Federal Grant Applications

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

Version 02

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:
   - Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier: 51498057

B. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

* c. Organizational DUNS:
   - 08822358

d. Address:

* Street1:
  - 1931 NINTH STREET

* City:
  - SACRAMENTO

County:

* State:
  - CA: California

Province:

* Country:
  - USA: UNITED STATES

* Zip / Postal Code:
  - 95811

e. Organizational Unit:

   Department Name: FISH AND WILDLIFE

   Division Name: GRANTS MANAGEMENT BRANCH

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

   Prefix:
   - 

   * First Name:
   - JASON

   Middle Name:

   * Last Name:
   - WILLIAMS

   Suffix:

   Title:
   - WILDLIFE RESTORATION GRANT ADMINISTRATOR

Organizational Affiliation:

   * Telephone Number: 916-327-0062

   Fax Number: 916-327-6326

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

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<th><strong>1. Type of Submission:</strong></th>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th><strong>c. Organizational DUNS:</strong></th>
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<td>1031 5th STREET</td>
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<td>SACRAMENTO</td>
</tr>
<tr>
<td>CA: California</td>
</tr>
<tr>
<td>USA: UNITED STATES</td>
</tr>
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<td>95811</td>
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<th><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></th>
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</thead>
<tbody>
<tr>
<td>CDWR</td>
<td>[ ] First Name: Pete</td>
</tr>
<tr>
<td>Grants Management Branch</td>
<td>[ ] Middle Name:</td>
</tr>
<tr>
<td>[ ] Last Name: Marcellana</td>
<td>[ ] Suffix:</td>
</tr>
<tr>
<td>[ ] Title: Grant Administrator</td>
<td>[ ] Telephone Number: (916) 465-4658</td>
</tr>
<tr>
<td>[ ] Fax Number:</td>
<td>[ ] Email: <a href="mailto:Pete.Marcellana@wildlife.ca.gov">Pete.Marcellana@wildlife.ca.gov</a></td>
</tr>
</tbody>
</table>

**RECEIVED**

**MAR 17 2014**
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

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

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

CFDA Title: Sport Fish Restoration Program

**12. Funding Opportunity Number:**  
F14AP000033

* Title:  
R6 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

Title:

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

**15. Descriptive Title of Applicant's Project:**  
SMITH RIVER SALMONID MONITORING AND SALMONID SCALE ARCHIVE

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

Version 02

16. Congressional District(s):
   a. Applicant: CA-005  
   b. Program/Project: CA-001

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

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

18. Estimated Funding ($) :
   a. Federal: 195,306.00
   b. Applicant: 0.00
   c. State: 65,102.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 260,408.00

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 03/12/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in this list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1091)
   x ** I AGREE

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

Authorized Representative:

   Prefix:  
   * First Name: LISA
   Middle Name:  
   * Last Name: BAYS
   Suffix:  
   * Title: SSBI
   * Telephone Number: 916-445-3701  
   Fax Number:  
   * Email: Lisa.Bays@wildlife.ca.gov
   * Signature of Authorized Representative: Lisa Bays  
   * Date Signed: 03/12/2014

Authorized for Local Reproduction

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

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

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

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

**Date Received:**
- [ ] 12/31/2009
- [X] 01/17/2014

**Applicant Identifier:**
- [ ] STATE CLEARING HOUSE
- [X] RECEIVED

**Federal Entity Identifier:**
- [ ] STATE OF CALIFORNIA
- [ ] 0148500933

**Federal Award Identifier:**
- [ ] GL499650

**State Use Only:**
- [ ] STATE CLEARING HOUSE
- [ ] RECEIVED

**Applicant Information:**

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

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

**Organizational DUNS:**
- [ ] 8083223580000

**Address:**
- [ ] 1831 5TH STREET
- [ ] SACRAMENTO
- [ ] CA: California
- [ ] USA: UNITED STATES
- [ ] 95811-7011

**Organizational Unit:**
- [ ] Department Name:
- [ ] Division Name:

**Name and Contact Information of Person to be Contacted on Matters Involving This Application:**

**Prefix:**
- [ ]

**First Name:**
- [ ] PETE

**Middle Name:**
- [ ]

**Last Name:**
- [ ] MARCELLANA

**Suffix:**
- [ ]

**Title:**
- [ ] GRANTS ADMINISTRATOR

**Organizational Affiliation:**
- [ ]

**Telephone Number:**
- [ ] 916-445-4658

**Fax Number:**
- [ ]

**Email:**
- [ ] PETE.MARCELLANA@WILDLIFE.CA.GOV
## Application for Federal Assistance SF-424

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

**A: State Government**

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

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

*Other (specify):*

**10. Name of Federal Agency:**

Fish and Wildlife Service

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

15.605

**CFDA Title:**

Sport Fish Restoration Program

**12. Funding Opportunity Number:**

#14ASDO0033

*Title:*

88 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

**13. Competition Identification Number:**

Title:

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

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

NORTHERN REGION STREAM AND LAKE IMPROVEMENT: NORTHERN FISHERIES ASSESSMENT

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

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

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

18. Estimated Funding ($):
   a. Federal      225,334.00  
   b. Applicant     0.00     
   c. State        75,111.00  
   d. Local        0.00     
   e. Other        0.00     
   f. Program Income 0.00  
   g. TOTAL        300,445.00  

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 03/13/2014.  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   c. Program is not covered by E.O. 12372.  

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

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

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

Authorized Representative:

Prefix:  
* First Name: LISA  
Middle Name:  
* Last Name: BAYS  
Suffix:  
* Title:  
* Telephone Number: 916-445-3701  
Fax Number:  
* Email: LISA.BAYS@WILDLIFE.CA.GOV  
* Signature of Authorized Representative: Completed by Grants.gov upon submission.  
* Date Signed: Completed by Grants.gov upon submission.  

Authorized for Local Reproduction

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

Version 02

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

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

3. Date Received:
   [COMPLETED BY GRANTS.GOV UPON SUBMISSION]

4. Applicant Identifier:
   [MAR 17 2014]

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

5b. Federal Award Identifier:
   [F14AS000033]

State Use Only:

6. Date Received by State:

7. State Application Identifier:
   [G1499009]

8. APPLICANT INFORMATION:

   a. Legal Name:
      [STATE OF CALIFORNIA]

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

   c. Organizational DUNS:
      [8083223580000]

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

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix:
      - * First Name:
        [PETE]
      - Middle Name:
      - * Last Name:
        [MARCELLANA]
      - Suffix:
      - Title:
        [GRANTS ADMINISTRATOR]
      - Organizational Affiliation:
      - * Telephone Number:
        [916-445-4658]
      - Fax Number:
      - * Email:
        [PETE.MARCELLANA@LDD.LIFED.CA.GOV]
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td><strong>CFDA Title:</strong></td>
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<td>Sport Fish Restoration Program</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>* Title:</td>
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<td>SB (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td>MENDOCINO COUNTY</td>
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<td><strong>15. Descriptive Title of Applicant’s Project:</strong></td>
<td>REGION 1 ANADROMOUS SPORT FISH MANAGEMENT AND RESEARCH: NORTH CENTRAL DISTRICT SALMON AND STEELHEAD MANAGEMENT</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-005
   * b. Program/Project CA-01

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

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

19. Estimated Funding ($):

   * a. Federal 206,947.00
   * b. Applicant 0.00
   * c. State 95,649.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 302,596.00

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 03/12/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:
Prefix: 
Middle Name: 
* Last Name: RAYS
Surfix: 
* Title: SSIMI

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

* Email: LISA.BAYSWILDLIFE.CA.GOV

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

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

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

**3. Date Received:**
[ ] Computed by Gensave.gov upon submission.

**RECEIVED**

**4. Applicant Identifier:**

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**6. Date Received by State:**

**7. State Application Identifier:**

6. State Use Only:

**8. APPLICANT INFORMATION:**
- **a. Legal Name:** STATE OF CALIFORNIA
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 84-1697567
- **c. Organizational DUNS:** 5033223580000

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

**e. Organizational Unit:**
- **Department Name:**
- **Division Name:** GRANTS MANAGEMENT, BRANCH

**f. Name and contact information of person to be contacted on matters involving this application:**
- **Prefix:**
- **First Name:** KHANH
- **Middle Name:**
- **Last Name:** NGUYEN
- **Suffix:**

**Title:** Grant Administrator

**Organizational Affiliation:**

**Telephone Number:** 916-445-3325

**Email:** KHANH.NGUYEN@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

**Version 02**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
    - 15.605

CFDA Title:
- Sport Fish Restoration Program

12. Funding Opportunity Number:
    - F14AH000033

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

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
    - North Central Region Fish Habitat Shop

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-all |

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

17. Proposed Project:

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

18. Estimated Funding ($):

| Federal | 611,066.00 |
| Applicant | 0.00 |
| State | 203,695.00 |
| Local | 0.00 |
| Other | 0.00 |
| Program Income | 0.00 |
| TOTAL | 814,761.00 |

19. Is Application Subject to Review By State Under Executive Order 13372 Process?

☑ a. This application was made available to the State under the Executive Order 13372 Process for review on 03/13/2014.

☐ b. Program is subject to E.O. 13372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 13372.

