Federal Grant Applications

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

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

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

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Western Riverside County Agriculture Coalition

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 341975660

c. Organizational DUNS:
   - 3620224180000

d. Address:
   - Street 1: P.O. Box 1325
   - City: San Jacinto
   - County/Parish: 
   - State: CA; California
   - Province: 
   - Country: USA; UNITED STATES
   - Zip / Postal Code: 92581-1325

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

f. Name and contact Information of person to be contacted on matters involving this application:
   - Prefix: Sr.
   - First Name: Pat
   - Middle Name: 
   - Last Name: Boldt
   - Suffix:

   Title: Executive Director

Organizational Affiliation:
   - Western Riverside County Agriculture Coalition

   Telephone Number: 951-808-8531
   - Fax Number:
   - Email: mboldt@aol.com

RECEIVED
MAY 01 2014
STATE CLEARING HOUSE
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:
NRCS, Commodity Credit Corporation

11. Catalog of Federal Domestic Assistance Number:
10.912

CFDA Title:
Conservation Innovation Grants Fiscal Year (FY) 2014 Announcement for Program Funding

12. Funding Opportunity Number:
USDA-NRCS-NRG-14-01

* Title:
Conservation Innovation Grants (CIG) program, authorized as part of the Environmental Quality Incentives Program (EQIP) (16 U.S.C. 3839aa-8) under section 2509 of the Food, Conservation, and Energy Act of 2008 (Public Law 110-246)

13. Competition Identification Number:

Title:

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

14 Areas Affected.docx

* 15. Descriptive Title of Applicant's Project:
Developing and Piloting a Water Quality Trading (WQT) Program for Agricultural Operators in the San Jacinto River Watershed

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

<table>
<thead>
<tr>
<th>*1. Type of Submission:</th>
<th>*2. Type of Application</th>
<th>* If Revision, select appropriate letter(s)</th>
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<td>☑ New</td>
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<td>☐ Application</td>
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<td>☐ Changed/Corrected Application</td>
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<th>3. Date Received:</th>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th>*a. Legal Name:</th>
<th>SELF-HELP ENTERPRISES</th>
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<th>*b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<tr>
<td>94-15926876</td>
<td>066179906</td>
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<table>
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<tr>
<th>d. Address:</th>
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</thead>
<tbody>
<tr>
<td>*Street 1: 8445 WEST ELOWIN COURT</td>
</tr>
<tr>
<td>Street 2: P.O. BOX 6520</td>
</tr>
<tr>
<td>*City: VISALIA</td>
</tr>
<tr>
<td>County: TULARE</td>
</tr>
<tr>
<td>*State: CALIFORNIA</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>*Country: USA; UNITED STATES</td>
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<tr>
<td>*Zip / Postal Code: 93290</td>
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<table>
<thead>
<tr>
<th>e. Organizational Unit:</th>
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<tr>
<td>Department Name:</td>
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<tr>
<td>Division Name:</td>
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<table>
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<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>Middle Name:</td>
</tr>
<tr>
<td>*Last Name: ISHERWOOD</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: FISCAL ANALYST</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>*Telephone Number: (559) 802 - 1696</td>
</tr>
<tr>
<td>Fax Number: (559) 651-3634</td>
</tr>
<tr>
<td>*Email: <a href="mailto:patrickl@selfhelpenterprises.org">patrickl@selfhelpenterprises.org</a></td>
</tr>
</tbody>
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**RECEIVED**

**MAY 01 2014**

**STATE CLEARING HOUSE**

OMB Number: 4040-0004
Expiration Date: 01/31/2009
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Question</th>
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<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>M. Nonprofit w/501C3 IRS Status/Oth Than Higher Edu</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>USDA RURAL DEVELOPMENT</td>
</tr>
<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>10.433</td>
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<tr>
<td>CFDA Title:</td>
<td>RURAL HOUSING PRESERVATION GRANTS</td>
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<tr>
<td>Title:</td>
<td>NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR FISCAL YEAR 2014</td>
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<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>HPG-application target areas and communities identified by Rural Development with a population of under 10,000 in the following counties: Fresno, Kings, Madera, Merced and Tulare.</td>
</tr>
<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>THE PRESERVATION OF HOUSING FOR LOW INCOME TO VERY LOW-INCOME HOUSEHOLDS BY PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO RHS THERMAL STANDARDS</td>
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</tbody>
</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: 21
   *b. Program/Project: 18-21

17. Proposed Project:
   *a. Start Date: 09/30/2014
   *b. End Date: 9/30/2015

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

200,000

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 4/28/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372

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

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

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

Authorized Representative:

Prefix:  
Middle Name: NUGENT
Last Name: CAREY
Suffix:  
Title: PRESIDENT & CEO

Telephone Number: (559) 651-1000  Fax Number: (559) 651-3634
Email: peterc@selfhelpenterprises.org

Signature of Authorized Representative:  
*Date Signed: 4-28-14

Authorized for Local Reproduction

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

<table>
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<tr>
<th>1. Type of Submission:</th>
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<td>☒ Application</td>
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<td>☐ Changed/Corrected Application</td>
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State Use Only:

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

<table>
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<tr>
<th>a. Legal Name: Los Angeles County Metropolitan Transportation Authority</th>
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<tbody>
<tr>
<td>b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975</td>
</tr>
<tr>
<td>c. Organizational DUNS: 0440555230000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>Street1: One Gateway Plaza</td>
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<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City:       Los Angeles</td>
</tr>
<tr>
<td>County/Parish:</td>
</tr>
<tr>
<td>State:        CA: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country:      USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code: 90012-2952</td>
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<th>e. Organizational Unit:</th>
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<tr>
<td>Countywide Planning Division Name: Regional Grants</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:</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Hamideh</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Transportation Planning Manager</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
</tr>
<tr>
<td>* Telephone Number: 213-922-4299</td>
</tr>
<tr>
<td>* Email: <a href="mailto:hamideh@metro.net">hamideh@metro.net</a></td>
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Application for Federal Assistance SF-424

<table>
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<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<tr>
<td>E: Regional Organization</td>
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| Type of Applicant 2: Select Applicant Type:    |
| X: Other (specify)                             |

| Type of Applicant 3: Select Applicant Type:    |
| X: Other (specify):                            |
| Transportation Planning Agency                 |

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

| 11. Catalog of Federal Domestic Assistance Number: |
| 20.933                                          |

| CFDA Title:                                      |
| National Infrastructure Investments              |

| 12. Funding Opportunity Number:                 |
| DTOS59-14-RA-TIGER6                             |

| * Title:                                        |
| FY 2014 National Infrastructure Investments     |

| 13. Competition Identification Number:         |
| TIGER6-FY14                                     |

| Title:                                          |
|                                                |

| 14. Areas Affected by Project (Cities, Counties, States, etc.): |
| Add Attachment | Delete Attachment | View Attachment |

| 15. Descriptive Title of Applicant's Project: |
| High Speed Rail Revenue Study for the High Desert Multipurpose Corridor Project |

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

16. Congressional Districts Of:
   * a. Applicant CA-033
   * b. Program/Project CA-025

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

17. Proposed Project:
   * a. Start Date: 01/02/2015
   * b. End Date: 12/30/2015

18. Estimated Funding ($):
   * a. Federal 1,000,000.00
   * b. Applicant 430,000.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 1,430,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 04/28/2014.
   [ ] 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   X No
   If "Yes", provide explanation and attach

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

   X ** I AGREE

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

Authorized Representative:

Prefix:  
* First Name: ashad
Middle Name:  
* Last Name: hamideh
Suffix:  

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299
Fax Number:  

* Email: hamideh@metro.net

* Signature of Authorized Representative: Ashad Hamideh
* Date Signed: 04/28/2014
**Application for Federal Assistance SF-424**

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

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

**3. Date Received:**
04/28/2014

**4. Applicant Identifier:**

**5. Federal Entity Identifier:**

**6. Federal Award Identifier:**

**8. APPLICANT INFORMATION:**

**a. Legal Name:** Los Angeles County Metropolitan Transportation Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-4401975

**c. Organizational DUNS:** 0440555230000

**d. Address:**

- **Street:** One Gateway Plaza
- **City:** Los Angeles
- **State:** CA: California
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 90012-2952

**e. Organizational Unit:**

- **Department Name:** Countywide Planning
- **Division Name:** Regional Grants

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

- **Prefix:**
- **First Name:** Ashad
- **Middle Name:**
- **Last Name:** Ramideh
- **Suffix:**
- **Title:** Transportation Planning Manager
- **Organizational Affiliation:**

**Telephone Number:** 213-922-4299
**Fax Number:**

**Email:** hamideh@metro.net
Application for Federal Assistance SF-424

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

- Regional Organization

Type of Applicant 2: Select Applicant Type:

- Other (specify)

Type of Applicant 3: Select Applicant Type:

- Other (specify):

  Transportation Planning Agency

* 10. Name of Federal Agency:

  U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

  20.933

  CFDA Title:

  National Infrastructure Investments

* 12. Funding Opportunity Number:

  DTO559-14-RA-TIGER6

  * Title:

  FY 2014 National Infrastructure Investments

13. Competition Identification Number:

  TIGER6-FY14

  Title:

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

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

* 15. Descriptive Title of Applicant's Project:

  Southern California Regional Interconnector Project

Attach supporting documents as specified in agency instructions.

