR 04 2014

4. Application Identifier: STATE CLEARING HOUSE

5a. Federal Entity Identifier: SCK - 3-06-0250-

5b. Federal Award Identifier:

6. Date Received by State: 

7. State Application Identifier: 

### 8. APPLICANT INFORMATION:

**a. Legal Name:** County of San Joaquin

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000531

**c. Organizational DUNS:** 08722 6056

**d. Address:**

- **Street 1:** 5000 South Airport Way
- **City:** Stockton
- **County:** San Joaquin
- **State:** California
- **Province:**
- **Country:** USA
- **Zip/Postal Code:** 95206

**e. Organizational Unit:**

**Department Name:** Department of Aviation

**Division Name:**

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

- **Prefix:** Mr.
- **First Name:** Harry
- **Middle Name:**
- **Last Name:** Mavrogenes
- **Suffix:**

**Title:** Interim Airport Director

**Organizational Affiliation:**

- County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport

**Telephone Number:** (209) 468-4700

**Fax Number:** (209) 468-4730

**Email:** hmvavrogenes@sigov.org
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

10. Name of Federal Agency:
    Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
    20.106

CFDA Title:
    Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant’s Project:
    Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Pavement Maintenance/Management Program; Architectural Design - Terminal Improvements - FIS Facility

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

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

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
      $855,000.00
   "b. Applicant
      $95,000.00
   "c. State
      $0.00
   "d. Local
      $0.00
   "e. Other
      $0.00
   "f. Program Income
      $0.00
   "g. TOTAL
      $950,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 2-28-2014
☐ 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:  Mr.
Middle Name:  V
"First Name:  Robert
"Last Name:  Elliott
Suffix:

Title:  Chairman, Board of Supervisors

Telephone Number: (209) 468-3113  Fax Number: (209) 468-3694
Email:  belliot@sic.gov
Signature of Authorized Representative:  c2ydy. Date Signed: 2/28/2014
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):

* Other (Specify) RECEIVED

* 3. Date Received: MAR 04 2014

☐ 4. Application Identifier: STATE CLEARING HOUSE

5a. Federal Entity Identifier:
SCK - 3-06-0250-

5b. Federal Award Identifier:

State Use Only:
6. Date Received by State:

8. APPLICANT INFORMATION:
* a. Legal Name: County of San Joaquin

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000531

* c. Organizational DUNS:
08722 6056

d. Address:
Street1: 5000 South Airport Way
Street 2:
* City: Stockton
* County: San Joaquin
* State: California
Province:
* Country: USA
* Zip/ Postal Code: 95206

e. Organizational Unit:
Department Name:
Division Name:
Department of Aviation

7. Name and contact information of person to be contacted on matters involving this application:
Prefix: Mr.
Middle Name:
* Last Name: Mavrogenes
Suffix:
Title: Airport Director

Organizational Affiliation:
County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport

* Telephone Number: (209) 468-4700
Fax Number: (209) 468-4730

* Email: hmavrogenes@sigov.org
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>B. County Government</td>
</tr>
<tr>
<td>10. Name of Federal Agency:</td>
<td>Federal Aviation Administration</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>20.106</td>
</tr>
<tr>
<td>12. Funding Opportunity Number:</td>
<td>Title:</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>San Joaquin County, California</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>Stockton Metropolitan Airport, Stockton, San Joaquin County, California: Construction: Terminal Improvements - Elevator, Remodel Rest Rooms, Ticket Counter Upgrade; Rehabilitate Runway and Taxiway Lighting and Signage; Reconstruct Terminal Parking Ramp</td>
</tr>
</tbody>
</table>

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

15. Congressional District Of: CA-009
   a. Applicant: CA-009  b. Program/Project: CA-009

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: $4,378,500.00
   b. Applicant: $486,500.00
   c. State: $0.00
   d. Local: $0.00
   e. Other: $0.00
   f. Program Income: $0.00
   g. TOTAL: $4,865,000.00

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 2-28-2014
   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: Mr.  First Name: Robert
Middle Name: V
Last Name: Elliott
Suffix:
Title: Chairman, Board of Supervisors

Telephone Number: (209) 468-3113  Fax Number: (209) 468-3694
Email: bellioit@sgov.org
Signature of Authorized Representative: Date Signed: 3/8/2014
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):
   □ Other (Specify)

* 3. Date Received:

* 4. Application Identifier:

RECEIVED

5a. Federal Entity Identifier:
   MMH - 3-06-0146-

* 5b. Federal Award Identifier:

MARCH 05 2014

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name: Town of Mammoth Lakes

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

c. Organizational DUNS: 144603339

* d. Address:
   Street 1: 1300 Airport Road
   Street 2:
   City: Mammoth Lakes
   County: Mono
   State: California
   Province: USA
   Zip/Postal Code: 93546

* e. Organizational Unit:
   Department Name: Public Works
   Division Name:

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

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

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

* Email: bpicken@ci.mammoth-lakes.ca.us
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type: C. City or Township Government</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type: - Select One -</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type: - Select One -</td>
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<tr>
<td>* Other (specify):</td>
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<tr>
<td>* 10. Name of Federal Agency: Federal Aviation Administration</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number: 20.106</td>
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<tr>
<td>CFDA Title: Airport Improvement Program</td>
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<tr>
<td>12. Funding Opportunity Number:</td>
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<tr>
<td>Title:</td>
</tr>
<tr>
<td>13. Competition Identification Number:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.): Town of Mammoth Lakes, California</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project: Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Construction: Pavement Marking, Joint Seal Apron and Taxi lane, Reconstruct General Aviation Aircraft Parking Apron Phase 1</td>
</tr>
<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
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</tbody>
</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of: CA-025

* a. Applicant CA-025 * b. Program/Project: CA-025

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

17. Proposed Project:

* a. Start Date: 2014 * b. End Date: 2014

18. Estimated Funding ($):

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<th>Item</th>
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<td>b. Applicant</td>
<td>$206,200.00</td>
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<td>c. State</td>
<td>$0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>$0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>$0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>$0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>$2,062,000.00</td>
</tr>
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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 2-28-2014
☐ 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: Mr. * First Name: Peter

Middle Name:

*Last Name: Bernasconi

Suffix:

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

*Telephone Number: 760-934-8989 Fax Number: 760-934-8608

*Email: pbernasconi@ci.mammoth-lakes.ca.us

*Signature of Authorized Representative: Peter Bernasconi Date Signed: 06/10
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: 02/26/2014