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

☐ Yes    ☑ No

[Explanation]

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

[Signature] [Date]

[** I AGREE]

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

Authorized Representative:

Prefix:      * First Name: Lisa
Middle Name:  
Last Name: Bays
Suffic:      
Title:         [SMI]
Telephone Number: (316) 445-3701  
Fax Number:  
Email: list.bays@wildlife.ca.gov

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

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<th>*2. Type of Application</th>
<th>*If Revision, select appropriate letter(s):</th>
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<td>☑ Preapplication</td>
<td>☑ New</td>
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<tr>
<td>□ Application</td>
<td>□ Continuation</td>
<td>* Other (Specify)</td>
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<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
<td></td>
</tr>
</tbody>
</table>

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

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**STATE CLEARING HOUSE**

**8. APPLICANT INFORMATION:**

* a. Legal Name: California State University, Fresno Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003272

* c. Organizational DUNS: 1508370030000

**d. Address:**

Street 1: 4910 N Chestnut Avenue, MS OF123

City: Fresno

County: CA

Province: Country:

*Zip/ Postal Code: 93726-1852

**e. Organizational Unit:**

Department Name: Academic Affairs

Division Name: Office of Community and Economic Development

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

Prefix: Mr

First Name: Mike

Middle Name:

* Last Name: Dozier

Suffix:

Title: Executive Director, Office of Community and Economic Development

Organizational Affiliation:

California State University, Fresno

*Telephone Number: (559) 294-6021 Fax Number: (559) 294-6024

*Email: mdozier@csufresno.edu
**Application for Federal Assistance SF-424**

| 9. Type of Applicant 1: Select Applicant Type: | M. Nonprofit |
| Type of Applicant 2: Select Applicant Type: | H. Public/State Controlled Institution of Higher Education |
| Type of Applicant 3: Select Applicant Type: | S. Hispanic-serving Institution |
| *Other (specify): | |

| 10. Name of Federal Agency: | United States Department of Agriculture |
| 11. Catalog of Federal Domestic Assistance Number: | 10.783 |
| CFDA Title: | USDA RBEG |

| 12. Funding Opportunity Number: | |
| *Title: | Rural Business Enterprise Grants and Television Demonstration Grants |

| 13. Competition Identification Number: | N/A |
| Title: | N/A |

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

| 15. Descriptive Title of Applicant’s Project: | Orange Cove Emerging Small Businesses – Technical Assistance Training Program |

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

Version 02

16. Congressional Districts Of:

* a. Applicant  
  CA-022

*b. Program/Project:  
CA-022

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

17. Proposed Project:

* a. Start Date: 07/01/14  
* b. End Date: 06/30/15

18. Estimated Funding ($):

<table>
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<td>*c. State</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>
<td>$101,000.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 03/14/14
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372

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

- [ ] Yes  
- [x] No

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

- [x] I AGREE

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

### Authorized Representative:

Prefix: Dr  
*First Name: Thomas

Middle Name:

*Last Name: McClanahan

Suffix:

*Title: Associate Vice President

*Telephone Number: (559) 278-0840  
Fax Number: (559) 278-0992

*Email: tommcc@csufresno.edu

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

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

2. Type of Application
   - New
   - Continuation
   - Revision

3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:
    MAE - 3-06-0144-

5b. Federal Award Identifier:
    MAR 17 2014

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: City of Madera

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-6000365

   c. Organizational DUNS:
      142988646

   d. Address:
      - Street1: 4020 Aviation Drive
      - Street 2:
      - City: Madera
      - County: Madera
      - State: California
      - Province:
      - Country: USA
      - Zip/ Postal Code: 93637

   e. Organizational Unit:
      Department Name: Public Works
      Division Name: Madera Municipal Airport

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Mr.
      Middle Name:
      * Last Name: Randall
      Suffix:
      Title: Public Works Operations Director
      Organizational Affiliation:
      City of Madera, Department of Public Works, Madera Municipal Airport

   * Telephone Number: 559-661-5466
   Fax Number: 559-674-7165

   * Email: drandall@cityofmadera.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.):

   City of Madera, Madera County, California

* 15. Descriptive Title of Applicant's Project:

   Madera Municipal Airport, Madera, Madera County, California: Engineering Design: Reconstruction of General Aviation Apron Phase II; Runway, Taxiway, and Apron Crack Seal; and Tee Hangar Development Phase 1 - Collector Taxiway and Tee Hangar Taxilanes

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

16. Congressional Districts Of: CA-019
   * a. Applicant CA-019
   * b. Program/Project: CA-019

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 $175,500.00
   *b. Applicant $10,725.00
   *c. State $8,775.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $195,000.00

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 2-28-14
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
   □ Yes ☑ 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: R.
*Last Name: Tooley
Suffix:
*Title: City Administrator
*Telephone Number: 559-661-5400
*Email: dtooley@cityofmadera.com
*Signature of Authorized Representative: 2014
Date Signed: 3/10/14
Application for Federal Assistance SF-424

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

2. Type of Application
   - New
   - Continuation
   - Revision

3. Date Received: MAR 17 2014

4. Application Identifier:
   - STATE CLEARING HOUSE

5a. Federal Entity Identifier: MAE - 3-06-0144-

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: City of Madera

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000365

   c. Organizational DUNS: 142988646

   d. Address:
      - Street 1: 4020 Aviation Drive
      - City: Madera
      - County: Madera
      - State: California
      - Country: USA
      - Zip/Postal Code: 93637

   e. Organizational Unit:
      - Department Name: Public Works
      - Division Name: Madera Municipal Airport

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Mr.
      - First Name: Dave
      - Last Name: Randall
      - Title: Public Works Operations Director
      - Organizational Affiliation: City of Madera, Department of Public Works, Madera Municipal Airport

5. Telephone Number: 559-661-5466
   Fax Number: 559-674-7165

6. Email: drandall@cityofmadera.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.): 
   City of Madera, Madera County, California

* 15. Descriptive Title of Applicant's Project: 
   Madera Municipal Airport, Madera, Madera County, California:  Reconstruction of General Aviation Apron Phase II

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

16. Congressional Districts Of: CA-019
   
   * a. Applicant CA-019  
   * b. Program/Project: CA-019

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 $738,000.00
   *b. Applicant  
   *c. State $45,100.00
   *d. Local $36,900.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $820,000.00

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 2-28-14  
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   □ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
   
   □ Yes  
   □ 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 compl with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

   □ I AGREE

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

Authorized Representative:

Prefix: Mr.  
*First Name: David

Middle Name: R.

*Last Name: Tooley

Suffix:

*Title: City Administrator

*Telephone Number: 559-661-5400  
Fax Number:  

*Email: dtooley@cityofmadera.com

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

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

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

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

* 5a. Federal Entity Identifier: LHM 3-06-0120-5

* 5b. Federal Award Identifier: [RECEIVED]

State Use Only:

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

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: USA
      - * Zip/Postal Code: 95648

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

<table>
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* Other (specify):  

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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
<th>City of Lincoln, Placer County, California</th>
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<th>15. Descriptive Title of Applicant's Project:</th>
<th>Lincoln Regional Airport, Lincoln, Placer County, California - Crack Seal - Runway, Taxiway, and Apron</th>
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* Attach supporting documents as specified in agency instructions.*
Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding ($):
   *a. Federal $526,500.00
   *b. Applicant $32,175.00
   *c. State $26,325.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $585,000.00

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 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@cl.lincoln.ca.us

*Signature of Authorized Representative: [Signature]

Date Signed: 3/10/14
**Application for Federal Assistance SF-424**

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<th>3. Date Received:</th>
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<td>☑ Application</td>
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<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
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*If Revision, select appropriate letter(s):*

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**State Use Only:**

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

8. **APPLICANT INFORMATION:**

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<th>a. Legal Name:</th>
<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<td>City of Lincoln</td>
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<th>d. Address:</th>
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<td>Country: USA</td>
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<td>Zip/Postal Code: 95648</td>
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<td>Department of Public Services</td>
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<td>Division Name:</td>
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<tr>
<td>Lincoln Regional Airport</td>
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<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>First Name: Ray</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Leftwich</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Airport Manager</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>City of Lincoln, Department of Public Services</td>
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</tbody>
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*Telephone Number: 916-434-2457  Fax Number: 916-543-8516  
*Email: rleftwich@ci.lincoln.ca.us
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<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>12. Funding Opportunity Number:</td>
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<td>Title:</td>
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<td>13. Competition Identification Number:</td>
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<tr>
<td>Title:</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
</tr>
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</table>

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 $0.00
   *f. Program Income $0.00
   *g. TOTAL $57,500.00

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 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
   - [ ] Continuation
   - [ ] Changed/Corrected Application

* 2. Type of Application: New

* If Revision, select appropriate letter(s):

* 3. Date Received:
   - MAR 17 2014

Completed by Grants.gov upon submission.

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier: 21498058

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1597557

* c. Organizational DUNS:
   8063223580000

* d. Address:
   - 1631 9th STREET
   - SACRAMENTO
   - CA: California
   - USA: UNITED STATES
   - Zip/Postal Code: 95811-7011

* e. Organizational Unit:
   - FISH AND WILDLIFE
   - GRANTS MANAGEMENT BRANCH

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

Prefix:

Middle Name:

* Last Name: WILLIAMS

Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

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

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

**Version 02**

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<th>Section</th>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td><strong>CPDA Title:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>WILDLIFE INVENTORIES AND RESEARCH: BIG HORN SHEEP COORDINATION AND POPULATION ASSESSMENTS</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-006**

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

## 17. Proposed Project:

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

## 18. Estimated Funding ($):

<table>
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<tr>
<th>Description</th>
<th>Amount</th>
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## 19. Is Application Subject to Review By State Under Executive Order 12272 Process?

- [x] a. This application was made available to the State under the Executive Order 12272 Process for review on **03/17/2014**
- [ ] b. Program is subject to E.O. 12272 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12272.