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

16. Congressional Districts Of:
   * a. Applicant [CA-033]
   * b. Program/Project [CA-034]

17. Proposed Project:
   * a. Start Date: 01/02/2015
   * b. End Date: 06/30/2017

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

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   ☐ Yes  ☒ No

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   ☒ "I AGREE"

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Authorized Representative:

Prefix:  
* First Name: Ashad
Middle Name:  
* Last Name: Hamideh
Suffic:  

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299  
Fax Number:  

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh  
* Date Signed: 04/28/2014

Add Attachment  Delete Attachment  View Attachment
**Application for Federal Assistance SF-424**

1. Type of Submission:  
   - [ ] Preapplication  
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   - [ ] Continuation  
   - [ ] Revision  

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

3. Date Received: 04/28/2014

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

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7. State Application Identifier:  

8. APPLICANT INFORMATION:

   a. Legal Name: Los Angeles County Metropolitan Transportation Authority

   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4401975

   c. Organizational DUNS: 0440555230000

   d. Address:  

      - Street1: One Gateway Plaza
      - Street2:  
      - City: Los Angeles  
      - County/Parish:  
      - State: CA: California  
      - Province:  
      - Country: USA: UNITED STATES  
      - Zip / Postal Code: 90012-2932

   e. Organizational Unit:  

      - Department Name: Countywide Planning  
      - Division Name: Regional Grants

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

      - Prefix:  
      - * First Name: Ashad  
      - Middle Name:  
      - * Last Name: Hamideh  
      - Suffix:  

      - Title: Transportation Planning Manager

      - Organizational Affiliation:  

      - * Telephone Number: 213-922-4299  
      - Fax Number:  

      - * Email: hamideha@metro.net
**Application for Federal Assistance SF-424**

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

- Regional Organization

*Type of Applicant 2: Select Applicant Type:*

- Other (specify)

*Type of Applicant 3: Select Applicant Type:*

- Other (specify):

  Transportation Planning Agency

*10. Name of Federal Agency:*

  U.S. Department of Transportation

*11. Catalog of Federal Domestic Assistance Number:*

  20.933

  CFDA Title:

  National Infrastructure Investments

*12. Funding Opportunity Number:*

  DT0559-14-RA-TIGER6

  *Title:*

  FY 2014 National Infrastructure Investments

*13. Competition Identification Number:*

  TIGER6-FY14

  Title:

  [Blank]

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

| Add Attachment | Delete Attachment | View Attachment |

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

  Willowbrook/Rosa Parks Station Master Plan Implementation Project

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

16. Congressional Districts Of:
   - a. Applicant: CA-033
   - b. Program/Project: CA-044

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

17. Proposed Project:
   - a. Start Date: 01/02/2015
   - b. End Date: 12/30/2019

18. Estimated Funding ($):

   - a. Federal: 29,200,000.00
   - b. Applicant: 20,000,000.00
   - c. State: 0.00
   - d. Local: 4,500,000.00
   - e. Other: 0.00
   - f. Program Income: 0.00
   - g. TOTAL: 53,700,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
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   - ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   - ☑ Yes
   - ☐ No

   If "Yes", provide explanation and attach

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**Authorized Representative:**

Prefix: 
* First Name: Ashad
Middle Name: 
* Last Name: Hamidoh
Suffix: 

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299
Fax Number: 

* Email: hamideh@metro.net

* Signature of Authorized Representative: Ashad Hamidoh
* Date Signed: 04/28/2014
## 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:**
04/28/2014

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

### 8. APPLICANT INFORMATION:

**a. Legal Name:** Los Angeles County Metropolitan Transportation Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-4401975

**c. Organizational DUNS:** 0440555230000

**d. Address:**

- **Street1:** One Gateway Plaza
- **City:** Los Angeles
- **State:** CA: California
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 90012-2952

**e. Organizational Unit:**

- **Department Name:** Countywide Planning
- **Division Name:** Regional Grants

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

- **Prefix:**
- **First Name:** Ashad
- **Middle Name:**
- **Last Name:** Hamideh
- **Suffix:**
- **Title:** Transportation Planning Manager

**Organizational Affiliation:**

**Telephone Number:** 213-922-4299

**Fax Number:**

**Email:** hamideha@metro.net
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   E: Regional Organization

Type of Applicant 2: Select Applicant Type:
   X: Other (specify)

Type of Applicant 3: Select Applicant Type:

* Other (specify):
   Transportation Planning Agency

* 10. Name of Federal Agency:
   U.S. Department of Transportation

11. Catalog of Federal Domestic Assistance Number:
    20.933

   CFDA Title:
   National Infrastructure Investments

* 12. Funding Opportunity Number:
   DTOS59-14-RA-TIGER6

   * Title:
   FY 2014 National Infrastructure Investments

13. Competition Identification Number:
    TIGER6-FY14

   Title:

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

15. Descriptive Title of Applicant's Project:
    Eastside Access Improvements/ Regional Bikeshare Program

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

16. Congressional Districts Of:
   * a. Applicant CA-033
   * b. Program/Project CA-034

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

17. Proposed Project:
   * a. Start Date: 01/02/2015
   * b. End Date: 06/30/2019

18. Estimated Funding ($):
   * a. Federal 20,815,000.00
   * b. Applicant 5,535,390.00
   * c. State 0.00
   * d. Local 3,855,610.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 30,266,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   x a. This application was made available to the State under the Executive Order 12372 Process for review on 04/28/2014.
   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.)
   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 218, Section 1001)

   x ** I AGREE

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

Authorized Representative:

Prefix: ___________________________  * First Name: Ashad
Middle Name: ___________________________
* Last Name: Hamideh
Suffix: ___________________________

* Title: Transportation Planning Manager

* Telephone Number: (213) 922-4299
Fax Number: ___________________________

* Email: hamideha@metro.net

* Signature of Authorized Representative: Ashad Hamideh  * Date Signed: 04/28/2014
Application for Federal Assistance SF-424

1. Type of Submission: Preapplication

2. Type of Application: New

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

4. Applicant Identifier: RECEIVED

5a. Federal Entity Identifier: 

5b. Federal Award Identifier: MAY 01 2014

State Use Only:

6. Date Received by State: STATE CLEARING HOUSE

7. State Application Identifier: 

8. APPLICANT INFORMATION:

a. Legal Name: Karuk Tribe

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2576572

c. Organizational DUNS: 1453079300000

d. Address:

   * Street: 64236 Second Avenue
   * City: Happy Camp
   * County/Parish: Siskiyou County
   * State: CA: California
   * Zip / Postal Code: 96039-0000

   Street2: 
   * County: USA: UNITED STATES

   Province: 

   * Country: 

   e. Organizational Unit:

   Department Name: Karuk Information Technology

   Division Name: 

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

   Prefix: Mr.

   * First Name: Dale

   Middle Name: 

   * Last Name: Josephson

   Suffix: 

   Title: 

   Organizational Affiliation: The Karuk Tribe

   * Telephone Number: (530) 493-1600

   Fax Number: (530) 493-5322

   * Email: compliance@karuk.us
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

- Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.067

CFDA Title:

Homeland Security Grant Program

12. Funding Opportunity Number:

DHS-14-GPD-067-000-02

*Title:

Fiscal Year (FY) 2014 Tribal Homeland Security Grant Program (THSGP)

13. Competition Identification Number:

Title:

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

CITIES AND COUNTIES.docx

* 15. Descriptive Title of Applicant's Project:

Emergency Security Equipment, Disaster preparedness IT equipment and Planning.