4. Applicant Identifier: Big Valley Rancheria - Lake Co

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

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

RECEIVED

8. APPLICANT INFORMATION:
   - a. Legal Name: Big Valley Rancheria Band of Pomo Indians
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 66-0091190
   - c. Organizational DUNS: 1125099500000

9. Address:
   - Street: 2726 Mission Rancheria Road
   - Street2: 
   - City: Lakeport
   - County/Parish: Lake
   - State: CA: California
   - Province: 
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95453-9612

10. Organizational Unit:
    - Department Name: 
    - Division Name: 
    - Education

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

Organizational Affiliation:
Big Valley Rancheria Band of Pomo Indians

* Telephone Number: 707-263-3924 ext.119
* Fax Number: 707-262-5777
* Email: csilva@big-valley.net
Application for Federal Assistance SF-424

*9. Type of Applicant 1: Select Applicant Type:
   I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:
   USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
   10.766

CFDA Title:
Community Facilities Loans and Grants

*12. Funding Opportunity Number:
   10.766

* Title:
Community Facilities Loans and Grants

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Replace the old preschool building with a new modular building

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

16. Congressional Districts Of:
   a. Applicant: 5
   b. Program/Project: 5

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

17. Proposed Project:
   a. Start Date: 03/01/2014
   b. End Date: 04/30/2014

18. Estimated Funding ($):
   a. Federal: 45,000.00
   b. Applicant: 24,842.00
   c. State: 0.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 69,842.00

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 02/28/2014.
   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 in attachment.)
   Yes  No

If "Yes", provide explanation and action

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: Anthony

Middle Name: 

Last Name: Jack

Suffix: 

Title: Tribal Chairman

Telephone Number: 77-263-3924

Fax Number: 707-263-3977

Email: ajack@big-valley.net

Signature of Authorized Representative: 

Date Signed: 02/26/2014
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
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<td>□ Revision</td>
<td></td>
</tr>
</tbody>
</table>

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

5a. Federal Entity Identifier: **MMH - 3-06-0146-**

5b. Federal Award Identifier: **MAR 05 2014**

State Use Only:
6. Date Received by State: 7. State Application Identifier: **STATE CLEARING HOUSE**

8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
<th>Town of Mammoth Lakes</th>
</tr>
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<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>77-0043067</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>144603339</td>
</tr>
</tbody>
</table>

Street 1: 1300 Airport Road
Street 2:
City: Mammoth Lakes
County: Mono
State: California
Province: USA

Zip/Postal Code: 93546

Department Name: Public Works
Division Name: 

Prefix: Mr.
Middle Name: 
Last Name: Picken
Title: Assistant Airport Manager
Organizational Affiliation: Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

* Telephone Number: 760-934-3813 Fax Number: 760-934-3119
* Email: bpicken@ci.mammoth-lakes.ca.us
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

* 10. Name of Federal Agency:  
   Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:  
   20.106  
   CFDA Title:  
   Airport Improvement Program

12. Funding Opportunity Number:  
   Title:

13. Competition Identification Number:  
   Title:

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

* 15. Descriptive Title of Applicant’s Project:  
   Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California:  
   Engineering Design:  
   Pavement Marking, Reconstruct GA Apron Phase 1, Obstruction Light Row - North Side, Relocate Wind Socks and Segmented Circle, Install Obstruction Lights on Street Light Pole and Power Pole at Benton Crossing Road

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

16. Congressional Districts Of: CA-025
   * a. Applicant CA-025
   * b. Program/Project: CA-025

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

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

18. Estimated Funding ($):
   *a. Federal $184,500.00
   *b. Applicant $20,500.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $205,000.00

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 2-28-2014
   □ 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: Mr.
*First Name: Peter
Middle Name:
*Last Name: Bernasconi
Suffix:
*Title: Acting Director of Public Works, Town of Mammoth Lakes

*Telephone Number: 760-934-8989  Fax Number: 760-934-8608
*Email: pbernasconi@ci.mammoth-lakes.ca.us
*Signature of Authorized Representative: [Signature] Date Signed: 2/29/16
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. Application Identifier:

5a. Federal Entity Identifier:
   MMH - 3-06-0146-

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Town of Mammoth Lakes

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      77-0043067

   c. Organizational DUNS:
      144603339

   d. Address:
      1300 Airport Road
      Mammoth Lakes, Mono, California, USA
      Zip/Postal Code: 93546

   e. Organizational Unit:
      Public Works

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Mr.
      First Name: Brian
      Last Name: Picken
      Title: Assistant Airport Manager

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

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

RECEIVED
MAR 05 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

| 9. Type of Applicant 1: Select Applicant Type: | C. City or Township Government |
| Type of Applicant 2: Select Applicant Type: | - Select One - |
| Type of Applicant 3: Select Applicant Type: | - Select One - |

* Other (specify):

| 10. Name of Federal Agency: | Federal Aviation Administration |
| 11. Catalog of Federal Domestic Assistance Number: | 20.106 |
| CFDA Title: | Airport Improvement Program |

| 12. Funding Opportunity Number: |
| Title: |

| 13. Competition Identification Number: |
| Title: |

| 14. Areas Affected by Project (Cities, Counties, States, etc.): |
| Town of Mammoth Lakes, California |

| 15. Descriptive Title of Applicant's Project: |
| Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Environmental Assessment - Terminal Area Development; Regrade Runway Object Free Area (ROFA); and Wildlife/Security Fence |

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

16. Congressional Districts Of: CA-025
   *a. Applicant CA-025
   *b. Program/Project: CA-025

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

17. Proposed Project:
   *a. Start Date: 2014
   *b. End Date: 2015

18. Estimated Funding ($):
   *a. Federal $514,800.00
   *b. Applicant $57,200.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $572,000.00

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 2-28-2014
   ☐ 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: Mr.  *First Name: Peter
   Middle Name:
   *Last Name: Bernasconi
   Suffix:

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

   *Telephone Number: 760-934-8989  Fax Number: 760-934-8608
   *Email: pbernasconi@ci.mammoth-lakes.ca.us
   *Signature of Authorized Representative: [Signature]  Date Signed: 2/28/14
Application for Federal Assistance SF-424

OMB Number: 4040-0004
Expiration Date: 03/31/2012

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
04-045-784433938

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

Mayera Memorial Hospital District

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

c. Organizational DUNS:

8d. Address:

Street:

City:

County/Parish:

State:

Province:

Country:

Zip / Postal Code:

8e. Organizational Unit:

Department Name:

Division Name:

8f. Name and contact information of person to be contacted on matters involving this application:

Title: Chief Financial Officer

Organizational Affiliation:

Mayera Memorial Hospital District

Telephone Number:

Fax Number:

Email:
# Application for Federal Assistance SF-424

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

- [ ] Federal Government
- [ ] State or Local Government
- [ ] Private for Profit
- [ ] Private Nonprofit
- [ ] Tribal Government
- [ ] Non-Federal Agency
- [ ] Other (specify):

## 10. Name of Federal Agency:

[ USDA Rural Development ]

## 11. Catalog of Federal Domestic Assistance Number:

- [ ] 10.766

## 12. Funding Opportunity Number:

- [ ] (specify)

## 13. Competition Identification Number:

- [ ] (specify)

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

| Full River Valley | Add Attachments | Delete Attachments | View Attachments |

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

[ FACILITY REHABILITATION/EXPANSION PROJECT ]
Application for Federal Assistance SF-424

18. Congressional District Or:
   a. Applicant
   b. Program/Project

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

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

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

20. Is Application Subject to Review by State Under Executive Order 12372? Yes or No.
   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.

   If Yes, provide explanation and attach.

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

   I AGREE

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

Authorized Representative:

Prefix: 
First Name: 
Middle Name: 
Last Name: 
Suffix: 
Title: 
Telephone Number: 
Fax Number: 
Email: 
Signature of Authorized Representative: 
Date Signed: 

03/06/2014 09:22 FAX 5302338888 ALTURAS SERVICE CENTER 004/004

[Signature]
2-24-14
Application for Federal Assistance SF-424

* 1. Type of Submission:
   - [X] Application

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

* If Revision, select appropriate letter(s):

* 3. Date Received:
   - [ ] Preapplication
   - [X] Application
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify)
   - [ ] RECEIVED

* 4. Applicant Identifier:
   - [ ] Preapplication
   - [X] Application
   - [ ] Continuation
   - [ ] Revision

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:

8. APPLICANT INFORMATION:

* 9. Legal Name:
   - Rancho California Water District

* 10. Employer/Taxpayer Identification Number (EIN/TIN):
   - 95-2415751

* 11. Organizational DUNS:
   - 053836235

d. Address:

* Street1: 42135 Winchester Rd.
* Street2:
* City: Temecula
* County:
* State: CA: California
* Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 92590

e. Organizational Unit:

Department Name: [ ] Planning
Division Name: [ ]

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

Prefix: [ ]
* First Name: Denise
Middle Name: [ ]
* Last Name: Landstedt
Suffix: [ ]
Title: Senior Water Resources Planner
Organizational Affiliation: Rancho California Water District

* Telephone Number: 951-296-6916
Fax Number: [ ]

* Email: landstedt@ranchowater.com
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<td>Bay-Delta Restoration Program: CALFED Water Use Efficiency Grants, California Bay-Delta Constituents</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>City of Temecula, portions of the City of Murrieta, and unincorporated areas of southwest Riverside County, California</td>
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<td>15. Descriptive Title of Applicant's Project:</td>
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<tr>
<td>Advanced Metering Infrastructure to Enhance Water Use Efficiency and Energy Efficiency Project</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-049
   * b. Program/Project  CA-049

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

17. Proposed Project:
   * a. Start Date: 01/14/2014
   * b. End Date: 04/29/2015

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant  2,345,114.19
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  2,645,114.19

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 03/06/2014.
   □ 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 civil, criminal, 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: Williamson
Suffix:  
* Title: Assistant General Manager

* Telephone Number: 951-296-5900  Fax Number: 951-296-6860
* Email: williamsonr@anchowerter.com

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

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>3. Date Received:</th>
<th>4. Applicant Identifier:</th>
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<tr>
<td>Changed/Corrected Application</td>
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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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<td>February 24, 2014</td>
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### 8. APPLICANT INFORMATION:

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<th>a. Legal Name:</th>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<td>65-0325104</td>
<td>807487665</td>
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<td>County:</td>
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<td>Country:</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>Department Name:</td>
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<tr>
<td>California Department of Food and Agriculture</td>
</tr>
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</table>

<table>
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<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<tr>
<td>Prefix:</td>
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<tr>
<td>Middle Name:</td>
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<tr>
<td>* Last Name:</td>
</tr>
<tr>
<td>Suffix:</td>
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<tr>
<td>Title:</td>
</tr>
</tbody>
</table>

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:**


**13. Competition Identification Number:**


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

State of California

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

2014 Olive Fly Biocontrol

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

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

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

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

### 18. Estimated Funding ($):
- **a.** Federal: [4,756]  
- **b.** Applicant: [0]  
- **c.** State: [0]  
- **d.** Local: [0]  
- **e.** Other: [0]  
- **f.** Program Income: [0]  
- **g.** TOTAL: [4,756]

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

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

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

[✓]  **I AGREE**

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

### Authorized Representative:

- **Prefix:**  
- **First Name:** [Crystal]  
- **Middle Name:**  
- **Last Name:** [Myers]  
- **Suffix:**  
- **Title:** [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

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

2. DATE SUBMITTED: March 6, 2014

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier

5. APPLICANT INFORMATION
   Legal Name: Sacramento Suburban Water District
   Organizational DUNS: 798624201
   Address: 3701 Marconi Ave, Suite 100
   City: Sacramento
   State: CA
   Zip Code: 95821
   County: Sacramento
   Country: United States

RECEIVED
MAR 01 2014
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   81-00006258

7. TYPE OF APPLICATION:
   - New
   - Continuation
   - Revision

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

9. TYPE OF APPLICANT:
   - Special District
   - Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    152523

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    Sacramento Regional Indoor Efficiency Retrofit Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
    Cities of Sacramento, Roseville, Auburn, and Sacramento and Placer Counties

13. PROPOSED PROJECT
    Start Date: October 1, 2014
    Ending Date: September 30, 2016

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

15. ESTIMATED FUNDING:
   a. Federal $300,000
   b. Applicant $679,200
   c. State $0
   d. Local $0
   e. Other $0
   f. Program Income $979,200
   g. TOTAL $979,200