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

- **I AGREE**

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

## Authorized Representative:

<table>
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<tr>
<th>Prefix:</th>
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<th>* First Name:</th>
<th>LISA</th>
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</tr>
<tr>
<td>* Last Name:</td>
<td>BAYS</td>
<td></td>
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</tr>
<tr>
<td>Title:</td>
<td>STAFF SERVICES MANAGER I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>916-445-3701</td>
<td></td>
<td></td>
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<tr>
<td>Fax Number:</td>
<td>916-327-6320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:LISA.BAYS@WILDLIFE.CA.GOV">LISA.BAYS@WILDLIFE.CA.GOV</a></td>
<td></td>
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</table>

*Signature of Authorized Representative: [Input]*

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

**Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)**

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

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8. APPLICANT INFORMATION:

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<th>a. Legal Name:</th>
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<tr>
<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<td>94-6003558</td>
<td>122472640</td>
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<th>d. Address:</th>
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<tr>
<td>Street1: 36311 S. Lassen Ave</td>
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<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City: Huron</td>
</tr>
<tr>
<td>County: Fresno</td>
</tr>
<tr>
<td>State: California</td>
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<tr>
<td>Country: USA: UNITED STATES</td>
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<tr>
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<table>
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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<tr>
<td>Prefix: Mr</td>
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<tr>
<td>First Name: Jack</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Castro</td>
</tr>
<tr>
<td>Suffix:</td>
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<tr>
<td>Title: Finance Director</td>
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<td>Organizational Affiliation:</td>
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<tr>
<td>N/A</td>
</tr>
<tr>
<td>Telephone Number: 559-945-2241</td>
</tr>
<tr>
<td>Fax Number: 559-945-2609</td>
</tr>
<tr>
<td>Email: <a href="mailto:jcastro00@yahoo.com">jcastro00@yahoo.com</a></td>
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<tr>
<td>Application for Federal Assistance SF-424</td>
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<td>------------------------------------------</td>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>City</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td><strong>Other (specify):</strong></td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>United States Department of Agriculture (USDA)</td>
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<td><strong>Title:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</td>
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<td></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td>City of Huron</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<td>Emergency Community Water Assistance - Purchase of raw water</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 21ST
   * b. Program/Project 21ST

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

17. Proposed Project:
   * a. Start Date: 4/1/14
   * b. End Date: 2/28/15

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

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

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

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

   [X] ** I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr</th>
<th>* First Name:</th>
<th>Jack</th>
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<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
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<tr>
<td>* Last Name:</td>
<td>Castro</td>
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<td></td>
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</tr>
<tr>
<td>* Title:</td>
<td>Finance Director</td>
<td></td>
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</tr>
<tr>
<td>* Telephone Number:</td>
<td>559-945-2241</td>
<td>Fax Number:</td>
<td>559-945-2609</td>
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<tr>
<td>* Email:</td>
<td><a href="mailto:jcastro00@yahoo.com">jcastro00@yahoo.com</a></td>
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<tr>
<td>* Signature of Authorized Representative:</td>
<td></td>
<td>* Date Signed:</td>
<td>3-13-14</td>
</tr>
</tbody>
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**Application for Federal Assistance SF-424**

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

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

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

**3. Date Received:**

**4. Application Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**a. Legal Name:** California Department of Toxic Substances Control

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 68-0281381

**c. Organizational DUNS:** 949010870

**d. Address:**
- Street 1: 1001 I Street
- Street 2:
- City: Sacramento
- County:
- *State: California
- Province:
- Country: *Zip/ Postal Code: 95814

**e. Organizational Unit:**
- Department Name: Department of Toxic Substances Control
- Division Name: Safer Products and Workplaces Program

**f. Name and contact information of person to be contacted on matters involving this application:**
- Prefix: Mr.
- Middle Name:
- *Last Name: Boughton
- Suffix:
- Title: Senior Hazardous Substances Engineer

**Organizational Affiliation:**
- Department of Toxic Substances Control

**Telephone Number:** (916)323-9586

**Fax Number:** (916)327-4494

**Email:** Bob.Boughton@dtsc.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:**
   - Select One -

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

   **Other (specify):**

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

11. **Catalog of Federal Domestic Assistance Number:**
    - 66.708

12. **CFDA Title:**
    - FY 2014 Pollution Prevention Grant Program

13. **Funding Opportunity Number:**
    - EPA-HQ-OPPT-2014-002

14. **Title:**
    - Fiscal Year 2014 Pollution Prevention Grant Program

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

16. **Areas Affected by Project (Cities, Counties, States, etc.):**
    - Statewide and Nationwide

17. **Descriptive Title of Applicant’s Project:**
    - Developing Core Competencies for Alternatives Assessment for Safer Consumer Products

---

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

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

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

17. Proposed Project:
- *a. Start Date: October 1, 2014
- *b. End Date: September 30, 2017

18. Estimated Funding ($):
- *a. Federal: $175,000.00
- *b. Applicant: $175,000.00
- *c. State
- *d. Local
- *e. Other
- *f. Program Income
- *g. TOTAL: $350,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on 03/19/2014
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
- ☐ Yes
- ☑ 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:** Dr.
- **First Name:** Meredith
- **Middle Name:**
- **Last Name:** Williams
- **Suffix:**

**Title:** Deputy Director, Safer Products and Workplaces Program

- **Telephone Number:** (916)322-3804
- **Fax Number:** (916)327-4494
- **Email:** Meredith.Williams@dtsc.ca.gov
- **Signature of Authorized Representative:**
  
  Date Signed: 5/9/14
Application for Federal Assistance SF-424

1. Type of Submission: Preapplication
2. Type of Application: New
3. Date Received: MAR 20 2014
4. Applicant Identifier:

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

8. APPLICANT INFORMATION:

a. Legal Name: SONOMA STATE UNIVERSITY
b. Employer/Taxpayer Identification Number (EIN/TIN): 59-0338225
d. Address: 1801 EAST CUTATI AVE
   City: ROBERT PARK
   County/Parish: 
   State: CA: California
   Province: 
   Country: USA: UNITED STATES
   Zip / Postal Code: 94928-3609
e. Organizational Unit: 

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

Prefix: 
Middle Name: 
* Last Name: WILSON
SUFFIX: 
Title: SR DIRECTOR SPONSORED PROGRAMS ADMINISTRATION
Organizational Affiliation: 
* Telephone Number: 7076643715
* Email: WILSON@SONOMA.EDU
**Application for Federal Assistance SF-424**

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<th>9. Type of Applicant 1: Select Applicant Type:</th>
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| Type of Applicant 2: Select Applicant Type: |

| Type of Applicant 3: Select Applicant Type: |

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<tr>
<td>An Academic-Winegrower Partnership to Reduce Pollution in Sonoma County</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 \[CA-005\]  
   * b. Program/Project \[CA-005\]

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

17. Proposed Project:
   * a. Start Date: \[08/01/2014\]  
   * b. End Date: \[01/31/2016\]

18. Estimated Funding ($):

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<td>e. Other</td>
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<td>g. TOTAL</td>
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**18. 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 \[03/20/2014\].
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [x] 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 215, Section 1001)”

- [x] **I AGREE**

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

**Authorized Representative:**

Prefix:   
Middle Name:   
* Last Name: WILSON
Suffix:   
* Title: SR DIRECTOR SPONSORED PROGRAMS ADMINISTRATION

* Telephone Number: 7076663718  
* Fax Number:   
* Email: JEFF.WILSON@SONOMA.EDU

* Signature of Authorized Representative:  
* Date Signed:  

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

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

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

3. Date Received:
   - [ ]

4. Applicant Identifier:
   - [ ]

5a. Federal Entity Identifier:
   - [ ]

5b. Federal Award Identifier:
   - [ ]

State Use Only:

6. Date Received by State:
   - [ ]

7. State Application Identifier:
   - [ ]

B. APPLICANT INFORMATION:

*a. Legal Name: Santa Barbara County Water Agency

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

   [123-456-7890]

*c. Organizational DUNS:

   [000-000-000]

*d. Address:
   - [ ]

   130 East Victoria St.
   - [ ]

   Suite 200
   - [ ]

   Santa Barbara
   - [ ]

   County/Parish:
   - [ ]

   State:
   - [ ]

   CA: California
   - [ ]

   Province:
   - [ ]

   **Country:
   - [ ]

   USA: UNITED STATES

   Zip/Postal Code:
   - [ ]

   93101-2019

*e. Organizational Unit:

   Department Name:
   - [ ]

   Public Works Department
   - [ ]

   Division Name:
   - [ ]

   Water Resources Division

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

   Prefix:
   - [ ]

   Mr.
   - [ ]

   * First Name: Leonard
   - [ ]

   Last Name: Flackenstein
   - [ ]

   Suffix:
   - [ ]

   Title: Water Conservation Coordinator
   - [ ]

   Organizational Affiliation:
   - [ ]

   Santa Barbara County Water Agency
   - [ ]

   Telephone Number:
   - [805-568-3545]
   - [ ]

   Fax Number:
   - [805-568-3434]
   - [ ]

   Email:
   - [LFlacken@co.sbc.ca]
   - [ ]

   (916) 323-3018
**Application for Federal Assistance SF-424**

<table>
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<th>Field</th>
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<td>County Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>Other (specify):</td>
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<tr>
<td>Name of Federal Agency:</td>
<td>U.S. Department of the Interior, Bureau of Reclamation</td>
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<tr>
<td>CFDA Title:</td>
<td>WaterSMART Grants</td>
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<tr>
<td>Funding Opportunity Number:</td>
<td>14.00000001</td>
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<tr>
<td>Title:</td>
<td>WaterSMART: Water and Energy Efficiency Grants for Fiscal Year (FY) 2014</td>
</tr>
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<td></td>
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<tr>
<td>Title:</td>
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<tr>
<td>Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td></td>
</tr>
<tr>
<td>Descriptive Title of Applicant’s Project:</td>
<td>Water Wise Landscape Rebate Program in Santa Barbara County</td>
</tr>
</tbody>
</table>

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

16. Congressional Districts Of:
   a. Applicant 24
   b. Program/Project 24
   Attach an additional list of Program/Project Congressional Districts if needed

17. Proposed Project:
   a. Start Date: 08/01/2014
   b. End Date: 07/31/2016

18. Estimated Funding ($):
   a. Federal
   b. Applicant 60,000.00
   c. State 0.00
   d. Local 315,310.00
   e. Other 0.00
   f. Program Income 0.00
   g. TOTAL 575,310.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 07/28/2014.
   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 attach

21. By signing this application, I certify (1) to the statements contained in the list of certifications and assurances and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 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: Matt
Middle Name:
Last Name: Saftal
Suffix:
Title: Manager, Santa Barbara County Water Agency
Telephone Number: 805-368-3542
Fax Number: 805-368-3434
Email: msaftal@sbwater.net