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

16. Congressional Districts Of:
   * a. Applicant: CA-142
   * b. Program/Project: CA-142

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

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

18. Estimated Funding ($):

   * a. Federal: 300,000.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 300,000.00

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
   □ 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:

Pref:  Mr.  * First Name: Russell
Middle Name: (Buster)
* Last Name: Atterbery
Suffix: 

* Title: Tribal Chairman

* Telephone Number: (530)493-1600  Fax Number: (530)493-5322

* Email: compliance@karuk.us

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

*1. Type of Submission  *2. Type of Application  *If Revision, select appropriate letter(s):

☐ Preapplication  ☐ New

☑ Application  ☑ Continuation  * Other (Specify)

☐ Changed/Corrected Application  ☐ Revision

*3. Date Received:  4. Application Identifier:  MAY 0 1 2014

5a. Federal Entity Identifier:  *5b. Federal Award Identifier:  14-9419-0306

State Use Only:

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

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN):  94-6036494

* c. Organizational DUNS:  04-712-0084

d. Address:

Street1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300

*City:  Davis
County:  Yolo
*State:  CA
Province:
Country: United States  *Zip/ Postal Code:  95618

e. Organizational Unit:

Department Name:  CA Animal Health & Food Safety Laboratory System
Division Name:

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

Prefix:  First Name: Erlita
Middle Name:
*Last Name:  Nerj
Suffix:

Title: Contracts & Grants Analyst

Organizational Affiliation:
Office of Research - Sponsored Programs
1850 Research Park Drive, Suite 300
Davis, CA 95618

*Telephone Number: 530-754-8266  Fax Number: 530-754-8229
*Email: oliver@ucdavis.edu
**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:
   - Select One -

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

*Other (specify):*

10. Name of Federal Agency:  
    USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:  
    10.025

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

12. Funding Opportunity Number:

   *Title:

13. Competition Identification Number:  

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
    California and any other support of NAH LN as required

15. Descriptive Title of Applicant’s Project:  
   Swine surveillance

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

Version 02

16. Congressional Districts Of:

* a. Applicant: Three

* b. Program/Project: Swine surveillance

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

17. Proposed Project:

* a. Start Date: 05/15/2014

* b. End Date: 03/31/2015

18. Estimated Funding ($):

<p>| | |</p>
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<td>b. Applicant</td>
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<td>c. State</td>
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<td>d. Local</td>
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<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>$53,432.50</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 04/30/14
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

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

☐ Yes ☒ No

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

☐ **I AGREE

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

**Authorized Representative:**

Prefix:  

*First Name:

Middle Name: 

*Last Name:

Suffix: 

*Title:

*Telephone Number: 530-754-7700  Fax Number: 530-754-8229

*Email: 

*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
- Other (Specify)

*If Revision, select appropriate letter(s):

*3. Date Received:

4. Application Identifier: MAY 01 2014

5a. Federal Entity Identifier: 14-9419-0306

5b. Federal Award Identifier: STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

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

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

* c. Organizational DUNS: 04-712-0084

d. Address:

*Street1: Office of Research - Sponsored Programs
Street 2: 1850 Research Park Drive, Suite 300
*City: Davis
County: Yolo
*State: CA
Province: Country: United States
*Zip/Postal Code: 95618

e. Organizational Unit:

Department Name: CA Animal Health & Food Safety Laboratory System
Division Name:

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

Prefix:
Middle Name:
*Last Name: Neri
Suffix:
Title: Contracts & Grants Analyst
Organizational Affiliation:
Office of Research - Sponsored Programs
1850 Research Park Drive, Suite 300
Davis, CA 95618

*Telephone Number: 530-754-8266 Fax Number: 530-754-8229
*Email: oliver@ucdavis.edu
**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:  
   - Select One -

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

*Other (specify):

*10. Name of Federal Agency:
   USDA, APHIS, VS

11. Catalog of Federal Domestic Assistance Number:
   10.025

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

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   California and any other support of NAHLN as required

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

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

16. Congressional Districts Of:
   *a. Applicant: Three
   *b. Program/Project: Swine surveillance

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

17. Proposed Project:
   *a. Start Date: 05/15/2014
   *b. End Date: 03/31/2015

18. Estimated Funding ($):
   *a. Federal $53,432.50
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL $53,432.50

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 04/30/14
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

   □ **I AGREE

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

Authorized Representative:

Prefix: *First Name:
Middle Name:
*Last Name:
Suffix:
*Title:

*Telephone Number: 530-754-7700    Fax Number: 530-754-8229
*Email:
*Signature of Authorized Representative:    Date Signed:
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Application Identifier:
   - Southern California Regional Rail Authority

5a. Federal Entity Identifier:
   - 5802

5b. Federal Award Identifier:
   - FTA Section 5307

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   a. Legal Name:
   - Southern California Regional Rail Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 93-4351663
   c. Organizational DUNS:
   - 8361404750000
   d. Address:
   - Street 1: One Gateway Plaza, 12th Floor
   - City: Los Angeles
   - State: California
   - County: USA
   - Zip/Postal Code: 90012
   e. Organizational Unit:
   - Department Name:
   - Grants Administration
   - Division Name:
   - Finance
   f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:
   - Middle Name:
   - Last Name: Sakoda
   - Suffix:
   - Title: Planning Manager
   - Organizational Affiliation:

   *Telephone Number: (213) 452-0264
   *Email: SakodaK@scrra.net
**Application for Federal Assistance SF-424**

<table>
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<tr>
<th>Question</th>
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<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>D. Special District 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>
<td>- Select One -</td>
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<td>*Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
<td>Federal Transit Administration</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>20.507</td>
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<td>CFDA Title:</td>
<td>Federal Transit Formula Grants</td>
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<td>12. Funding Opportunity Number:</td>
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<td>*Title: Fixed Guideway Modernization Program</td>
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<td>13. Competition Identification Number:</td>
<td></td>
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<td>Title:</td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Orange County</td>
</tr>
<tr>
<td>*15. Descriptive Title of Applicant's Project:</td>
<td>Rehabilitation of tracks, structures, and customer information signage on existing transit right-of-way.</td>
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</table>

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

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant: Southern California Regional Rail  
b. Program/Project: Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 2/1/2014  
b. End Date: 7/20/2017

18. Estimated Funding (S):

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

$3,748,840.00  
$3,748,840.00

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

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

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

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

☐ Yes  
☑ No

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: Michael

Middle Name:

*Last Name: DePalo

Suffix:

*Title: Chief Executive Officer

*Telephone Number: (213) 452-0258  
*Email: depalo@acrra.net

*Signature of Authorized Representative: [Signature]

Date Signed: 5-1-14
**Application for Federal Assistance SF-424**

<table>
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<tr>
<th>*1. Type of Submission</th>
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<td>☐ Preapplication</td>
<td>☑ New</td>
<td>Z</td>
</tr>
<tr>
<td>☑ Application</td>
<td>☐ Continuation</td>
<td>☐ Other (Specify)</td>
</tr>
<tr>
<td>☐ Changed/Corrected</td>
<td>☐ Revision</td>
<td>MAY 02, 2014</td>
</tr>
</tbody>
</table>

*3. Date Received:*

*4. Application Identifier:*

Southern California Regional Rail Authority

*5a. Federal Entity Identifier:*

5802

*5b. Federal Award Identifier:*

FTA Section 5337

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

*a. Legal Name:* Southern California Regional Rail Authority

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

93-4351663

*c. Organizational DUNS:*

8361404750000

**d. Address:**

Street 1: One Gateway Plaza, 12th Floor

Street 2: Los Angeles

County: California

Province: USA

*Zip/Postal Code: 90012

**e. Organizational Unit:**

Department Name: Grants Administration

Division Name: Finance

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

Prefix: First Name: Karen

Middle Name: *Last Name: Sakoda

Suffix: Title: Planning Manager

Organizational Affiliation:

**Telephone Number:** (213) 452-0264

Fax Number:

*Email: sakodak@scrra.net
**Application for Federal Assistance SF-424**

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

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

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

*Other (specify):

10. Name of Federal Agency:  
   Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:  
   20.507

CFDA Title:  
   Federal Transit Formula Grants

12. Funding Opportunity Number:  
*Title:  
   State of Good Repair Program

13. Competition Identification Number:  

Title:

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

Los Angeles County, Orange County, and Ventura County

15. Descriptive Title of Applicant's Project:  

Rehabilitation of track, railbed in Orange County, and upgrade communication system on the River Subdivision.