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   - Yes
   - No

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 DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Authorized Representative
Prefix: Mr.
Last Name: Roscoe
First Name: Robert
Suffix: 
Title: General Manager
Signature of Authorized Representative: 
Date Signed: 3/4/14

Previous Edition Usable Authorized for Local Reproduction

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

2. DATE SUBMITTED
March 6, 2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:
Sacramento Suburban Water District

Organizational Unit:

Organizational DUNS:
798624201

Department:

Address:
3701 Marconi Avenue, Suite 100

Division:

City: Sacramento

State:
CA

County:
Sacramento

State Code:
95621-5346

County Code:

Last Name:
Swartz

State:
United States

Suffix:

9. EMPLOYER IDENTIFICATION NUMBER (EIN):
00-002258

Phone Number (give area code)
916-997-7892

FAX Number (give area code)
916-967-7322

10. TYPE OF APPLICATION:

916-967-7322

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Sacramento Regional 2014-2016 Residential Water Meter Install Project

8. OTHER (specify):

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Sacramento city and county, West Sacramento, Yolo County, CA

13. PROPOSED PROJECT

Start Date: October 1, 2014

Ending Date: September 30, 2016

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
CA-003

b. Project
CA-001, CA-003, CA-005

15. ESTIMATED FUNDING:

a. Federal $300,000

b. Applicant $5,116,775

c. State $10

d. Local $10

e. Other $10

f. Program Income $0

g. TOTAL $5,416,775

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

a. Yes

b. No

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

a. Yes

b. No

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

a. Authorized Representative

b. Title General Manager
d. Signature of Authorized Representative

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prepared by OMB Circular A-102
**Application for Federal Assistance SF-424**

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<td>□ Changed/Corrected Application</td>
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<th>3. Date Received:</th>
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<th>4. Applicant Identifier:</th>
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<table>
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<tr>
<th>5a. Federal Entity Identifier:</th>
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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>
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<th>7. State Application Identifier:</th>
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<tbody>
<tr>
<td>STATE CLEARING HOUSE</td>
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</tbody>
</table>

**8. APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>a. Legal Name:</th>
</tr>
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<tbody>
<tr>
<td>The Regents of the University of California - UC ANR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<tbody>
<tr>
<td>6094-6036494</td>
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<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
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<tbody>
<tr>
<td>6045919250000</td>
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<table>
<thead>
<tr>
<th>d. Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2801 Second Street</td>
</tr>
</tbody>
</table>

| City: |
| Davis |

| County/Parish: |
|               |

| State: |
| CA: California |

| Province: |
|           |

| Country: |
| USA: UNITED STATES |

<table>
<thead>
<tr>
<th>Zip / Postal Code:</th>
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<tbody>
<tr>
<td>956187774</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>Department Name:</td>
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<tr>
<td>Division Name:</td>
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| CTMS                     |

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<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
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<tbody>
<tr>
<td>Prefix:</td>
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</tbody>
</table>

| * First Name: |
| Kendra |

<table>
<thead>
<tr>
<th>Middle Name:</th>
</tr>
</thead>
</table>

| * Last Name: |
| Rose         |

<table>
<thead>
<tr>
<th>Suffix:</th>
</tr>
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</table>

| Title: |
| Contracts and Grants Analyst |

<table>
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<tr>
<th>Organizational Affiliation:</th>
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<tbody>
<tr>
<td>University of California at UC ANR</td>
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<table>
<thead>
<tr>
<th>* Telephone Number:</th>
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<tbody>
<tr>
<td>530-750-1276</td>
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<table>
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<tr>
<th>Fax Number:</th>
</tr>
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<tbody>
<tr>
<td>530-756-1149</td>
</tr>
</tbody>
</table>

| *Email: |
| krosed@ucanr.edu |

<p>| |</p>
<table>
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<th></th>
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</table>
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:
   U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:
   15.805

CFDA Title:
   Assistance to State Water Resources Research Institutes

* 12. Funding Opportunity Number:
   G14AS00014

* Title:
   Water Resources Research National Competitive Grants Program

13. Competition Identification Number:
   G14AS00014

Title:

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

* 15. Descriptive Title of Applicant's Project:
   Estimating water supply and the effects of water use, institutions and conservation on water supply in changing climate

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  CA-003

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

17. Proposed Project:
   * a. Start Date:  09/01/2014  * b. End Date:  08/31/2017

18. Estimated Funding ($):
   * a. Federal  249,879.00  
   * b. Applicant  249,864.00  
   * c. State  0.00  
   * d. Local  0.00  
   * e. Other  0.00  
   * f. Program Income  0.00  
   * g. TOTAL  499,763.00  

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  03/05/2014 .
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

   [x] ** I AGREE

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

Authorized Representative:

Prefix:  
* First Name:  Kendra:

Middle Name:  
* Last Name:  Rose

Suffx:  

*Title:  Contracts and Grants Analyst

*Telephone Number:  530-750-1278  
Fax Number:  

*Email:  krose@ucanr.edu

* Signature of Authorized Representative:  Kendra Rose  * Date Signed:  03/05/2014
APPLICATION FOR FEDERAL ASSISTANCE

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

2. DATE SUBMITTED: 3/4/2014

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

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

5. APPLICANT INFORMATION

Legal Name: Calaveras County Water District
Organizational DUNS: 074631599
Address: 120 Toma Court
City: San Andreas
County: Calaveras
State: CA
Zip Code: 95240
Country: USA

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-1532214

7. PHONE NUMBER (gave area code): 
   - (209) 754-3304
   - Fax Number (gave area code): (209) 754-9620

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

9. NAME OF FEDERAL AGENCY: USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 12-160

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Eddins Pass - Rm 3A Pipeline Replacement Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Arnold, CA Calaveras County

13. PROPOSED PROJECT

Start Date: 9/14
Ending Date: 9/15

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 4
b. Project 4

15. ESTIMATED FUNDING:

a. Federal $5,000,000
b. Applicant $1,000,000
c. State $2,000,000
d. Local $3,000,000
e. Other $4,000,000
f. Program Income $5,000,000
g. TOTAL $5,000,000

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: March 4, 2014
b. No

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

a. Yes if "Yes" attach an explanation.
   b. 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. Authorized Representative
   - Prefix: M
   - Last Name: MITCHELL
   - First Name: MICH
   - Middle Name: STANTON
   - Suffix: N
   - Title: General Manager
   - Telephone Number (gave area code): (209) 754-3304
   - Signature of Authorized Representative: [Signature]