Signature of Authorized Representative: [Signature]
Date Signed: 01/22/2014

TOTAL P.03
**Application for Federal Assistance SF-424**

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<td>New</td>
<td>Revision</td>
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<tr>
<td>Application</td>
<td></td>
<td>Other (Specify)</td>
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<tr>
<td>Changed/Corrected Application</td>
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<table>
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<tr>
<th>8. APPLICANT INFORMATION:</th>
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<tr>
<td>* a. Legal Name: County of San Joaquin</td>
</tr>
<tr>
<td>* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000531</td>
</tr>
<tr>
<td>* c. Organizational DUNS: 08722 6056</td>
</tr>
<tr>
<td>* d. Address: 5000 South Airport Way</td>
</tr>
<tr>
<td>* Street 1: 5000 South Airport Way</td>
</tr>
<tr>
<td>* Street 2: Stockton</td>
</tr>
<tr>
<td>* City: Stockton</td>
</tr>
<tr>
<td>* County: San Joaquin</td>
</tr>
<tr>
<td>* State: California</td>
</tr>
<tr>
<td>* Province: USA</td>
</tr>
<tr>
<td>* Zip/Postal Code: 95206</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tr>
<td>Department Name: Division Name:</td>
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<tr>
<td>Department of Aviation</td>
</tr>
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<th>9. Name and contact information of person to be contacted on matters involving this application:</th>
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</thead>
<tbody>
<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>First Name: Harry</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Mavrogenes</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Airport Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organizational Affiliation:</th>
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<tr>
<td>County of San Joaquin, Department of Aviation, Stockton Metropolitan Airport</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>* Telephone Number: (209) 468-4700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number: (209) 468-4730</td>
</tr>
<tr>
<td>* Email: <a href="mailto:hmavrogenes@sio.gov.org">hmavrogenes@sio.gov.org</a></td>
</tr>
</tbody>
</table>
**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

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

18. Congressional District(s) 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

19. Estimated Funding ($) :

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<tr>
<th>Item</th>
<th>Amount</th>
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<td>b. Applicant</td>
<td>$20,000.00</td>
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<tr>
<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>
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<tr>
<td>f. Program Income</td>
<td>$0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>$200,000.00</td>
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</table>

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

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2014
- [ ] 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.)

- [ ] 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: bellott@sjsu.edu

Signature of Authorized Representative:  Date Signed: 3/17/2014
Application for Federal Assistance SF-424

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

2. Type of Application
   - New
   - Continuation
   - Revision

* If Revision, select appropriate letter(s):

3. Date Received:

4. Application Identifier:

5a. Federal Entity Identifier:
   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
      - Street 2:
      - 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.
      - Middle Name:
      - Last Name: Mavrogenes
      - Suffix:
      - First Name: Harry
      - 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@sjgov.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: Construction: Reconstruct Terminal Parking Ramp

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 ($):

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<tr>
<th>*a. Federal</th>
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<td>*c. State</td>
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<td>*d. Local</td>
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<tr>
<td>*e. Other</td>
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<td>*f. Program Income</td>
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<td>*g. TOTAL</td>
<td>$3,000,000.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-14-2014
☐ 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.)

☐ 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

Title: Chairman, Board of Supervisors

Telephone Number: (209) 468-3113  
Fax Number: (209) 468-3694
Email: bellott@sgov.org
Signature of Authorized Representative: [Signature]
Date Signed: 3/18/2014
Application for Federal Assistance SF-424

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

2. Type of Application
   - New
   - Continuation
   - Revision

3. Date Received:

4. Application Identifier:

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:
      5000 South Airport Way
      Stockton
      California
      USA
      Zip/Postal Code: 95206

   e. Organizational Unit:
      Department Name: Department of Aviation

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Mr.
      First Name: Harry
      Middle Name: Mavrogenes
      Last Name: Mavrogenes
      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@slgov.org
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<td>* Other (specify):</td>
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<tr>
<td>* 10. Name of Federal Agency:</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<td>CFDA Title:</td>
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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>
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<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. 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 $1,044,000.00
*b. Applicant $116,000.00
*c. State $0.00
*d. Local $0.00
*e. Other $0.00
*f. Program Income $0.00
*g. TOTAL $1,160,000.00

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 3-14-2014
☐ 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.)

☐ 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: belliot@sigov.org

*Signature of Authorized Representative: 
Date Signed: 3/18/2014
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:

5a. Federal Entity Identifier:
   O81 - 3-06-0264-

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   * a. Legal Name: County of Modoc
   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     94-60000522
   * c. Organizational DUNS:
     07-511-8678
   * d. Address:
     202 W. 4th Street
     Alturas, Modoc, California
     USA
     Zip/Postal Code: 96101
   e. Organizational Unit:
     Modoc County Road Department
     Airports
   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Mr.
      Middle Name:
      * Last Name: Crosby
      Suffix:
      Title: Road Commissioner
      Organizational Affiliation:
      Modoc County Roads Department - Airports
      * Telephone Number: 530-233-6412
      Fax Number:
      * Email: mitchcrosby@co.modoc.ca.us
<table>
<thead>
<tr>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td><strong>CFDA Title:</strong></td>
</tr>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
</tr>
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<td><strong>Title:</strong></td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
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</table>

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 $103,500.00
   *b. Applicant $6,325.00
   *c. State $5,175.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $115,000.00

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 3-6-14
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   □ Yes □ 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: Mitch
Middle Name:
*Last Name: Crosby
Suffix:
*Title: Road Commissioner, Modoc County Road Department

*Telephone Number: 530-233-6412 Fax Number:
*Email: mitchcrosby@co.modoc.ca.us
*Signature of Authorized Representative: Date Signed: 3/13/14
Application for Federal Assistance SF-424

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

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

* 3. Date Received:
4. Application Identifier:

5a. Federal Entity Identifier:
   O59 - 3-06-0039-

5b. Federal Award Identifier:

* 5c. Organizational DUNS:
   07-611-8678

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

8. APPLICANT INFORMATION:

   a. Legal Name: County of Modoc
   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-6000522
   c. Organizational DUNS:

   d. Address:
      * Street1: 202 W. 4th Street
      * City: Alturas
      * County: Modoc
      * State: California
      * Province:
      * Country: USA
      * Zip/Postal Code: 96101

   e. Organizational Unit:
      Department Name: Modoc County Road Department
      Division Name: Airports

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: Mr.
      First Name: Mitch
      Middle Name:
      Last Name: Crosby
      Suffix:
      Title: Road Commissioner
      Organizational Affiliation:
      Modoc County Road Department - Airports

* Telephone Number: 530-233-6412
* Email: mitchcrosby@co.modoc.ca.us
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 $129,780.00
   *b. Applicant $7,931.00
   *c. State $6,489.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $144,200.00

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 3-6-2014
   [ ] 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: Mr.
*First Name: Mitch
Middle Name: 
*Last Name: Crosby
Suffix: 
*Title: Road Commissioner, Modoc County Road Department

*Telephone Number: 530-233-6412
*Email: mitchcrosby@co.modoc.ca.us
*Signature of Authorized Representative: [Signature]
Date Signed: 3/13/19
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:  
   - Completed by Grants.gov upon submission.  

4. Applicant Identifier:  
   - State Clearinghouse  

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

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

8. APPLICANT INFORMATION:

   a. Legal Name:  
      - STATE OF CALIFORNIA  

   b. Employer/Taxpayer Identification Number (EIN/TIN):  
      - 68030-3606  

   c. Organizational DUNS:  
      - 1720708070000  

   d. Address:  
      - P.O. BOX 942896  
      - SACRAMENTO  
      - CA: California  
      - USA: UNITED STATES  
      - 91926-0001  

   e. Organizational Unit:  
      - PARKS AND RECREATION  
      - OFFICE OF HISTORIC PRESERVATION  

   f. Name and contact information of person to be contacted on matters involving this application:  
      - Prefix:  
      - Mr.  
      - First Name:  
      - JOHN  
      - Middle Name:  
      - Last Name:  
      - THOMAS  
      - Suffix:  
      - Title:  
      - Associate Parks and Recreation Specialist  
      - Office of Historic Preservation  
      - *Telephone Number:  
      - (916) 445-7024  
      - Fax Number:  
      - *Email:  
      - John.Thomas@parks.ca.gov
# Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
<th></th>
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<tbody>
<tr>
<td>A: State Government</td>
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| **Type of Applicant 2: Select Applicant Type:** |  |
| **Type of Applicant 3: Select Applicant Type:** |  |

| **Other (specify):** |  |

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<td>National Park Service</td>
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<th><strong>13. Competition Identification Number:</strong></th>
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<table>
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<tr>
<th><strong>Title:</strong></th>
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| **14. Areas Affected by Project (Cities, Counties, States, etc.):** |  |

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<th><strong>15. Descriptive Title of Applicant's Project:</strong></th>
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</thead>
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<tr>
<td>STATE OF CALIFORNIA</td>
<td></td>
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</tbody>
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Attach supporting documents as specified in agency instructions.
**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**
- Applicant: ALL
- Program/Project: See #1 Above

**17. Proposed Project:**
- Start Date: October 1, 2013
- End Date: September 30, 2015

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

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<th>Type</th>
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<td>Federal</td>
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<td>Applicant</td>
<td>787,134.00</td>
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<tr>
<td>State</td>
<td>114,808.00</td>
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<td>Local</td>
<td>94,216.00</td>
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<tr>
<td>Other</td>
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<tr>
<td>Program Income</td>
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<td>TOTAL</td>
<td>2,490,395.00</td>
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**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
- a. This application was made available to the State under the Executive Order 12372 Process for review on ___
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

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

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

☒ **I AGREE**

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name: Carol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name</td>
<td>Rolland-Nawi</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td>PhD</td>
</tr>
</tbody>
</table>

| Title: State Historic Preservation Officer |

<table>
<thead>
<tr>
<th>Telephone Number: (916)445-7050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Number: (916) 445-7053</td>
</tr>
</tbody>
</table>

| Email: Carol.Rolland-Nawi@parks.ca.gov |

| Signature of Authorized Representative: | Date Signed: 03/17/2014 |

Authorized for Local Reproduction

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

**Version 02**

<table>
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<th>2. Type of Application:</th>
<th>3. If Revision, select appropriate letter(s):</th>
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<td>[X] Application</td>
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<td>[ ] Continuation</td>
<td>[ ] Revision</td>
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**2. Date Received:**

[ ] Preapplication

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier: [STATE CLEARING HOUSE]

**8. APPLICANT INFORMATION:**

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<th>Inland Empire Utilities Agency employee</th>
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<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>9560096609</td>
</tr>
<tr>
<td>c. Organizational DUNS:</td>
<td>01366626</td>
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**d. Address:**