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

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42
   *a. Applicant: Southern California Regional Rail
   *b. Program/Project: Annual Metrolink Rehabilitation

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

17. Proposed Project:
   *a. Start Date: 2/1/2014
   *b. End Date: 7/20/2017

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL: $2,804,790.00

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

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

21. **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: Michael
Middle Name:
*Last Name: DePallo
Suffix:
*Title: Chief Executive Officer
*Telephone Number: (213) 452-0258
*Email: depallo@scrra.net
*Signature of Authorized Representative: Michael DePallo
Date Signed: 2-14
**Application for Federal Assistance SF-424**

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

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

**Data Received:**
- [ ] Completed by Grants.gov upon submission.

**Applicant Identifier:**

**Federal Entity Identifier:**

**Federal Award Identifier:**

**State Use Only:**

**Date Received by State:**

**State Application Identifier:**

**APPLICANT INFORMATION:**

* **Legal Name:** STATE OF CALIFORNIA

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

* **Organizational DUNS:** 8093223560000

**Address:**

* **Street:** 1831 9TH STREET

* **City:** SACRAMENTO

* **County:**

* **State:** CA: California

* **Province:**

* **Country:** USA: UNITED STATES

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

**Organizational Unit:**

* Department Name: FISH AND WILDLIFE

* Division Name: GRANTS MANAGEMENT BRANCH

**Contact Information:**

* **Prefix:**

* **First Name:** BRIAN

* **Middle Name:**

* **Last Name:** SALAZAR

* **Suffix:**

**Title:** GRANT ADMINISTRATOR

**Organizational Affiliation:**

* **Telephone Number:** 916-322-6201

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

* **Email:** BRIAN.SALAZAR@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

   Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

   15.634

   CPA Title:

   State Wildlife Grants

* 12. Funding Opportunity Number:

   F14AS000127

   * Title:

   R9 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

   Title:

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

   HUMBOLDT AND DEL NORTE COUNTIES

* 15. Descriptive Title of Applicant's Project:

   WHITE-FOOTED VOLE HABITAT SELECTION AND DETECTION TECHNIQUES

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

Version 02

16. Congressional Districts Of:
   a. Applicant: CA-003
   b. Program/Project: CA-001

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: 06/30/2015

18. Estimated Funding ($):
   a. Federal: 26,071.00
   b. Applicant: 0.00
   c. State: 14,038.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 40,109.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 05/02/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

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

** I AGREE

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

Authorized Representative:

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

Title: STAFF SERVICES MANAGER I

Telephone Number: 016-445-3701
Fax Number: 016-327-0062

Email: LISA.BAYS@WILDLIFE.CA.GOV

Signature of Authorized Representative: Completed by Grants.gov upon submission.
Date Signed: Completed by Grants.gov upon submission.
APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED
April 18, 2014

3. DATE RECEIVED BY STATE
Organizational Unit: Food Services

4. DATE RECEIVED BY FEDERAL AGENCY
State Application Identifier

5. APPLICANT INFORMATION
Legal Name: Fresno Economic Opportunities Commission
Organizational Unit Identifier:

Address (give city, county, State, and zip code):
3100 W. Neilsen Ave., Fresno CA 93706

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
941606519

7. TYPE OF APPLICANT: (enter appropriate letter in box)
N. Non Profit

8. TYPE OF APPLICATION:
☑ New  □ Continuation  □ Revision

If Revision, enter appropriate letter(s) in box(es)  □  □

A. Increase Award  B. Decrease Award  C. Increase Duration
D. Decrease Duration  Other(specify):

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Purchase Cambro Carriers (insulated food carriers) for summer feeding program.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of San Joaquin, Fresno, CA

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:
Start Date  Ending Date  a. Applicant  16 Costa  b. Project  21 Valadao

15. ESTIMATED FUNDING:

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes  ☑ No

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

a. Type Name of Authorized Representative
   Brian Angus
b. Title
   Chief Executive Officer
c. Telephone Number
   (559) 266-3663
d. Signature of Authorized Representative
e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
April 18, 2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name:
Fresno Economic Opportunities Commission

Address (give city, county, State, and zip code):
3100 W. Neilson Ave., Fresno CA 93706

Organizational Unit:
Food Services
STATE CLEARING HOUSE

Name and telephone number of person to be contacted on matters involving this application (give area code)
Gary Joseph
559-266-3663

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-1606519

7. TYPE OF APPLICANT: (enter appropriate letter in box)
N
A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) Non Profit

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

If Revision, enter appropriate letter(s) in box(es)
☐ ☐
A. Increase Award
B. Decrease Award
C. Increase Duration
D. Decrease Duration
Other(s) (specify):

9. NAME OF FEDERAL AGENCY:
USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-766

TITLE: Community Facilities Grant

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Caruthers, Huron, Del Rey, Orange Cove, Mendota, Firebaugh, Fres

13. PROPOSED PROJECT

Start Date: Ending Date: a. Applicant 16 Costa

b. Project 21 - Valado, 22, Nunes, 23 -

14. CONGRESSIONAL DISTRICTS OF:

15. ESTIMATED FUNDING:

a. Federal

$ 7,190

b. Applicant

$ 0

c. State

$ 0

d. Local

$ 0

e. Other

$ 5,890

f. Program Income

$ 0

g. TOTAL

$ 13,080

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

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If “Yes,” attach an explanation. ☑ No

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

a. Type Name of Authorized Representative
Brian Angus

b. Title Chief Executive Officer

Telephone Number
(559) 266-3663
e. Date Signed

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
   April 18, 2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY
   Received

5. APPLICANT INFORMATION

Legal Name:
Fresno Economic Opportunities Commission

Address (give city, county, State, and zip code):
3100 W. Neilsen Ave., Fresno CA 93706

Organizational Unit:
Food Services

Name and telephone number of person to be contacted on matters involving this application (give area code):
Gary Joseph
559-266-3663

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 1 6 0 6 5 1 9

7. TYPE OF APPLICANT: (enter appropriate letter in box)
   N

A. State  H. Independent School Dist.
B. County  I. State Controlled Institution of Higher Learning
C. Municipal  J. Private University
D. Township  K. Indian Tribe
E. Interstate  L. Individual
F. Intermunicipal  M. Profit Organization
G. Special District  N. Other (Specify)  Non Profit

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

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award  B. Decrease Award  C. Increase Duration
D. Decrease Duration  Other (specify):

9. NAME OF FEDERAL AGENCY:
   USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

   1 0 7 6 6

   TITLE: Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
   Purchase Cambro Carriers (Insulated food carriers) for summer feeding program.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
   Kerman, Laton, Coalinga, Parlier, Fresno, CA

13. PROPOSED PROJECT

   14. CONGRESSIONAL DISTRICTS OF:

   a. Applicant
   b. Project
   16 Costa
   21 Valadao

15. ESTIMATED FUNDING:

   a. Federal  $ 2,135
   b. Applicant  $ 2,135
   c. State  $ 3,969
   d. Local  $ 3,969
   e. Other  $ 3,969
   f. Program Income  $ 3,969
   g. TOTAL  $ 6,104

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. YES  ☑ This preapplication/application was made available to the state executive order 12372
      process for review on:
      DATE ______________
   b. No  ☐ Program is not covered by E.O. 12372  ☐ OR program has not been selected by state
      for review

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

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

   a. Type of Authorized Representative
   Brian Angus
   b. Title
   Chief Executive Officer
   c. Telephone Number
   (559) 266-3663
   d. Signature of Authorized Representative
   e. Date Signed

Authorized for Local Reproduction

Previous Edition Usable

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

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

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

* If Revision, select appropriate letter(s):  

* Other (Specify):  

* 3. Date Received:  

* 4. Applicant Identifier:  

MAY 05 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:  
   - City of Woodlake  

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
   - 946000458  

* c. Organizational DUNS:  

* d. Address:  
   - 350 N. Valencia  
   - Street1:  
   - Street2:  
   - City:  
   - Woodlake  
   - County/Parish:  
   - State:  
   - CA: California  
   - Province:  
   - Country:  
   - USA: UNITED STATES  
   - Zip / Postal Code:  
   - 91286-0000  

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

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

* Prefix:  
   - Mr.  