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

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

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

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

3. **Date Received:**

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** *RECEIVED*

6. **Date Received by State:**

7. **State Application Identifier:**

8. **APPLICANT INFORMATION:**
   - **Legal Name:** City of Los Angeles Harbor Department
   - **Employer Taxpayer Identification Number (EIN/TIN):** 95-6000735
   - **Organizational DUNS:** 13-833-2585
   - **Address:**
     - Street 1: 425 South Palos Verdes Street
     - City: San Pedro
     - State: CA
     - Country: USA
     - Zip/Postal Code: 90731
   - **Organizational Unit:**
     - Department Name: City of Los Angeles Harbor Department
     - Division Name: Environmental Management Division
     - **Name and Contact Information of Person to Be Contacted on Matters Involving this Application:**
     - **First Name:** Rene
     - **Last Name:** Spencer
     - **Title:** Environmental Specialist
     - **Telephone Number:** 310-732-3960
     - **Fax Number:** 310-547-4643
     - **Email:** rspencer@portla.org
**Application for Federal Assistance SF-424**

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

10. **Name of Federal Agency:**
    - Environmental Protection Agency (EPA)

11. **Catalog of Federal Domestic Assistance Number:**
    - 66.039

12. **Funding Opportunity Number:**
    - EPA-OAR-OTAQ-14-02

    * **Title:**
      - Projects to Improve Air Quality at Ports 2013

13. **Competition Identification Number:**

    * **Title:**

14. **Areas Affected by Project (Cities, Counties, States, etc.):**
    - Wilmington, San Pedro, Los Angeles County, California, South Coast Air Basin

15. **Descriptive Title of Applicant's Project:**
    - Port of Los Angeles Emission Reduction Project

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

16. Congressional District Of:
   * a. Applicant: CA-044
   * b. Program/Project: CA-044

17. Proposed Project:
   * a. Start Date: 4/1/14
   * b. End Date: 12/31/15

18. Estimated Funding ($):
   * a. Federal: $469,000
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: $469,000

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 3/10/14
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation.)
    Applicant Federal Debt Delinquency Explanation
    [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: Gary
Middle Name: Lee
* Last Name: Moore
Suffix: ___________________________

* Title: Interim Executive Director

* Telephone Number: 310-732-3456  * Fax Number: 310-647-4643

* Email: __________________________

* Signature of Authorized Representative: [Signature]  * Date Signed: 3-10-14
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: [ ] Completed by Grantee upon submission

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Conard Harbor District, Port of Hueneme

b. Employer/Taxpayer Identification Number (EIN/TIN): 48-6002317

c. Organizational DUNS: 5269534750000

d. Address:

Street1: 533 Ponoma Street

Street2:

City: Port Hueneme

County/Parish:

State: CA: California

Province: 

Country: USA: UNITED STATES

Zip/Postal Code: 93044-0608

e. Organizational Unit:

Department Name: 

Division Name: Engineering

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

Prefix: Mrs.

First Name: Kristin

Middle Name:

Last Name: Daca

Suffix:

Title: Port Director

Organizational Affiliation:

Telephone Number: 605-488-3677, ext 2235

Fax Number: 605-488-2620

Email: KDaca@portofhueneme.org

[RECEIVED] MAR 10 2014

STATE CLEARING HOUSE
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:
   D: Special District Government

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-CARR-OTAQ-14-02
    * Title:
    Projects to Improve Air Quality at Ports 2013 Diesel Emissions Reduction Act (DEE) Funding Opportunity

13. Competition Identification Number:

    Title:

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

15. Descriptive Title of Applicant's Project:
    Phase II - Port of Hueneme Shore Power Infrastructure Project

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

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

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

17. Proposed Project:
   * a. Start Date: 06/01/2014
   * b. End Date: 09/15/2015

18. Estimated Funding ($):

   * a. Federal: 500,000.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 1,700,000.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 2,200,000.00

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 03/11/2014
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes,” provide explanation 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 210, Section 1021)

   ✔ I AGREE

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

Authorized Representative:

Prefix: Mrs.  * First Name: Kristin
Middle Name:

* Last Name: DeCas
Suffix:

* Title: Port Director

Telephone Number: 805-488-3677, ext 2235  Fax Number: 805-488-2620

* Email: ?decas@portofhueneme.org

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

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

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

3. Date Received:
   - Received by Grant.gov upon submission.

4. Applicant Identifier:
   - RECEIVED

5. Federal Entity Identifier:

6a. Federal Award Identifier:
   - MAR 11 2014

6b. State Use Only:

7. State Application Identifier:
   - STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

   a. Legal Name:
      - Oxnard Harbor District, Port of Hueneme

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 95-6002317

   c. Organizational DUNS:
      - 5269534750000

9. Address:

   a. Street1:
      - P.O. Box 608

   b. Street2:
      - 133 Portoma Street

   c. City:
      - Port Hueneme

   d. County/Parish:
      - Ventura

   e. State:
      - CA: California

   f. Province:
      - USA: UNITED STATES

   g. Zip/Postal Code:
      - 93044-0608

10. Organizational Unit:

   a. Department/Division Name:
      - Port of Hueneme
      - Engineering

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

   a. Prefix:
      - Ms.

   b. First Name:
      - Kristin

   c. Middle Name:
      - 

   d. Last Name:
      - Daniel

   e. Suffix:
      - 

   f. Title:
      - CEO & Port Director

12. Telephone Number:

   a. 805-488-1671, ext 2235

   b. Fax Number:
      - 805-488-2620

13. Email:

   a. danis@portohueneme.org
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   A: State Government
   B: Special District Government
   C: Other (specify):

* 10. Name of Federal Agency:
       Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
    E9.039
    CFDA Title:
    National Clean Diesel Emissions Reduction Program

* 12. Funding Opportunity Number:
       EPA-ONR-DFA-13-02
       Title:
       Projects to Improve Air Quality at Ports 2013 Diesel Emissions Reduction Act (DERA) Funding Opportunity

13. Competition Identification Number:
    Title:

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

* 16. Descriptive Title of Applicant's Project:
       Phase II - Port of Hueneme Shore Power Infrastructure Project

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

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

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

17. Proposed Project:
   a. Start Date: 06/01/2014
   b. End Date: 09/15/2015

18. Estimated Funding ($):
   a. Federal  566,000.00
   b. Applicant  0.00
   c. State  0.00
   d. Total  5,660,000.00
   e. Other  0.00
   f. Program Income  0.00
   g. TOTAL  5,660,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Proceed?
   X  a. This application was made available to the State under the Executive Order 12372 Proceed for review on 09/21/2014.
   □  b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □  c. Program is not covered by E.O. 12372.