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<tr>
<th>Street:</th>
<th>6075 Kimball Avenue 91708-5176</th>
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<tbody>
<tr>
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<td>Chino</td>
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<tr>
<td>County:</td>
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<td>USA; UNITED STATES</td>
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<td>91708-5176</td>
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**e. Organizational Unit:**

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<tr>
<th>Department Name:</th>
<th>Accounting &amp; Fiscal Management</th>
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<tr>
<td>Division Name:</td>
<td>Grants Administration</td>
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</table>

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* First Name:</td>
<td>Jason</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Qu</td>
</tr>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Grants Officer</th>
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</table>

**Organizational Affiliation:**

<table>
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<th>Inland Empire Utilities Agency Employee</th>
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</table>

**Telephone Number:** 909 993-1636

**Fax Number:** 909 993-1986

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

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

**10. Name of Federal Agency:**
- Bureau of Reclamation

**11. Catalog of Federal Domestic Assistance Number:**
- 15.507

**12. Funding Opportunity Number:**
- R14AS00031

**Title:**
- Agricultural Water Conservation and Efficiency Grants

**13. Competition Identification Number:**
- NONE

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- Chino, San Bernardino County, California

**15. Descriptive Title of Applicant's Project:**
- Inland Empire Utilities Agency Local Lateral Recycled Water Farm Connection

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

**16. Congressional Districts Of:**

- **a. Applicant:** CA-035
- **b. Program/Project:** CA-035

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

**17. Proposed Project:**

- **a. Start Date:** 07/01/2014
- **b. End Date:** 09/30/2016

**18. Estimated Funding (8):**

- **a. Federal:** 210,000.00
- **b. Applicant:** 210,000.00
- **c. State:** 0.00
- **d. Local:** 0.00
- **e. Other:** 0.00
- **f. Program Income:** 0.00
- **g. TOTAL:** 420,000.00

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

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<th>Option</th>
<th>Description</th>
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<td>☑</td>
<td>a. This application was made available to the State under the Executive Order 12372 Process for review on 03/24/2014.</td>
</tr>
<tr>
<td>☐</td>
<td>b. Program is subject to E.O. 12372 but has not been selected by the State for review.</td>
</tr>
<tr>
<td>☐</td>
<td>c. Program is not covered by E.O. 12372.</td>
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**20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
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<td>☑</td>
<td>Yes</td>
</tr>
<tr>
<td>☐</td>
<td>No</td>
</tr>
</tbody>
</table>

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

**“I AGREE”**

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Mr.</th>
<th>* First Name:</th>
<th>P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name</td>
<td>Joseph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name</td>
<td>Grindestaff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Title</td>
<td>General Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Telephone Number:</td>
<td>909 993-1900</td>
<td>Fax Number:</td>
<td>909 993-1985</td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:pgrindestaff@leau.org">pgrindestaff@leau.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Signature of Authorized Representative:</td>
<td>Jason Qu</td>
<td>* Date Signed:</td>
<td>03/24/2014</td>
</tr>
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**Authorized for Local Reproduction**

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

* 1. Type of Submission:  
  - [ ] Preapplication  
  - [ ] 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:  
  - [ ]

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

* RECEIVED *

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

- a. Legal Name: **BIG PINE PAIUTE TRIBE OF THE OWENS VALLEY**

- b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3059258

- c. Organizational DUNS: 01-0708634

- d. Address:  
  - Street 1: P.O. BOX 700  
  - Street 2: 825 SOUTH MAIN STREET  
  - City: BIG PINE  
  - County/Parish: INYO  
  - State: CALIFORNIA  
  - USA: UNITED STATES  
  - Zip / Postal Code: 93513

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

- f. Name and contact information of person to be contacted on matters involving this application:  
  - Prefix: MS.  
  - * First Name: GENEVIEVE  
  - Middle Name:  
  - * Last Name: JONES  
  - Suffix:  
  - Title: TRIBAL CHAIRWOMAN  
  - Organizational Affiliation: TRIBAL GOVERNMENT  
  - * Telephone Number: (760) 938-2003  
  - Fax Number: (760) 938-2942  
  - * Email: g.jones@bigpinepaiute.org
**Application for Federal Assistance SF-424**

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

   Type of Applicant 2 - Select Applicant Type:

   Type of Applicant 3 - Select Applicant Type:

   * Other (specify):

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

   11. Catalog of Federal Domestic Assistance Number:

   CFDA Title:
   - **Community Facilities Grant**

   * 12. Funding Opportunity Number:

   * Title:
   - **FIRE/RESCUE EQUIPMENT**

   13. Competition Identification Number:

   Title:

   14. Areas Affected by Project (Cities, Counties, States, etc.):
   - Big Pine, Inyo County, California

   * 15. Descriptive Title of Applicant's Project:
   - The reservation is served by the Big Pine Fire Department for fire protection and ambulance service. This equipment will help furnish the tools needed by the department.

Attach supporting documents as specified in agency instructions.

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

**16. Congressional Districts Of:**

* a. Applicant 8th

* b. Program/Project 8th

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

**17. Proposed Project:**

* a. Start Date: 

* b. End Date: 

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

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on **03-24-2014**.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] 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 1081)**

- [x] I AGREE

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

**Authorized Representative:**

<table>
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<tr>
<th>Prefix:</th>
<th>MS:</th>
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</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* First Name:</td>
<td>GENEVIEVE</td>
</tr>
<tr>
<td>* Last Name:</td>
<td>JONES</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

**Title:** TRIBAL CHAIRWOMAN

**Telephone Number:** (760) 938-2003  
**Fax Number:** (760) 938-2942

**Email:**

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

[Signature] 3/21/14
Applicant for Federal Assistance SF-424

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

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

3. Date Received: MAR 25 2014

5a. Federal Entity Identifier: OVE - 3-06-0178-

5b. Federal Award Identifier:

State Clearing House

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

8. APPLICANT INFORMATION:

a. Legal Name: City of Oroville

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000387

c. Organizational DUNS: 086123437

d. Address:

Street 1: 1735 Montgomery Street
Street 2: 
City: Oroville
County: Butte
State: California
Province: 
Country: USA

Zip/Postal Code: 95965

e. Organizational Unit:

Department Name: Department of Public Works
Division Name: Oroville Municipal Airport

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

Prefix: Mr.
Middle Name: H
Last Name: Walls
Suffix: 
Title: Airport Manager
Organizational Affiliation: Department of Public Works - Oroville Municipal Airport

Telephone Number: 530-538-2507
Fax Number: 530-538-2426
Email: wallsr@cityoforoville.org

RECEIVED
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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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* 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 Oroville, Butte County, California

**15. Descriptive Title of Applicant's Project:**  
Oroville Municipal Airport, Oroville, Butte County, California. Engineering Design: Grade Safety Area Near Runway 2-20, Construct Drainage Improvements for Runway 2-20

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 $68,850.00
   *b. Applicant $4,208.00
   *c. State $3,442.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $76,500.00

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 3-14-2014
   [ ] 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.)
   [ ] 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: Richard
Middle Name: H.
*Last Name: Walls
Suffix:
*Title: Airport Manager
*Telephone Number: 530-538-2507
*Email: wallsr@cityoforoville.org
*Signature of Authorized Representative: walls
Date Signed: 3/20/2014
### Application for Federal Assistance SF-424

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

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

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

- [ ] * Other (Specify)

**3. Date Received:**

**4. Application Identifier:**

- [ ] STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**
OVE - 3-06-0178-

**5b. Federal Award Identifier:**

- [ ] 94-6000387

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

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

- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000387

- **c. Organizational DUNS:** 086123437

**d. Address:**

- **Street 1:** 1735 Montgomery Street
- **Street 2:**
- **City:** Oroville
- **County:** Butte
- **State:** California
- **Province:**
- **Country:** USA
- **Zip/ Postal Code:** 95965

**e. Organizational Unit:**

- Department Name: Department of Public Works
- Division Name: Oroville Municipal Airport

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

- **Prefix:** Mr.
- **Middle Name:** H
- **Last Name:** Walls
- **Suffix:**

- **Title:** Airport Manager

**Organizational Affiliation:**

- Department of Public Works - Oroville Municipal Airport

**Telephone Number:** 530-538-2507

**Fax Number:** 530-538-2426

**Email:** wallsr@cityoforoville.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 Oroville, Butte County, California

* 15. Descriptive Title of Applicant's Project:

   Oroville Municipal Airport, Oroville, Butte County, California. Construction: 2-box PAPI Runway 02, Grade Safety Area Near Runway 2-20

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 $198,810.00
   *b. Applicant $12,150.00
   *c. State $9,940.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $220,900.00

*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 3-14-2014
   ☐ 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.)
   ☐ 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: H.
*Last Name: Walls
Suffix:
*Title: Airport Manager

*Telephone Number: 530-538-2507
*Email: wallsr@cityoforoville.org
*Signature of Authorized Representative: 
Date Signed: 3/20/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:
   0001-7172

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   MAR 2 5 2014

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

9a. Legal Name:
   Wildcat Discovery Technologies, Inc.

9b. Employer/Taxpayer Identification Number (EIN/TIN):
   210-000150010

9c. Organizational DUNS:
   703855768

10. Address:
   * Street1: 6965 Flanders Drive
   * City: San Diego
   * State: California
   * Zip / Postal Code: 92121

11. Organizational Unit:
   Department Name: 
   Division Name: 

12. Name and contact information of person to be contacted on matters involving this application:
   Prefix: Mr.
   * First Name: Ross
   Middle Name: 
   * Last Name: Russo
   Suffix: 
   Title: Business Development Manager
   Organizational Affiliation: Wildcat Discovery Technologies, Inc.
   * Telephone Number: (650) 752-7973
   Fax Number: (650) 656-7533
   * Email: rrusso@wildcatdiscovery.com
Application for Federal Assistance SF-424

<table>
<thead>
<tr>
<th>0. Type of Applicant 1: Select Applicant Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Profit Organization</td>
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<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
</tr>
<tr>
<td>* Other (specify):</td>
</tr>
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</table>

| 10. Name of Federal Agency:                    |
| U.S. Department of Energy                      |

| 11. Catalog of Federal Domestic Assistance Number: |
| 39151 39156                                      |

| CFDA Title:                                       |
| Conservation Research and Development            |

| 12. Funding Opportunity Number:                  |
| DE-FOA-0000991                                    |

| * Title:                                          |
| Fiscal Year 2014 Vehicle Technologies Program-Wide Funding Opportunity Announcement |

| 13. Competition Identification Number:           |
|                                                |

| Title:                                           |
|                                                |

| 14. Areas Affected by Project (Cities, Counties, States, etc.): |
| City of San Diego, County of San Diego, State of California |

| 15. Descriptive Title of Applicant's Project:    |
| Novel Compositions of Solid State Lithium Ion Conductors and Cell Implementation |

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

16. Congressional Districts Of:
   * a. Applicant **CA-050**
   * b. Program/Project

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

17. Proposed Project:
   * a. Start Date: **10/01/2014**
   * b. End Date: **03/30/2016**

18. Estimated Funding (S):

   * a. Federal **1,248,539.00**
   * b. Applicant **311,635.00**
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL **1,558,174.00**

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 **09/01/14**
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

   ** I AGREE

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

**Authorized Representative:**

Prefix: 
Mr. 