* First Name:  
   - Matthew  

* Middle Name:  

* Last Name:  
   - Ainsley  

* Suffix:  
   - P.E.  

* Title:  
   - Project Engineer  

* Organizational Affiliation:  
   - 4Creeks, Inc.

* Telephone Number:  
   - 559-802-3052  

* Fax Number:  
   - 559-802-3215

* Email:  
   - matta@4-creeks.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

10-760

CPDA Title:

Waste and Water Disposal Systems for Rural Communities.

12. Funding Opportunity Number:

Application

* Title:

2014 Water Systems Improvement Project

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

Improvement including a) installation of Supervisory Control and Data Acquisition system for water production, b) installation of new and conversion of existing water meters, construction of a new well

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: 07/06/2015
   * b. End Date: 07/16/2016

18. Estimated Funding ($):
   * a. Federal: 3,310,000.00
   * b. Applicant
   * c. State
   * d. Local: 650,000.00
   * e. Other
   * f. Program Income
   * g. TOTAL: 3,960,000.00

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

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

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

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

Authorized Representative:

Prefix: __________________________ * First Name: Ramon
Middle Name: __________________________
* Last Name: Lara
Suffix: __________________________
* Title: City Administrator
* Telephone Number: 555-564-8055 Fax Number: __________________________
* Email: rlara@cl.woodlake.ca.us

* Signature of Authorized Representative: __________________________ * Date Signed: 07/27/2015
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify):

* 3. Date Received:

* 4. Applicant Identifier:  
   - MAY 05 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:  
   - Western Riverside County Agriculture Coalition

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
   - 141975669

* c. Organizational DUNS:
   - 3628224180000

d. Address:

   - * Street1:  
     - P.O. Box 1325
   
   - * Street2:  
   
   - * City:  
     - San Jacinto
   
   - * County/Parish:  
   
   - * State:  
     - CA: California
   
   - * Province:  
   
   - * Country:  
     - USA: UNITED STATES

   - * Zip/Postal Code:  
     - 92581-1325

e. Organizational Unit:

   - Department Name:  
   
   - Division Name:  

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

   - Prefix:  
     - Rd.
   
   - * First Name:  
     - Yet

   - Middle Name:  
   
   - * Last Name:  
     - Buciet

   - Suffix:  

   - Title:  
     - Executive Director

Organizational Affiliation:

   - Western Riverside County Agriculture Coalition

* Telephone Number:  
   - 951-868-8511

* Fax Number:  
   - 

* Email:  
   - mod@ucr.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - 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:
    NRCS, Commodity Credit Corporation

11. Catalog of Federal Domestic Assistance Number:
    10,912

CFDA Title:
Conservation Innovation Grants Fiscal Year (FY) 2014 Announcement for Program Funding

12. Funding Opportunity Number:
    USEA-NRCS-NHO-14-D1

* Title:
Conservation Innovation Grants (CIG) program, authorized as part of the Environmental Quality Incentives Program (EQIP) (16 U.S.C. 3839aa-8) under section 2509 of the Food, Conservation, and Energy Act of 2008 (Public Law 110-246)

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant’s Project:
Developing and Piloting a Water Quality Trading (WQT) Program for Agricultural Operators in the San Jacinto River Watershed

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

16. Congressional Districts Of:
   * a. Applicant: CA-036
   * b. Program/Project: CA-036

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

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

18. Estimated Funding ($):
   * a. Federal: 203,000.00
   * b. Applicant: 203,000.00
   * c. State:
   * d. Local:
   * e. Other:
   * f. Program Income:
   * g. TOTAL: 400,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   • a. This application was made available to the State under the Executive Order 12372 Process for review on 05/01/2014.
   • b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   • c. Program is not covered by E.O. 12372.

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

Authorized Representative:

Prefix:  Mr.
Middle Name: 
* Last Name: Bold:
Suffix: 
* Title: Executive Director
* Telephone Number: 211 000-0001
* Fax Number:
* Email: employee@acm.com

* Signature of Authorized Representative:

* Date Signed: 05/04/2014
Application for Federal Assistance SF-424

Version 02

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

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   - [a] Legal Name: City of Bakersfield
   - [b] Employer/Taxpayer Identification Number (EIN/TIN):
     - 95-6000672
   - [c] Organizational DUNS:
     - 8638109720000

9. Address:
   - [Street]: 1600 Truxtun Avenue
   - [City]: Bakersfield
   - [State]: CA: California
   - [Country]: USA: UNITED STATES
   - [Zip / Postal Code]: 93301

10. Organizational Unit:
    - [Department Name]: Public Works
    - [Division Name]: Wastewater

11. Name and contact information of person to be contacted on matters involving this application:
    - [Prefix]:
    - [First Name]: Ralph
    - [Middle Name]:
    - [Last Name]: Braboy
    - [Suffix]:
    - [Title]: Wastewater Manager
    - [Organizational Affiliation]: City of Bakersfield
    - [Telephone Number]: 661.326.3249
    - [Fax Number]: 661.852.3325
    - [Email]: rbraboy@bakersfieldcity.us
## Application for Federal Assistance SF-424

### Type of Applicant: City or Township Government

### 10. Name of Federal Agency:

**Bureau of Reclamation**

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

CFDA Title:

### 12. Funding Opportunity Number:

**E1AAS00630**

*Title:*

**WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014**

### 13. Competition Identification Number:

Title:

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

City of Bakersfield, County of Kern, State of California

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

**Water Reuse for Groundwater Recharge and Agricultural and Landscape Irrigation**

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

16. Congressional Districts Of:
   * a. Applicant 23
   * b. Program/Project 23

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

17. Proposed Project:
   * a. Start Date: 10/01/2014
   * b. End Date: 02/01/2016

18. Estimated Funding ($):

| * a. Federal | $150,000.00 |
| * b. Applicant | $261,963.00 |
| * c. State | $0.00 |
| * d. Local | $0.00 |
| * e. Other | $0.00 |
| * f. Program Income | $0.00 |
| * g. TOTAL | $411,963.00 |

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

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

21. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1801)
   - 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: Braboy
SUFFIX: 

* Title: Wastewater Manager

* Telephone Number: 661.326.3249
Fax Number: 661.852.3325

* Email: tbraboy@bakersfieldcity.us

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

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

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

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

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

4. **Applicant Identifier:**

5. **State Use Only:**
   - [ ] Federal Entity Identifier
   - [ ] Federal Award Identifier

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

8. **APPLICANT INFORMATION:**

   a. **Legal Name:** Santa Margarita Water District

   b. **Employer/Taxpayer Identification Number (EIN/TIN):** 33-0103678

   c. **Organizational DUNS:** 072528813

   d. **Address:**
      - Street 1: 26111 Antonio Parkway
      - City: Rancho Santa Margarita
      - County: [ ]
      - State: CA: California
      - Province: [ ]
      - Country: USA: UNITED STATES
      - Zip/Postal Code: 92688

   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: Don
      - Middle Name: [ ]
      - Last Name: Bunte
      - Suffix: [ ]
      - Title: Chief Engineer
      - Organization: Chief Engineer, Engineering Department.
      - Telephone Number: (949) 459-6602
      - Fax Number: [ ]
      - Email: dcnb@smwd.com
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

   * Other (specify):

Public Utility - Water District

10. Name of Federal Agency:
    Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

   CFDA Title:

12. Funding Opportunity Number:

   R14AS000030

   * Title:

   WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

   Title:

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


15. Descriptive Title of Applicant's Project:

   Santa Margarita Water District's San Juan Groundwater Basin Recharge, Reclamation, and Reuse Feasibility Study.

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

16. Congressional Districts Of:
   * a. Applicant: CA-045
   * b. Program/Project: CA-045

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

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

18. Estimated Funding ($):
   * a. Federal: 225,000.00
   * b. Applicant: 227,880.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 452,880.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/21.
   □ 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 made 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 at specific instructions.