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

   If "Yes" provide explanation and attach

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

* Title:  CDO & Port Director

* Telephone Number:  805-488-2277, ext 2235  Fax Number:  805-488-2423

* Email:  kdacssportofhuenenne.org

* Signature of Authorized Representative:  Completed by Grants.gov upon submission.  * Date Signed:  Completed by Grants.gov upon submission.
This is an application for federal assistance. The applicant is South Coast Air Quality Management District. The contact person for this application is Mary Leonard, a financial analyst for the Science & Technology Advancement Division. The contact number is 909-396-2780, and the email is mleonard@aqmd.gov.
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: X. Other (specify)

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

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

*Other (specify): Special District

*10. Name of Federal Agency:
U.S. Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
66.034

CFDA Title:
Surveys, Studies, Investigations, Special Purpose Activities to the CCA

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

*15. Descriptive Title of Applicant's Project:
S103 Research Grant: PM 2.5 Monitoring

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

16. Congressional Districts Of:
   *a. Applicant 42
   *b. Program/Project: 24-49

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

17. Proposed Project:
   *a. Start Date: April 1, 2014
   *b. End Date: March 31, 2015

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

   $912,797.00

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 3-12-14
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372

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

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: Barry

Middle Name: R.

Last Name: Wallerstein

Suffix: D. Env.

Title: Executive Officer

*Telephone Number: 909-396-2100

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative:

Date Signed: 3/12/2014

APPROVED AS TO FORM

KURT FAVISE, GENERAL COUNSEL

By: Date: 3-11-19
# 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:**
LHM 3-06-0120-

**5b. Federal Award Identifier:**

**6. Date Received by State:**
MAR 12 2014

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

**8. APPLICANT INFORMATION:**

- **a. Legal Name:** City of Lincoln

- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000356

- **c. Organizational DUNS:** 004948160

- **d. Address:**
  - Street 1: 600 6th Street
  - Street 2:
  - City: Lincoln
  - County: Placer
  - State: California
  - Province: USA
  - Zip/Postal Code: 95648

- **e. Organizational Unit:**
  - Department Name: Department of Public Services
  - Division Name: Lincoln Regional Airport

- **f. Name and contact information of person to be contacted on matters involving this application:**
  - Prefix: Mr.
  - First Name: Ray
  - Middle Name:
  - Last Name: Leftwich
  - Suffix:
  - Title: Airport Manager

- **Organizational Affiliation:**
  - City of Lincoln, Department of Public Services

- **Telephone Number:** 916-434-2457
- **Fax Number:** 916-543-8516
- **Email:** rleftwich@ci.lincoln.ca.us
Application for Federal Assistance SF-424

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
   Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
   20.106

   CFDA Title:
   Airport Improvement Program

12. Funding Opportunity Number:

   Title:

13. Competition Identification Number:

   Title:

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

   City of Lincoln, Placer County, California

* 15. Descriptive Title of Applicant’s Project:

   Lincoln Regional Airport, Lincoln, Placer County, California - Engineering Design of Rehabilitate Runway Safety Areas

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 $51,750.00

*b. Applicant $3,162.00

*c. State $2,588.00

d. Local $0.00

e. Other g. TOTAL $57,500.00

Total

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-3-2014

☐ 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: Ray

Middle Name:

*Last Name: Leftwich

Suffix:

*Title: Airport Manager

*Telephone Number: 916-434-2457 Fax Number: 916-543-8516

*Email: rleftwich@ci.lincoln.ca.us

*Signature of Authorized Representative: Date Signed: 3/10/14
**Application for Federal Assistance SF-424**

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

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

3. Date Received: ____________________

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

5a. Federal Entity Identifier:
   - 14-6506-1721-CA

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: February 24, 2014

7. State Application Identifier: 13-0465-FR

8. APPLICANT INFORMATION:

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

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

   * **c. Organizational DUNS:** 807487665

9. Address:

   * **Street1:** 1220 N Street, Room 315

   * **City:** Sacramento

   * **County:**

   * **State:** California

   * **Province:**

   * **Country:** USA: UNITED STATES

   * **Zip / Postal Code:** 95814

10. **d. Address:**

11. **e. Organizational Unit:**

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

12. **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:
Oriental Fruit Fly Eradication Project (Orange/LA Co.)

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

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

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

17. Proposed Project:
   * a. Start Date: 10/1/2013
   * b. End Date: 9/30/2014

18. Estimated Funding ($):
   * a. Federal 524,540
   * b. Applicant
   * c. State 524,540
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 1,049,080

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 March 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.) Applicant Federal Debt Delinquency Explanation
   - [ ] Yes
   - [X] No

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

   ** I AGREE

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

Authorized Representative:

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

*Title: Manager, Federal Funds Management Office

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

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

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

---

* Required fields

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

* 1. Type of Submission
  - ☑ Application
  - ☐ Preapplication
  - ☐ 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:
LHM 3-06-0120-

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Lincoln

* b. Employer/Taxpayer Identification Number (EIN/TIN):
  - 94-6000356

* c. Organizational DUNS:
  - 004949160

d. Address:
  - Street 1:
    - 600 6th Street
  - City:
    - Lincoln
  - County:
    - Placer
  - State:
    - California
  - Province:
  - Country:
    - USA
  - Zip/Postal Code: 95648

e. Organizational Unit:

<table>
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<tr>
<th>Department Name</th>
<th>Division Name</th>
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<tbody>
<tr>
<td>Department of Public Services</td>
<td>Lincoln Regional Airport</td>
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f. Name and contact information of person to be contacted on matters involving this application:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
</tr>
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<tbody>
<tr>
<td>Mr.</td>
<td>Ray</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name</th>
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<th>Suffix</th>
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<tbody>
<tr>
<td></td>
<td>Leftwich</td>
<td></td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Organization Affiliation</th>
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<tbody>
<tr>
<td>Airport Manager</td>
<td>City of Lincoln, Department of Public Services</td>
</tr>
</tbody>
</table>

* Telephone Number: 916-434-2457
* Fax Number: 916-543-8516
* Email: rleftwich@ci.lincoln.ca.us
## Application for Federal Assistance SF-424

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<th>Question</th>
<th>Answer</th>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
<td>- Select One -</td>
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<tr>
<td>* Other (specify):</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>Title:</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>City of Lincoln, Placer County, California</td>
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<tr>
<td>* 15. Descriptive Title of Applicant’s Project:</td>
<td>Lincoln Regional Airport, Lincoln, Placer County, California - Crack Seal - Runway, Taxiway, and Apron</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 ($):

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<td>*c. State</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?