First Name: Mark

Middle Name:

Last Name: Grassour

Suffix:

Title: **Chief Executive Officer**

Telephone Number: **(650) 550-1880**

Fax Number:

Email: mgrossar@wildcaddiscovery.com

Signature of Authorized Representative: 

* Date Signed: **March 25, 2014**
Application for Federal Assistance SF-424

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

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

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

* 4. Applicant Identifier:
   - MAR 25 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: State Water Resources Control Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 68-0281986

* c. Organizational DUNS:
   - 808219130000

d. Address:

   - Street1: 1001 I Street
   - City: Sacramento
   - County/Parish:  
   - State: CA: California
   - Province:  
   - Country:
   - USA: UNITED STATES
   - Zip / Postal Code: 95812-2815

e. Organizational Unit:

   - Department Name: Water Resources Control Board
   - Division Name: Water Quality

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

   - Prefix: Mr.
   - First Name: William
   - Middle Name:  
   - Last Name: Orme
   - Suffix:  
   - Title: Senior Environmental Scientist

Organizational Affiliation:

Division of Water Quality

* Telephone Number: 916-341-5464

* Email: william.rome@waterboards.ca.gov
Application for Federal Assistance SF-424

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

10. Name of Federal Agency:
    Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
    66.461
    CFDA Title:
    Regional Wetland Program Development Grants

12. Funding Opportunity Number:
    EPA-REG9-WP-14
    * Title:
    FY14 Region 9 Wetland Program Development Grants

13. Competition Identification Number:

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

15. Descriptive Title of Applicant's Project:
    Science and policy development support wetland area protection activities.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant 6
   * b. Program/Project 1-53

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

   [Add Attachment] [Delete Attachment] [View Attachment]

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

18. Estimated Funding ($):

<p>| | |</p>
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<td>* b. Applicant</td>
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<td>* d. Local</td>
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<td>* f. Program Income</td>
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<tr>
<td>* g. TOTAL</td>
<td>401,105.00</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - X a. This application was made available to the State under the Executive Order 12372 Process for review on 03/25/2014.
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

   If "Yes," provide explanation and attach

   [Add Attachment] [Delete Attachment] [View Attachment]

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

   - X "I AGREE"

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

Authorized Representative:

Prefix: Mr. * First Name: Matthew
Middle Name: 
* Last Name: Spence
Suffix: 

* Title: Budget Specialist

* Telephone Number: (916) 341-5807 Fax Number: 

* Email: matthew.spence@waterboards.ca.gov

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

1. **Type of Submission:**
   - Preapplication
   - Application
   - Change/Correlated Application

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

3. **Date Received:**

4. **Applicant Identifier:**

5. **Federal Entity Identifier:**
   - SU835533

6. **Date Received by State:**

7. **State Application Identifier:**

8. **Applicant Information:**
   - **a. Legal Name:** The Regents of the University of California
   - **b. Employer/Taxpayer Identification Number (EIN/TIN):** 956055142
   - **c. Organizational DUNS:** 827277426
   - **d. Address:**
     - 200 University Office Building
     - University of California, Riverside
     - Riverside, CA
     - USA: UNITED STATES
   - **e. Organizational Unit:** Sponsored Programs Admin.
   - **f. Name and Contact Information of Person to be Contacted on Matters Involving this Application:**
     - **Prefix:**
     - **First Name:** Ursula
     - **Middle Name:**
     - **Last Name:** Prins
     - **Suffix:**

**State Clearinghouse**

**RECEIVED**

**MAR 26 2014**
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:
   - S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   - Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:
   - 88.516

CFDA Title:
   - P3 Award: National Student Design Competition for Sustainability

12. Funding Opportunity Number:
   - EPA-G2013-P3-PHASE2

* Title:
   - 2013-2014 P3 PROJECT REPORTS

13. Competition Identification Number:

Title:
   - Test Protocol for Evaluating Smog Eating Roof Tiles

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

15. Descriptive Title of Applicant's Project:
   - Test Protocol for Evaluating Smog Eating Roof Tiles

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

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

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

17. Proposed Project:
   * a. Start Date: 09/15/2014
   * b. End Date: 09/14/2015

18. Estimated Funding ($) :
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 89,020.00

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 09/26/2014.
   ○ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ○ c. Program is not covered by E.O. 12372.

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

21. By signing this application, I certify (1) to the statements contained in the list of certifications and assurances and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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: Ursula
   Middle Name: 
   Last Name: Prins
   Suffix: 
   * Title: Principal Contract & Grant Officer
   * Telephone Number: (951) 827-4808 Fax Number: (951) 827-4483
   * Email: ursulac@ucr.edu
   * Signature of Authorized Representative: Ursula Prins
   * Date Signed: 3/25/2014

Authorized for Local Reproduction

Ursula N. Prins
Principal Contract & Grant Officer

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

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

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Type of Submission</td>
<td>* 2. Type of Application</td>
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<td></td>
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<td>☐ Preapplication</td>
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<td>☐ Continuation</td>
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<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Revision</td>
</tr>
</tbody>
</table>

* If Revision, select appropriate letter(s):  

* 3. Date Received: |

* 4. Application Identifier:  

5a. Federal Entity Identifier:  

LHM 3-06-0120-  

5b. Federal Award Identifier:  

* 6. Date Received by State: |

* 7. State Application Identifier:  

**8. APPLICANT INFORMATION:**

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<tbody>
<tr>
<td>a. Legal Name:</td>
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</tr>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
<td>94-6000356</td>
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<tr>
<td>c. Organizational DUNS:</td>
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<td>Street1:</td>
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<td>City:</td>
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d. Address:  

|  
|---|---|
| Department Name: |   |
| Division Name: | Lincoln Regional Airport |

e. Organizational Unit:  

<p>| | |</p>
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<tr>
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<tbody>
<tr>
<td>Prefix:</td>
<td>Mr.</td>
</tr>
<tr>
<td>First Name:</td>
<td>Ray</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Leftwich</td>
</tr>
<tr>
<td>Suffix:</td>
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| Title: | Airport Manager |

| Organizational Affiliation: |   |

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<tr>
<td>Fax Number:</td>
<td>916-543-8516</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:rleftwich@ci.lincoln.ca.us">rleftwich@ci.lincoln.ca.us</a></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 Lincoln, Placer County, California

* 15. Descriptive Title of Applicant’s Project:
   Lincoln Regional Airport, Lincoln, Placer County, California - Engineering Design of Crack Seal - Runway, Taxiway, and Apron; Pavement Maintenance/Management Program (PMMP) Update

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 $99,000.00
*b. Applicant $6,050.00
*c. State $4,950.00
*d. Local $0.00
*e. Other $0.00
*f. Program Income $0.00
*g. TOTAL $110,000.00

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

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-26-2014
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

☐ 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
*Email: rleftwich@ci.lincoln.ca.us
*Signature of Authorized Representative

Fax Number: 916-543-8516

*Signature of Authorized Representative

Date Signed: 3/25/14
Application for Federal Assistance SF-424

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

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

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

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

**e. Organizational Unit:**

**Department Name:**
Public Works

**Division Name:**

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

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

**Last Name:** Picken
**Suffix:**

**Title:** Assistant Airport Manager

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

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

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

**Email:** bpicken@ci.mammoth-lakes.ca.us
**Application for Federal Assistance SF-424**

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

* Other (specify):

| 10. Name of Federal Agency: |
| Federal Aviation Administration |

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

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

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

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

| 15. Descriptive Title of Applicant's Project: |
| Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Construction: Reconstruct General Aviation Aircraft Parking Apron Phase 1 |

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 $1,500,300.00
   *b. Applicant $166,700.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $1,667,000.00

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

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

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

- [ ] Yes   [ ] No

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

- [ ] **I AGREE

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

Authorized Representative:
Prefix: 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: 
Date Signed: 3/21/14
Application for Federal Assistance SF-424

* 1. Type of Submission
   □ Preapplication
   ✓ Application
   □ Changed/Corrected Application

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

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

* 3. Date Received:

4. Application Identifier:

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

* 5b. Federal Award Identifier:

State Use Only:

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
     Division Name:

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

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

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

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
   Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:
   20.106

   CFDA Title:
   Airport Improvement Program

12. Funding Opportunity Number:

   Title:

13. Competition Identification Number:

   Title:

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

   Town of Mammoth Lakes, California

* 15. Descriptive Title of Applicant’s Project:

   Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Construction: Pavement Marking, Joint Seal Apron and Taxi lane

---

*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 $355,500.00
   *b. Applicant $39,500.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $395,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

   □ **I AGREE

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

Authorized Representative:

Prefix: 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: Date Signed: 3/21/14
### Application for Federal Assistance SF-424

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

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

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

**3. Date Received:**

**4. Application Identifier:**

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

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

**State Use Only:**

**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: 
- Country: USA
- **Zip/Postal Code:** 93546

**e. Organizational Unit:**

* **Department Name:** Public Works

* **Division Name:**

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

* **Prefix:** Mr.
* **First Name:** Brian
* **Middle Name:**
* **Last Name:** Picken
* **Suffix:**