Authorized Representative:

Prefix: Dr.
Middle Name:
* Last Name: Bunts
Suffic:
* Title: Chief Engineer
* Telephone Number: (949) 459-6602
Fax Number: (949) 589-6243
* Email: donb@smwd.com

* 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
Prescribed:

Page 83
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. Data Received:**
- Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

6. Data Received by State: __________________

7. State Application Identifier: __________________

8. APPLICANT INFORMATION:

**a. Legal Name:**
Town of Apple Valley, CA

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
330338303

**c. Organizational DUNS:**
6222132180000

**d. Address:**
- Street1: 14955 Dale Evans Parkway
- Street2: __________________
- City: Apple Valley
- County: San Bernardino
- State: CA: California
- Province: __________________
- Country: USA: UNITED STATES
- Zip / Postal Code: 92307-3061

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

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

Title: Assistant Town Manager

Organizational Affiliation:
Assistant Town Manager

**Telephone Number:** (760) 240-7100 ext. 7520

Fax Number: __________________

**Email:** dcron@applevalley.org
**Application for Federal Assistance SF-424**

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

**16. Congressional Districts Of:**

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<td>* b. Program/Project</td>
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Attach an additional list of Program/Project Congressional Districts if needed.

### 17. Proposed Project:

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### 18. Estimated Funding ($):

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<td>* c. State</td>
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<td>* d. Local</td>
<td>0.00</td>
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<td>* e. Other</td>
<td>0.00</td>
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<td>* f. Program Income</td>
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Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received:
   - Complied by Grants.gov upon submission.
   - STATE CLEARING HOUSE
   - RECEIVED
   - MAY 6, 2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. State Use Only:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Occidental County Sanitation District

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-0005339

   c. Organizational DUNS: 979355263

   d. Address:

      Street: 404 Aviation Boulevard
      City: Sonoma
      County: California
      State: California
      Province: USA
      Country: United States
      Zip / Postal Code: 95403-9073

   e. Organizational Unit:

      Department Name:
      Division Name:

f. Names and contact Information of person to be contacted on matters involving this application:

   Prefix: Re.
   First Name: Lynne
   Middle Name:
   Last Name: Rosselli
   Suffix:
   Title:

Organizational Affiliation:

   Telephone Number: 707-524-3771
   Fax Number: 707-524-3787
   Email: Lynne.Rosselli@ocwma.ca.gov
Application for Federal Assistance SF-424

0. Type of Applicant 1: Select Applicant Type:
   [ ]: Special District Government

Type of Applicant 2: Select Applicant Type:

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

10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

12. Funding Opportunity Number:
   R14AS00020
   * Title:
   WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
   Occidental Reclaimed Water Project

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

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

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

17. Proposed Project:
   * a. Start Date: 09/01/2014  
   * b. End Date: 03/30/2016

18. Estimated Funding (0):
   * a. Federal  150,000.00  
   * b. Applicant  150,000.00  
   * c. State  0.00  
   * d. Local  0.00  
   * e. Other  0.00  
   * f. Program Income  0.00  
   * g. TOTAL  300,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014  
   
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   
   c. Program is not covered by E.O. 12372.

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

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

Middle Name:  

Last Name:  Davis  

Suffix:  

Title:  General Manager  

Telephone Number:  107-547-1911  
Fax Number:  107-544-3197  

Email:  grant.davis@waste.ca.gov  

Signature of Authorized Representative:  

Date Signed:  

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

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

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

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

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

4. Applicant Identifier: 
   - State Clearing House

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

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

8. Applicant Information:
   - Legal Name: Sonoma County Water Agency
   - Employer/Taxpayer Identification Number (EIN/TIN): 846000539
   - Organization/UNS: 074662503

9. Address:
   - Street1: 404 Aviation Boulevard
   - City: Santa Rosa
   - State: CA
   - Zip / Postal Code: 95403-9073
   - Country: USA

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

11. Name and contact information of person to be contacted on matters involving this application:
    - Prefix: 
    - First Name: Lynne
    - Middle Name: 
    - Last Name: Rosselli
    - Suffix: 
    - Title: 
    - Organizational Affiliation: 
    - Telephone Number: 707-524-3771
    - Fax Number: 707-524-3787
    - Email: Lynne.Rosselli@acwa.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFOA Title:

* 12. Funding Opportunity Number:
   B1AN000030

* Title:
   WaterSMART: Title XVI Feasibility Studies for Fiscal Year 2014

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   North Bay Water Reuse Program: Phase II Feasibility Study

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

**Version 02**

**10. Congressional District Of:**
- *a. Applicant:* CA-002  
- *b. Program/Project:* CA-002

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

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

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

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<th>b. Applicant</th>
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<td>c. State</td>
<td>1,224,872.00</td>
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<td>d. Local</td>
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<td>e. Other</td>
<td>2,449,750.00</td>
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<tr>
<td>f. Program Income</td>
<td></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 05/06/2014.
- □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- □ c. Program is not covered by E.O. 12372.

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

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

**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>Profile:</th>
<th>Mr.</th>
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<tbody>
<tr>
<td>First Name:</td>
<td>Grant</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Davis</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
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<tr>
<td>Title:</td>
<td>General Manager</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>707-647-1911</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>707-524-3787</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:grant.davis@econ.ca.gov">grant.davis@econ.ca.gov</a></td>
</tr>
</tbody>
</table>

**Signature of Authorized Representative:**

**Date Signed:**

Authorized for Local Reproduction:

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

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

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

*If Revision, select appropriate letter(s):

*3. Date Received:

*4. Application Identifier:

5a. Federal Entity Identifier:
   - FTA Recipient No. 1647

*5b. Federal Award Identifier:
   - CA-90-Z069

State Use Only:

6. Date Received by State:

7. State Application Identifier:
   - RECEIVED

8. APPLICANT INFORMATION:

   a. Legal Name: City of Culver City

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 95-60000701

   c. Organizational DUNS:
      - 063833651

   d. Address:
      - Culver City Transportation Department
      - 4343 Duquesne Avenue
      - Culver City
      - CA
      - USA
      - Zip/Postal Code: 90232

   e. Organizational Unit:
      - Transportation Department
      - Administration/Finance

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - Middle Name: 
      - Last Name: Leonard
      - Title: Sr. Management Analyst
      - Telephone Number: 310-253-6523
      - Email: jane.leonard@culvercity.org

   - Fax Number: 310-253-6513

**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:*

FTA

11. Catalog of Federal Domestic Assistance Number:

N/A

CFDA Title:

*12. Funding Opportunity Number:*

*Title: FTA Section 5307 Capital Funds - FFY13 and FFY14 Formula Allocations*

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

Title:

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

Cities of Culver City and the western area of Los Angeles, Los Angeles County, California.

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

Preventative Maintenance Activities for FY15 (July 1, 2014 - June 30, 2015); CNG Station Compressor Replacement Project; Certificates of Participation (COPs) for 2015 (19th year of a 20-year financial agreement for the purchase of the Culver City Transportation Facility)

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

**16. Congressional Districts Of:** Culver City, West Los Angeles, Marina Del Rey, Inglewood, El Segundo

*a. Applicant: CA-037 b. Program/Project: CA-037; CA-033; CA-043*

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

**17. Proposed Project:**

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

**18. Estimated Funding ($)**

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<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
<td>$5,372,500.00</td>
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**19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372

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

- [x] Yes  
- [ ] No

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

- [x] I AGREE

**Authorized Representative:**

Prefix: Mr.  
First Name: Art

MIddle Name: Ida

Last Name: Ida

Suffix:  

Title: Transportation Director

Telephone Number: 310-253-6545  
Email: art.ida@culvercity.org

Signature of Authorized Representative: (Signature)  
Date Signed: 05/06/2014
**Application for Federal Assistance SF-424**