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 3-3-2014
- [ ] 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).

- [ ] **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: Ray

Middle Name:

Last Name: Leftwich

Title: Airport Manager

Telephone Number: 916-434-2457  
Fax Number: 916-543-8516

Email: rleftwich@ci.lincoln.ca.us

Signature of Authorized Representative:  
Date Signed: 3/10/14
# Application for Federal Assistance SF-424

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<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>3. Date Received</th>
<th>4. Application Identifier</th>
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<td>✓ Application</td>
<td>☐ Continuation</td>
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<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
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<th>5a. Federal Entity Identifier:</th>
<th>5b. Federal Award Identifier:</th>
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<th>7. State Application Identifier:</th>
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### 8. APPLICANT INFORMATION:

<table>
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<tr>
<th>a. Legal Name:</th>
<th>City of Alturas</th>
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<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-6000290</td>
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<tr>
<td>c. Organizational DUNS:</td>
<td>15-416-1728</td>
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<tr>
<td>d. Address:</td>
<td>200 W. North Street</td>
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<tr>
<td>Street 2:</td>
<td>Modoc</td>
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<tr>
<td>City:</td>
<td>Alturas</td>
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<td>Zip/Postal Code:</td>
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<tr>
<th>e. Organizational Unit:</th>
<th>Public Works</th>
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<td>Department Name:</td>
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<tr>
<td>Division Name:</td>
<td></td>
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<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Suffix:</td>
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<tr>
<td>Title:</td>
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</tbody>
</table>

### Organizational Affiliation:

City of Alturas, Department of Public Works, Alturas Municipal Airport

<table>
<thead>
<tr>
<th>*Telephone Number:</th>
<th>530-233-2377</th>
<th>*Fax Number:</th>
<th>530-233-3559</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Email:</td>
<td><a href="mailto:ipicotte@cityofalturas.org">ipicotte@cityofalturas.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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 Alturas, Modoc County, California

*15. Descriptive Title of Applicant’s Project:

Alturas Municipal Airport, Alturas, Modoc County, California: Aviation Easements Runway 13 Approach; Relocate Threshold Runway 31

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 ($):

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>a. Federal</td>
<td>$137,340.00</td>
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<td>b. Applicant</td>
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<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</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 3-7-2014

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

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

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

☐ 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: Joe

Middle Name:

*Last Name: Picotte

Suffix:

*Title: Director of Public Works, City of Alturas

*Telephone Number: 530-233-2377  Fax Number: 530-233-3559

*Email: jpicotte@cityofalturas.org

*Signature of Authorized Representative: [Signature]  Date Signed: 5-7-14
Application for Federal Assistance SF-424

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

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

* 3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:
AAT - 3-06-0003-

* 5b. Federal Award Identifier:

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

8. APPLICANT INFORMATION:

* a. Legal Name: City of Alturas

* b. Employer/Taxpayer Identification Number (EIN/TIN):
94-6000290

* c. Organizational DUNS:
15-416-1728

d. Address:
* Street1: 200 W. North Street
Street 2:
* City: Alturas
County: Modoc
* State: California
Province:
Country: USA
* Zip/ Postal Code: 96101

e. Organizational Unit:
Department Name:
Public Works

Division Name:

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

Title: Director of Public Works

Organizational Affiliation:
City of Alturas, Department of Public Works, Alturas Municipal Airport

* Telephone Number: 530-233-2377
Fax Number: 530-233-3559

*Email: jpicotte@cityofalturas.org
**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 Alturas, Modoc County, California

*15. Descriptive Title of Applicant's Project:

    Alturas Municipal Airport, Alturas, Modoc County, California: Environmental Assessment: Widen Runway 13-31 to 75 feet and Add Airfield Guidance Signs; Extend Taxiway B; Expand Aircraft Parking Apron, Construct New Helipad and Access Road to Jet A Fuel Storage Tank

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  $52,560.00

*b. Applicant $3,212.00

*c. State $2,628.00

*d. Local $0.00

*e. Other $0.00

*f. Program Income $0.00

*g. TOTAL $58,400.00

*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 3-7-2014

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

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

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

☐ 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: Joe

Middle Name:

*Last Name: Picotte

Suffix:

*Title: Director of Public Works, City of Alturas

*Telephone Number: 530-233-2377

Fax Number: 530-233-3559

*Email: jpicotte@cityofalturas.org

*Signature of Authorized Representative: Joe Picotte 

Date Signed: 3-7-14
Application for Federal Assistance SF-424

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

2. Type of Application:
   - 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: The Watershed Research and Training Center

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3110339

   c. Organizational DUNS: 1017045200000

   d. Address:
      - Street1: 98 - B Clinic Avenue
      - City: Hayfork
      - State: California
      - Zip / Postal Code: 96044

   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: Angela
      - Middle Name:________________________
      - Last Name: Lotters
      - Suffix:______________________________
      - Title: Biomass Project Manager
      - Telephone Number: 360-610-2217
      - Fax Number:________________________
      - Email: angela@thewatershedcenter.com
Application for Federal Assistance SF-424

2. Type of Applicant 1: Select Applicant Type:

B: Nonprofit with 501(c)(3) TEE Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

B

Type of Applicant 3: Select Applicant Type:

I

* Other (specify):

Page dimensions: 618.0x813.0

10. Name of Federal Agency:

Department of Agriculture Rural Development

11. Catalog of Federal Domestic Assistance Number:

10.709

CFDA Title:

Rural Business Enterprise Grant

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:

California Forest Energy Projects Partnership for Feasibility Funding
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant: CA 03
   b. Program/Project: 1 all

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

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

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

   120,000.00
   0.00
   27,190.00
   24,119.25
   0.00
   0.00
   171,219.25

19. Is Application Subject to Review By State Under Executive Order 13272 Process?
   a. This application was made available to the State under the Executive Order 13272 Process for review on 01/1/2014.
   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)