* **Title:** Assistant Airport Manager

**Organizational Affiliation:**

Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

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

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

* **Email:** bpicken@ci.mammoth-lakes.ca.us
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):  

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

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

12. Funding Opportunity Number:  
   Title:  

13. Competition Identification Number:  
   Title:  

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

* 15. Descriptive Title of Applicant’s Project:  
   - Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California:  
   - Engineering Design:  
   - Reconstruct GA Apron Phase 1

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 $135,000.00
   * b. Applicant $15,000.00
   * c. State $0.00
   * d. Local $0.00
   * e. Other $0.00
   * f. Program Income $0.00
   * g. TOTAL $150,000.00

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

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

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

☐ Yes ☑ No

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

☑ **I AGREE

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

Authorized Representative:

Prefix: Mr. *First Name: Peter

*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: 7/14/14
### Application for Federal Assistance SF-424

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

2. Type of Application
   - [x] 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:
     - Street 1:  
       1300 Airport Road
     - City:  
       Mammoth Lakes
     - County:  
       Mono
     - State:  
       California
   - e. Organization:  
     - Organizational Unit:  
     - Department Name:  
       Public Works
     - Division Name:  

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:  
     Mr.
   - First Name:  
     Brian
   - Middle Name:  
     - Last Name:  
       Picken
   - Suffix:  
   - Title:  
     Assistant Airport Manager
   - Organizational Affiliation:  
     Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

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

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

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

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

   * Other (specify):

   10. Name of Federal Agency:  
       Federal Aviation Administration

   11. Catalog of Federal Domestic Assistance Number:  
       20.106

   CFDA Title:  
       Airport Improvement Program

   12. Funding Opportunity Number:  
       Title:

   13. Competition Identification Number:  
       Title:

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

   15. Descriptive Title of Applicant's Project:  
       Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: 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 $24,390.00
   *b. Applicant $2,710.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $27,100.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

   ✔ I AGREE

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

Authorized Representative:
Prefix: 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: Date Signed: 2/1/14
## 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:**

**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:**
  - Street: 1300 Airport Road
  - City: Mammoth Lakes
  - County: Mono
  - State: California
  - Province: 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
  - **Middle Name:**
  - **Last Name:** Picken
  - **Suffix:**
  - **Title:** Assistant Airport Manager
  - **Organizational Affiliation:**
    Town of Mammoth Lakes, Department of Public Works, Mammoth Yosemite Airport

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

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

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

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

* Other (specify):

* 10. Name of Federal Agency:
   Federal Aviation Administration

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

12. Funding Opportunity Number:
   Title:

13. Competition Identification Number:
   Title:

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

* 15. Descriptive Title of Applicant’s Project:
   Mammoth Yosemite Airport, Mammoth Lakes, Mono County, California: Engineering Design: Pavement Marking

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 $25,110.00
   *b. Applicant $2,790.00
   *c. State $0.00
   *d. Local $0.00
   *e. Other $0.00
   *f. Program Income $0.00
   *g. TOTAL $27,900.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ✔ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-21-2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

   ✔ **I AGREE

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

Authorized Representative:
Prefix: 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
Email: pbernasconi@ci.mammoth-lakes.ca.us
Signature of Authorized Representative: [Signature]
Date Signed: 3/21/14
1. Type of Submission: 
- Preapplication
- Application
- Changed/Corrected Application

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

3. Date Received: 

4. Applicant Identifier: 

5. Federal Entity Identifier: 

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

8.a. Legal Name: Lake Madrone Water District

8.b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2495918

8.c. Organizational DUNS: 079332443

8.d. Address:

- Street 1: 12 Star Road
- City: Berry Creek
- County/Parish: Butte
- State: California
- Province: 
- Country: USA: UNITED STATES
- Zip / Postal Code: 95916

8.e. Organizational Unit: 

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

- Prefix: 
- First Name: Dennis
- Middle Name: Edwin
- Last Name: Nay
- Suffix: 
- Title: Treasurer

Organizational Affiliation: 

- Telephone Number: (530) 864-7927
- Fax Number: (530) 891-1574

- Email: Dnaykid@aol.com
### Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

*Special district, local government*

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

10.766

CFDA Title:

Community Facilities Loans and Grants.

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

Lake Madrone, Berry Creek

* 15. Descriptive Title of Applicant's Project:

Lake Madrone Dam Outlet Repair Project

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

16. Congressional Districts Of:
   * a. Applicant: 1
   * b. Program/Project: 1

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

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

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 3/5/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 215, 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: Edwin
* First Name: Dennis
Last Name: 
Suffix: 

* Title: Treasurer
* Telephone Number: (530) 864-7927
Fax Number: (530) 891-1574
* Email: Dnaykid@aol.com

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

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<th><em>2. Type of Application:</em></th>
<th></th>
<th><em>Revision, select appropriate letter:</em></th>
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<td>Other (Specify):</td>
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<tr>
<td>Application</td>
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<th><em>5b. Federal Award Identifier:</em></th>
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</table>

8. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th><em>a. Legal Name:</em></th>
<th>Yuba-Sutter Economic Development Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>b. Employer/Taxpayer Identification Number (EIN/TIN):</em></td>
<td>68-0342145</td>
</tr>
<tr>
<td><em>c. Organizational DUNS:</em></td>
<td>1203215960000</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><em>d. Address:</em></th>
<th>1227 Bridge Street, Suite C</th>
</tr>
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<tbody>
<tr>
<td>Street1</td>
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</tr>
<tr>
<td>Street2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Yuba City</td>
</tr>
<tr>
<td>County/Parish</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>CA: California</td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code</td>
<td>95991-3618</td>
</tr>
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<table>
<thead>
<tr>
<th><em>e. Organizational Unit:</em></th>
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</thead>
<tbody>
<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><em>f. Name and contact information of person to be contacted on matters involving this application:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Ms.</td>
</tr>
<tr>
<td>First Name: Brynda</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Last Name: Stranix</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title: President/Chief Operating Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Affiliation:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><em>Telephone Number:</em> 530-751-8555 x 103</th>
<th>Fax Number: 530-751-8515</th>
</tr>
</thead>
</table>

| *Email:* stranix@ysedc.org |   |
## Application for Federal Assistance SF-424

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

### Type of Applicant 2: Select Applicant Type:

### Type of Applicant 3: Select Applicant Type:

* Other (specify):

### 10. Name of Federal Agency:
- USDA, Rural Development

### 11. Catalog of Federal Domestic Assistance Number:
- 10.769

#### CFDA Title:
- Rural Business Enterprise Grants

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

* **Title:**
- USDA, Rural Development, Rural Business Enterprise Grant

### 13. Competition Identification Number:

#### Title:

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

### Add Attachment  Delete Attachment  View Attachment

### 15. Descriptive Title of Applicant's Project:
- California Finance Consortium multi-agency capital access corporation formation

Attach supporting documents as specified in agency instructions.

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

16. Congressional Districts Of:
   * a. Applicant  3
   * b. Program/Project  1234

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

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

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other  25,000.00
   * f. Program Income
   * g. TOTAL  75,000.00

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 03/19/2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

   ☑ ** I AGREE

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

Authorized Representative:

Prefix: Ms.  * First Name: Brynda
Middle Name:
* Last Name: Stranix
Suffix:

* Title: President/Chief Operating Officer

* Telephone Number: 530-751-8555 x 103  Fax Number: 530-751-8515

* Email: bstranix@ysedc.org

* Signature of Authorized Representative: [Signature]
* Date Signed: 03/11/2014
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
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<td>Preapplication</td>
<td>New</td>
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<td>Department of Food and Agriculture</td>
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<tr>
<td>Application</td>
<td>Continuation</td>
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<tr>
<td>Changed/Corrected Application</td>
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<th>5a. Federal Entity Identifier:</th>
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<tr>
<td>United States Forest Service</td>
<td>STATE CLEARING HOUSE</td>
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**8. APPLICANT INFORMATION:**

<table>
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<tr>
<th>a. Legal Name:</th>
<th>State of California</th>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<td>68-0325104</td>
<td>807487669</td>
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<th>d. Address:</th>
</tr>
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<tbody>
<tr>
<td>Street1: 1220 N Street, Room 341</td>
</tr>
<tr>
<td>City: Sacramento</td>
</tr>
<tr>
<td>County: Sacramento</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Province: USA; UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code: 95814</td>
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<table>
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<tr>
<td>Department Name:</td>
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<tr>
<td>Division Name:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Dr.</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Kelch</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Senior Plant Taxonomist</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>* Telephone Number: 916-403-6650</td>
</tr>
<tr>
<td>Fax Number: 916-653-2403</td>
</tr>
<tr>
<td>* Email: <a href="mailto:dean.kelch@cdf.ca.gov">dean.kelch@cdf.ca.gov</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   
Type of Applicant 2: Select Applicant Type:
   
Type of Applicant 3: Select Applicant Type:
   
* Other (specify):
   
* 10. Name of Federal Agency:
   United States Forest Service

11. Catalog of Federal Domestic Assistance Number:
   10-680
   CFDA Title:
   Cooperative Forestry Assistance

* 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:
   Eradication of Noxious Weeds in California

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

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

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

17. Proposed Project:
   * a. Start Date: 7/1/14
   * b. End Date: 6/30/16

18. Estimated Funding ($):

   * a. Federal: 300,000
   * b. Applicant: 300,000
   * c. State: 300,000
   * d. Local: 0
   * e. Other: 0
   * f. Program income: 0
   * g. TOTAL: 600,000

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
   - [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 215, Section 1001)
   - [x] I AGREE
   - ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

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

* Title: Federal Funds Manager

* Telephone Number: 916-403-6533
Fax Number:

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

* Signature of Authorized Representative: [Signature]
* Date Signed: 7/28/14
**Application for Federal Assistance SF-424**

<table>
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<tr>
<th>*1. Type of Submission</th>
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<tbody>
<tr>
<td>□ Preapplication</td>
<td>✔ New</td>
<td></td>
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<tr>
<td>✔ Application</td>
<td>□ Continuation</td>
<td>* Other (Specify)</td>
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<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
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</table>

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<thead>
<tr>
<th>*3. Date Received:</th>
<th>4. Application Identifier:</th>
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</table>