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<td>a. Legal Name:</td>
<td>South Coast Air Quality Management District</td>
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<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
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<td>c. Organizational DUNS:</td>
<td>025986159</td>
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<tr>
<td>d. Address:</td>
<td>21865 Copley Dr.</td>
</tr>
<tr>
<td>City:</td>
<td>Diamond Bar</td>
</tr>
<tr>
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<td>Department Name:</td>
<td></td>
</tr>
<tr>
<td>Project Director e-mail:</td>
<td><a href="mailto:jlow@aqmd.gov">jlow@aqmd.gov</a></td>
</tr>
<tr>
<td>Division Name:</td>
<td>Science &amp; Technology Advancement</td>
</tr>
<tr>
<td>e. Name and contact information of person to be contacted on matters involving this application:</td>
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<tr>
<td>First Name:</td>
<td>Mary</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Leonard</td>
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<tr>
<td>Title:</td>
<td>Financial Analyst</td>
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<td>Organizational Affiliation:</td>
<td>South Coast Air Quality Management District</td>
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<tr>
<td>Telephone Number:</td>
<td>909-396-2780</td>
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<td>Fax Number:</td>
<td>909-396-2765</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:mleonard@aqmd.gov">mleonard@aqmd.gov</a></td>
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</table>
Application for Federal Assistance SF-424

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

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

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

*Other (specify):  Special District

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

11. Catalog of Federal Domestic Assistance Number:  66.034

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

*12. Funding Opportunity Number:  

*Title:  

13. Competition Identification Number:  

Title:  

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

*15. Descriptive Title of Applicant’s Project:  S103 Research Grant: National Air Toxics Trends Station (NATTS) Monitoring

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

16. Congressional Districts Of:

*a. Applicant: 42  
b. Program/Project: 24-49

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

17. Proposed Project:

*a. Start Date: July 1, 2014  
b. End Date: June 30, 2015

18. Estimated Funding ($):

*a. Federal:  
*b. Applicant: $360,000.00  
c. State:  
d. Local:  
e. Other:  
f. Program Income:  
g. TOTAL: $360,000.00

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

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/14/14  
☐ 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  ☑ No

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

☑ **I AGREE

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

**Authorized Representative:**

Prefix:  
*First Name: Barry

Middle Name: R.

*Last Name: Wallerstein

Suffix: D. Env.

*Title: Executive Officer

*Telephone Number: 909-396-2100  
Fax Number: 909-396-3340

*Email: bwallerstein@aqmd.gov

*Signature of Authorized Representative:  
Date Signed: 5/16/2017

**APPROVED AS TO FORM**

KURT W. WEBER, GENERAL COUNSEL

**By:**  
Date: 5/16/2017
**Application for Federal Assistance SF-424**

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<td>Application</td>
<td>Continuation</td>
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<td>Revision</td>
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**State Use Only:**

5a. Federal Entity Identifier: R9 Tracking #08-368

5b. Federal Award Identifier: STATE CLEARING HOUSE

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**8. APPLICANT INFORMATION:**

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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<tr>
<td>68-0281381</td>
<td>949010870</td>
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<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>8800 Cal Center Drive</td>
</tr>
<tr>
<td>Street2:</td>
</tr>
<tr>
<td>City: Sacramento</td>
</tr>
<tr>
<td>County: Sacramento</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>* Country: USA; UNITED STATES</td>
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<tr>
<td>Zip / Postal Code: 95826</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tbody>
<tr>
<td>Department Name:</td>
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<tr>
<td>Department of Toxic Substances Control</td>
</tr>
<tr>
<td>Division Name:</td>
</tr>
<tr>
<td>Brownfields and Environmental Restoration Program</td>
</tr>
</tbody>
</table>

| f. Name and contact information of person to be contacted on matters involving this application: |
| Prefix:               |
| Ms.                   |
|                       |
| * First Name:         |
| Jessie                |
|                       |
| Middle Name:          |
|                       |
| * Last Name:          |
| Ugalde                |
|                       |
| Suffix:               |
|                       |
| Title:                |
| Associate Governmental Program Analyst                |
|                       |
| Organization Affiliation:                             |
| Grants Administration and Planning, Brownfields and Environmental       |

<p>| * Telephone Number:         |
| (916) 255-3897              |
|                         |
| * Fax Number:              |
| (916) 255-6445             |
|                         |
| * Email:                   |
| <a href="mailto:jugalde@dsc.ca.gov">jugalde@dsc.ca.gov</a>         |
|                         |</p>
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<td>State Government</td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<tr>
<td><strong>Other (specify):</strong></td>
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<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
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<td>United States Environmental Protection Agency - Region 9</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>66.802</td>
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<td><strong>CFDA Title:</strong></td>
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<td>SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>California - Statewide</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>Multi-Site Cooperative Agreement (MSCA)</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding ($):
   * a. Federal $350,000
   * b. Applicant 0
   * c. State 0
   * d. Local 0
   * e. Other 0
   * f. Program Income 0
   * g. TOTAL $350,000

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 05/08/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

* Title: Deputy Director, Brownfields Environmental and Restoration Program

* Telephone Number: (916) 324-3148  Fax Number: (916) 323-3500

* Email: bblack@dsc.ca.gov

* Signature of Authorized Representative: [Signature]  * Date Signed: May 6, 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)
   - RECEIVED

3. Date Received:

4. Applicant Identifier:
   - May 06, 2014
   - Dept. of Food and Agriculture

5a. Federal Entity Identifier:
   - 14-8506-1732-CA

5b. Federal Award Identifier:

6. Date Received by State:
   - April 7, 2014

7. State Application Identifier:
   - 13-0540-FR

8. APPLICANT INFORMATION:
   - a. Legal Name: State of California

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

   - c. Organizational DUNS:
     - 807487665

   - d. Address:
     - 1220 N Street, Room 315
     - Sacramento
     - California
     - USA: UNITED STATES
     - Zip / Postal Code: 95814

   - e. Organizational Unit:
     - California Department of Food and Agriculture
     - Plant Health & Pest Prevention Services

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

Organization Affiliation:
   - California Department of Food and Agriculture

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

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

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

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

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

* Other (specify):

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

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

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

**12. Funding Opportunity Number:**

* Title:

**13. Competition Identification Number:**

Title:

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

**15. Descriptive Title of Applicant's Project:**
Biological Control of the Cereal Leaf Beetle in California

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

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

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

### 17. Proposed Project:
- **a. Start Date:** 6/1/2014
- **b. End Date:** 5/31/2014

### 18. Estimated Funding ($):
- **a. Federal:** 27,013
- **b. Applicant:** 27,013
- **c. State:** 27,013
- **d. Local:**
- **e. Other:**
- **f. Program Income:**
- **g. TOTAL:** 27,013

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on May 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.) Applicant Federal Debt Delinquency Explanation
- ☑ Yes
- ☐ No

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

☑ **I AGREE

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

### Authorized Representative:
- **Prefix:**
- **First Name:** Crystal
- **Middle Name:**
- **Last Name:** Myers
- **Suffix:**

- **Title:** Manager, Federal Funds Management Office
- **Telephone Number:** (916) 657-3231
- **Fax Number:**
- **Email:** crystal.myers@ctfis.ca.gov

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

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

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

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

* 4. Applicant Identifier:
   - [ ]

5a. Federal Entity Identifier:
   - [ ]

5b. Federal Award Identifier:
   - [ ]

6. Date Received by State:
   - [ ]

7. State Application Identifier:
   - [G1498076]

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 FTH STREET]
     - City:
     - [SACRAMENTO]
     - County:
     - [ ]
     - State:
     - [CA: California]
     - Province:
     - [ ]
     - Country:
     - [USA: UNITED STATES]
     - Zip / Postal Code:
     - [95811-7011]

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

   f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix:
     - [ ]
     - First Name:
     - [BRIAN]
     - Middle Name:
     - [ ]
     - Last Name:
     - [SALAZAR]
     - Suffix:
     - [ ]
     - Title:
     - [GRANT ADMINISTRATOR]
     - Organizational Affiliation:
     - [ ]
     - Telephone Number:
     - [916-323-6201]
     - Fax Number:
     - [916-327-6320]
     - Email:
     - [BRIAN.SALAZAR@WILDLIFE.CA.GOV]
# Application for Federal Assistance SF-424

**Version 02**

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<tr>
<td>TRICOLORED BLACKBIRD: COLONY PROTECTION, MONITORING &amp; RESEARCH</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-003
   * b. Program/Project: ALL