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: Nick
Middle Name:
Last Name: Girola
Suffix:
Title: Executive Director

Telephone Number: (530) 628-4206
Fax Number: (530) 628-5100
Email: nick@thewatershedcenter.org

Signature of Authorized Representative: [Signature]

Date Signed: 01/12/2014
Application for Federal Assistance SF-424

1. Type of Submission: [ ] Preapplication  [ ] Application  [ ] Changed/Corrected Application
2. Type of Application: [ ] New  [ ] Continuation  [ ] Revision
   * If Revision, select appropriate letter(s):

3. Date Received: [ ]
   * Completed by Grants.gov upon submission.

4. Applicant identifier: [ ]

5. Federal Entity Identifier: [ ]

6. Federal Award Identifier: [ ]

State Use Only:

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

8. APPLICANT INFORMATION:
   a. Legal Name: [ ]

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

   c. Organizational DUNS: [ ]

   d. Address:
      * Street 1: [ ]
      * Street 2: [ ]
      * City: [ ]
      * County/Parish: [ ]
      * State: [ ]
      * Province: [ ]
      * Country: [ ]
      * Zip / Postal Code: [ ]

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

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

9. Type of Applicant 1 - Select Applicant Type:
   [ ] City or Township/county
   [ ] County government
   [ ] Special District
   [ ] Other (specify):

10. Name of Federal Agency:

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

12. Funding Opportunity Number:
   [ ] Title:

Emergency Community Water Assistance Grant (EWWG)

13. Competition Identification Number:
   [ ] Title:

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

15. Descriptive Title of Applicant's Project:
   City of Orange Cove's drinking water purchased to supplement the city's water allocation due to drought conditions.

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

16. Congressional District Of:
   a. Applicant: [Redacted]
   b. Program/Project: [Redacted]

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

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

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

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 (18 U.S.C. Title 23, Section 1001).

22. [Yes] [No]

If "Yes," provide explanation and attach:

23. [Space for additional information provided by State/Grant Executive Order 12372 process for review or completion date provided.

3/24

*Signature of Authorized Representative: +[Redacted] *Date Signed: 3/24
APPLICATION FOR
FEDERAL ASSISTANCE

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

2. DATE SUBMITTED
   5-13-2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier
   CA-37-X200

5. APPLICANT INFORMATION
   Legal Name:
   Sacramento Area Council of Governments
   Organizational DUNS:
   555685705
   Address:
   1416 L Street, Suite 300
   City:
   Sacramento
   State:
   California
   Country:
   USA

   Name and telephone number of person to be contacted on matters
   involving this application (give area code)
   Prefix:
   First Name:
   Middle Initial:
   Last Name:
   Email:
   Phone Number:
   Fax Number:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   01-01633112

7. TYPE OF APPLICATION:
   New
   Continuation
   Revision
   Other (specify)

8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   20-5116

9. NAME OF FEDERAL AGENCY:
   Federal Transit Administration (FTA)

10. DESCRIBITIVE TITLE OF APPLICANT'S PROJECT:
    FY2012 JARC Sac Urbanized Area projects

11. CONGRESSIONAL DISTRICTS OF:
    a. Applicant
    1, 2, 3, 4, 5
    b. Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
    State of CA, El Dorado, Placer, Sacramento, Sutter, Yolo and Yuba counties

13. PROPOSED PROJECT
    Start Date:
    1-22-2013
    Ending Date:
    6-30-2015
    a. Federal
    $ 950,343
    b. Applicant
    $ 0
    c. State
    $ 0
    d. Local Subrecipients
    $ 798,920
    e. Other
    $ 0
    f. Program income
    $ 0
    g. TOTAL
    $ 1,749,263

14. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
    ORDER 12372 PROCESS?
    a. Yes
    b. No

15. ESTIMATED FUNDING:
    a. Yes
    b. No
    This preapplication/application was made available to the state executive order 12372
    process for review on:
    Date:
    12-14-2011
    a. Program is not covered by E.O. 12372
    b. Program has not been selected by state for review

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

    Authorized Representative
    Prefix:
    First Name:
    Middle Name:
    Last Name:
    Donor:
    Title:
    Senior Planner:
    Signature of Authorized Representative:

    Thanked
    Date Signed:

    Standard Form 424 (Rev. 3-2003)
    Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

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

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

3. Date Received:
   03/14/2014

4. Applicant Identifier:
   MAR 14 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   a. Legal Name: California Asian Pacific Chamber of Commerce

   b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3737264
   c. Organizational DUNS: 9621979070000

   d. Address:
      - Street: 2012 N St, Suite 101
      - City: Sacramento
      - State: CA: California
      - Zip / Postal Code: 95811-3100

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mrs
      - First Name: Pat
      - Last Name: Fong Kushida
      - Title: President and CEO

   g. Telephone Number: 916-446-7883
      Fax Number: 916-446-7099
      Email: patfongkushida@calasianco.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
X: Other (specify)
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:

* Other (specify):
Nonprofit 501c6 w/ 501c3

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

11. Catalog of Federal Domestic Assistance Number:
10.769
CFDA Title:
Rural Business Enterprise Grant

12. Funding Opportunity Number:
N/A

* Title:
Rural Business Enterprise Grant

13. Competition Identification Number:
N/A

Title:
Rural Business Enterprise Grant

14. Areas Affected by Project (Cities, Counties, States, etc.):
SF424 - attachment 14 & 16.docx

15. Descriptive Title of Applicant's Project:
Pipeline to Success Program: Building economic security and sustainable rural communities through Asian Pacific Islander-centric small business and economic development technical assistance.

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-003

[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

16. Estimated Funding ($):
   - a. Federal: 79,983.00
   - b. Applicant: 153,577.00
   - c. State: 0.00
   - d. Local: 0.00
   - e. Other: 400.00
   - f. Program Income: 25,000.00
   - g. TOTAL: 258,560.00

* 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 03/14/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   - [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 21B, 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: Pat
Middle Name: 
Last Name: Pong Kusid
Suffix: 
Title: President / CEO

Telephone Number: 916-446-7883
Fax Number: 916-446-7096
Email: patfongkusid@calasiancc.org

Signature of Authorized Representative: [Signature]

* Date Signed: 03/14/2014