5a. Federal Entity Identifier: LHM 3-06-0120- | 5b. Federal Award Identifier: |

**State Use Only:**

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

* a. Legal Name: City of Lincoln |

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356 |
* c. Organizational DUNS: 004949160

*d. Address:*

<table>
<thead>
<tr>
<th>* Street1: 600 6th Street</th>
<th>Street 2:</th>
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<tbody>
<tr>
<td>* City: Lincoln</td>
<td></td>
</tr>
<tr>
<td>* County: Placer</td>
<td></td>
</tr>
<tr>
<td>* State: California</td>
<td></td>
</tr>
<tr>
<td>Province:</td>
<td></td>
</tr>
<tr>
<td>Country: USA</td>
<td>*Zip/ Postal Code: 95648</td>
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*e. Organizational Unit:*

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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: Mr.</th>
<th>First Name: Ray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Leftwich</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Title: Airport Manager</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Organizational Affiliation:</td>
<td></td>
</tr>
</tbody>
</table>

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 Crack Seal - Runway, Taxiway, and Apron; Pavement Maintenance/Management Program (PMMP) Update

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 $99,000.00

*b. Applicant $6,050.00

*c. State $4,950.00

*d. Other $0.00

*e. Program Income $0.00

*g. TOTAL $110,000.00

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-26-2014

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

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

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

☐ 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: 3/25/19
APPLICATION FOR
FEDERAL ASSISTANCE

Version 7.03

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

2. DATE SUBMITTED
   March 28, 2014

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier

   S-14-UC-08-0005

5. APPLICANT INFORMATION

   Legal Name:
   County of Sacramento

   Organizational DU N S:
   137151-00-00

   Address:
   801 12th Street

   City:
   Sacramento

   County:
   Sacramento

   State:
   California

   Zip Code:
   95814

   Country:
   USA

   Name and telephone number of person to be contacted on matters involving this application (give area code)

   Prefix:
   Mr.

   First Name:
   Geoffrey

   Middle Name

   Last Name:
   Ross

   Suffix:

   Email:
   gross@shra.org

   Phone Number (give area code)
   (916) 440-1357

   Fax Number (give area code)
   (916) 498-1655

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   4-1-0-0-2-3

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

   Municipal

   Other (specify)

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

   Municipal

   Other (specify)

9. NAME OF FEDERAL AGENCY:
   U.S. Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    1-4-2-3-1

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    2014 Emergency Solutions Grant

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

13. PROPOSED PROJECT

   Start Date:
   January 1, 2014

   Ending Date:
   December 31, 2014

14. CONGRESSIONAL DISTRICTS OF:

   a. Applicant
      3rd, 4th, 5th, and 11th

   b. Project
      3rd, 4th, 5th, and 11th

15. ESTIMATED FUNDING:

   a. Federal
      $ 392,047

   b. Applicant
      $ 0

   c. State
      $ 0

   d. Local
      $ 596,316

   e. Other
      $ 90,338

   f. Program Income
      $ 0

   g. TOTAL
      $ 1,078,701

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

   a. Yes. [X]

   b. No. [□]

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

   a. Yes 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 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
      Prefix
      Mr.
      Last Name
      Bevis
      First Name
      Lee
      Suffix

   b. Title
      Executive Director

   c. Telephone Number (give area code)
      (916) 440-1319

   d. Signature of Authorized Representative
      [Signature]

   e. Date Signed
      3/20/14

   Previous Edition Usable
   Authorized for Local Reproduction

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

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

2. DATE SUBMITTED
   March 28, 2014

3. DATE RECEIVED BY STATE
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
   Federal Identifier
   B-14-UC-08-0005

5. APPLICANT INFORMATION

   Legal Name:
   County of Sacramento

   Organizational Unit:
   Department:
   Housing Authority of the County of Sacramento

   Organizational DUNS:
   137351164

   Division:
   
   Address:
   801 12th Street
   City:
   Sacramento
   County:
   Sacramento

   Name and telephone number of person to be contacted on matters involving this application (give area code):
   Prefix:
   Mr.
   First Name:
   Geoffrey
   Middle Name:
   Last Name:
   Ross

   Suffix:
   
   Email:
   gross@shra.org

   Phone Number (give area code):
   (916) 440-1357
   Fax Number (give area code):
   (916) 488-1655

   6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   94-00528

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

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

   Other (specify):

   8. TYPE OF APPLICANT:
   Municipal
   Other (specify):

   9. NAME OF FEDERAL AGENCY:
   U.S. Department of Housing and Urban Development

   10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   TITLE (Name of Program):
   Community Development Block Grant

   11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
   2014 Community Development Block Grant Projects

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

   County of Sacramento

   13. PROPOSED PROJECT
   Start Date:
   January 1, 2014
   Ending Date:
   December 31, 2014

   14. CONGRESSIONAL DISTRICTS OF:
   a. Applicant
   b. Project
   3rd, 4th, 5th, and 11th
   3rd, 4th, 5th, and 11th

   15. ESTIMATED FUNDING:
   a. Federal
   $4,815,600
   b. Applicant
   $0
   c. State
   $148,765
   d. Local
   $2,071,897
   e. Other
   $0
   f. Program Income
   $141,929
   g. TOTAL
   $7,178,231

   16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. Yes
   b. No
   ☑ Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
   DATE: March 28, 2014
   OR PROGRAM IS NOT COVERED BY E.O. 12372
   OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
   c. Telephone Number (give area code):
   (916) 440-1319
   e. Date Signed:
   3/26/14

   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 DUTY 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
   Mr.
   Last Name
   LaShelle
   Suffix
   
   b. Title
   Executive Director

   c. Telephone Number (give area code):
   (916) 440-1319
   e. Date Signed:
   3/26/14

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

   Authorized for Local Reproduction
### APPLICATION FOR FEDERAL ASSISTANCE

**2. DATE SUBMITTED:** March 28, 2014  
**3. DATE RECEIVED BY STATE:** State Application Identifier  
**4. DATE RECEIVED BY FEDERAL AGENCY:** Federal Identifier S-14-MC-06-0003

#### 5. APPLICANT INFORMATION

| Legal Name: City of Sacramento  
|---|---|---|
| Organizational Unit: Department; Housing Authority of the City of Sacramento  
| Division:  
| Name and telephone number of person to be contacted on matters involving this application (give area code):  
| Prefix: Mr.  
| First Name: Geoffrey  
| Middle Name:  
| Last Name: Ross  
| Suffix:  
| Email: gross@shra.org |

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
**8. TYPE OF APPLICATION:**  
- [] New  
- [X] Continuation  
- [] Revision  

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

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
2014 Emergency Solutions Grant

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
City of Sacramento

**13. PROPOSED PROJECT**  
**Start Date:** January 1, 2014  
**Ending Date:** December 31, 2014

**15. ESTIMATED FUNDING:**  
| a. Federal | $348,183  
| b. Applicant | $0  
| c. State | $0  
| d. Local | $596,316  
| e. Other | $90,338  
| f. Program Income | $0  
| g. TOTAL | $1,034,837

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS:**  
- [X] Yes  
- [ ] No  
**a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON**  
**DATE:** March 28, 2014  
**b. No.**  
**OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
- [X] Yes  
- [ ] No  
**a. Authorized Representative**  
**Prefix:** Mr.  
**First Name:** LaSheila  
**Middle Name:**  
**Last Name:** Dozier  
**Suffix:**  
**b. Title:**  
**Title:** Executive Director  
**c. Telephone Number (give area code):** (916) 440-1319  
**d. Signature of Authorized Representative:**  
**Date Signed:** 3/26/14

**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.**

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

1. TYPE OF SUBMISSION:
   ☑ Construction
   ☐ Non-Construction

2. DATE SUBMITTED:
   March 28, 2014

3. DATE RECEIVED BY STATE:
   State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY:
   Federal Identifier
   8-14-MC-06-0003

5. APPLICANT INFORMATION

   Legal Name:
   City of Sacramento

   Organizational Unit:
   Department: Housing Authority of the City of Sacramento

   Address:
   Street:
   801 12th Street

   City:
   Sacramento

   Organization DUNS:
   137351016

   Zip Code:
   95814

   State:
   California

   Country:
   USA

   Email:
   gross@shra.org

   Name and telephone number of person to be contacted on matters involving this application (give area code):
   Prefix:
   Mr.

   First Name:
   Geoffray

   Middle Name:
   Last Name:
   Ross

   Fax Number (give area code):
   (916) 465-1557

   Telephone Number (give area code):
   (916) 465-1665

   Phone Number (give area code):

   Other (specify):

   Headquarters:
   Municipal

   Division:

   Name and telephone number of person to be contacted on matters involving this application (give area code):
   Prefix:
   Mr.

   First Name:
   Geoffray

   Middle Name:
   Last Name:
   Ross

   Fax Number (give area code):
   (916) 465-1557

   Telephone Number (give area code):
   (916) 465-1665

   Phone Number (give area code):

   Other (specify):

   Headquarters:
   Municipal

   Division:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   94-6000759

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

8. TYPE OF FUNDING:
   ☑ Federal
   ☑ State
   ☑ Local
   ☑ Other
   ☑ Program Income
   ☑ TOTAL

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
   14-2118

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    2014 Community Development Block Grant Projects

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

13. PROPOSED PROJECT

   Start Date:
   January 1, 2014

   Ending Date:
   December 31, 2014

14. CONGRESSIONAL DISTRICTS:

   a. Applicant
   b. Project
   c. District

15. ESTIMATED FUNDING:
   a. Federal
   $4,268,759
   b. Applicant
   $0
   c. State
   $0
   d. Local
   $1,901,200
   e. Other
   $1,296,771
   f. Program Income
   $117,900
   g. TOTAL
   $7,556,330

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 28, 2014
   b. No
   ☑ Program is not covered by E.O. 12372
   ☑ or program has not been selected by state for review

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

   ☑ Yes
   ☑ No
   ☑ If "yes" attach an explanation.

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DUTY 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:
   Ms.
   First Name:
   Last Name:
   Dozier
   Suffix:

   b. Title
   Executive Director

   c. Telephone Number (give area code)
   (916) 440-1319

   d. Date Signed
   3/26/14

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