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

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

18. Estimated Funding ($):

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<td>* b. Applicant</td>
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<td>* c. State</td>
<td>75,250.00</td>
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<td>* d. Local</td>
<td>0.00</td>
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<td>* e. Other</td>
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<td>* f. Program Income</td>
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<td>* g. TOTAL</td>
<td>217,857.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 05/07/2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

X ** I AGREE

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

Authorized Representative:

Prefix:  
* First Name: LISA

Middle Name:  
* Last Name: BAYS

Suffix:  

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 516-445-3761  
Fax Number: 916-527-0062

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

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

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

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

3. Date Received: 05/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. State, Federal Award Identifier:

State Use Only:
6. Date Received by State:
7. State Application Identifier: G1458059

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1697387

   c. Organizational DUNS: 80422258000

9. Address:

   - Street: 1331 9TH STREET
   - City: SACRAMENTO
   - County:
   - State: CA
   - Province: USA
   - Country: UNITED STATES
   - Zip/Postal Code: 95811-7011

10. Organizational Unit:

    Department Name: FISH AND WILDLIFE
    Division Name: GRANTS MANAGEMENT BRANCH

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

    Prefix: 
    First Name: JASON
    Middle Name: 
    Last Name: WILLIAMS
    Suffix: 
    Title: GRANT ADMINISTRATOR
    Organization: 
    Telephone Number: 916-327-0962
    Fax Number: 916-327-6320
    Email: JASON.WILLIAMS@WILDLIFE.CA.GOV

**RECEIVED**
MAY 07 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

**Version 02**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

12. **Funding Opportunity Number:**
    - F14AS00059

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

13. **Competition Identification Number:**

    **Title:**

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

15. **Descriptive Title of Applicant's Project:**
    - WILDLIFE HABITAT INVENTORIES AND RESEARCH - BLACK BEAR POPULATION ASSESSMENT

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424
Version 02

16. Congressional Districts Of:
   * a. Applicant CA-05
   b. Program/Project CA-ALL

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

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

18. Estimated Funding ($):
   * a. Federal 239,473.00
   * b. Applicant 0.00
   * c. State 79,824.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 319,297.00

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 03/24/2014.
   □ 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  × No  **Explanation: URL**

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 23, 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: SAY
Suffix:  
* Title: STAFF SERVICES MANAGER I
* Telephone Number: 914-445-3701
* Fax Number: 914-327-6320
* Email: LISA.SAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative: LISA SAYS  * Date Signed: 03/24/2014

Authorized for Local Reproduction

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

Version 02

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

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

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

4. Applicant Identifier:  
   - [RECEIVED]

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

6. Date Received by State:  

7. State Application Identifier:  

8. APPLICANT INFORMATION:

   a. Legal Name:  
      - STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):  
      - 94-1897967

   c. Organizational DUNS:  
      - 808323580000

   d. Address:  
      - 1631 9TH STREET
        - SACRAMENTO
        - CA: California

   e. State:  
      - CA: California

   f. Zip / Postal Code:  
      - 95811-7011

   g. Organizational Unit:  
      - FISH AND WILDLIFE

   h. Division Name:  
      - GRANTS MANAGEMENT BRANCH

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

      Prefix:  
      - 

      * First Name:  
      - BRIAN

      Middle Name:  
      - 

      Last Name:  
      - SALAZAR

      Suffix:  

      Title:  
      - GRANT ADMINISTRATOR

      Organizational Affiliation:  

      Telephone Number:  
      - 916-323-6201

      Fax Number:  
      - 916-327-6320

      * Email:  
      - BRIAN.SALAZAR@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   Fish and Wildlife Service

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

* 12. Funding Opportunity Number:
   14AS00127
   *Title:
   R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
   
   Title:
   
14. Areas Affected by Project (Cities, Counties, States, etc.):
   SANTA BARBARA, VENTURA, LOS ANGELES, ORANGE, SAN DIEGO WITH THE EXCEPTION OF CHANNEL ISLANDS

* 15. Descriptive Title of Applicant's Project:
   SOUTH COAST REGION SPECIES AND NATURAL COMMUNITIES MONITORING AND ASSESSMENT PROJECT

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

**Version 02**

#### 18. Congressional Districts Of:

- **a. Applicant**: CA-005  
- **b. Program/Project**: CA-all

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

#### 17. Proposed Project:

- **a. Start Date**: 01/01/2014  
- **b. End Date**: 06/30/2017

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

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<tr>
<th>Item</th>
<th>Amount</th>
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<td>Federal</td>
<td>479,685.00</td>
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<td>Applicant</td>
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<td>State</td>
<td>253,394.00</td>
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<td>TOTAL</td>
<td>737,982.00</td>
</tr>
</tbody>
</table>

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on **05/05/2014**.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] Yes  
- [x] No

21. "By signing this application, I certify that the statements contained in the list of certifications and assurances are true, complete and accurate to the best of my knowledge. I also provide the required 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 internal site where you may obtain this list, is contained in the announcement or agency specific instructions.

#### Authorized Representative:

- **Prefix**:  
- **First Name**: LISA  
- **Middle Name**:  
- **Last Name**: BAYS  
- **Suffix**:  
- **Title**: STAFF SERVICES MANAGER  
- **Telephone Number**: 916-445-3701  
- **Fax Number**: 916-327-0062  
- **Email**: LISA.BAYS@WILDLIFE.CA.GOV

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

Version 02

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

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

* If Revision, select appropriate letter(s):

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE OF CALIFORNIA

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

* c. Organizational DUNS:

94-1697567

803223580000

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

STATE OF CALIFORNIA

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

94-1697567

c. Organizational DUNS:

803223580000

d. Address:

1331 9TH STREET

SACRAMENTO

CA: California

USA: UNITED STATES

Zip / Postal Code: 95811-7011

e. Organizational Unit:

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

Prefix:

Middle Name:

* Last Name: MARCELLANA

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: FETE.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:
    - PL48800033
    - Title: Project (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

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

15. Descriptive Title of Applicant's Project:
    - NORTHERN REGION ANADROMOUS SPORTFISH MANAGEMENT AND RESEARCH: CA COASTAL MONITORING PROGRAM COORDINATION AND IMPLEMENTATION.

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

Version 02

18. Congressional Districts Of:

* 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 ($):

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<th>a. Federal</th>
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<td>e. Other</td>
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<td>$0.00</td>
</tr>
<tr>
<td>g. TOTAL</td>
<td>$194,021.00</td>
</tr>
</tbody>
</table>

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

☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/07/2014.
☐ 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: BAYS
Suffix:  
* Title: 5SMI

* Telephone Number: 516-445-3701  Fax Number:  
* Email: BAYS.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  Prescribed by OMB Circular A-162
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Burney Water District

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

94-6000140

* c. Organizational DUNS:

099537391

d. Address:

- Street 1: 20222 Hudson Street

- City: Burney

- County/Parish: 

- State: CA

- Province: 

- Country: USA: UNITED STATES

- Zip / Postal Code: 96013

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: William

- Middle Name: M.

- * Last Name: Rodriguez

- Suffix: 

- Title: District Manager

- Organizational Affiliation: 

- * Telephone Number: (530) 335-3582

- Fax Number: 

- * Email: burneywd@yahoo.com
**Application for Federal Assistance SF-424**

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

   **G. Special District**

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

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

   * Other (specify):

10. **Name of Federal Agency:**

    **Burney Water District**

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

    **10.760**

    **CFDA Title:**

    **Water and Waste Disposal Loan and Grant Program**

12. **Funding Opportunity Number:**

    * Title:

13. **Competition Identification Number:**

    **Title:**

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

    **Town of Burney**

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

    **Booster Pump Station Improvement Project**
Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding ($):

   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $499,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 05-02-2014 .
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

   Yes ☐ No ☑

   If "Yes", provide explanation and attach.

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

   ☑ ** I AGREE

   ** 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: William
Middle Name: M.
* Last Name: Rodriguez
SUFFIX: 
* Title: District Manager
* Telephone Number: (530) 335-3582 Fax Number: 
* Email: burneywd@yahoo.com
* Signature of Authorized Representative

* Data Signed: 5/2/2014
Application for Federal Assistance SF-424

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

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

*3. Date Received:  ☐ (Completed by Grants.gov upon submission)

*4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. State Use Only:

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):

*c. Organizational DUNS:

*d. Address:

*Street:

Street2:

*City:

County:

*State:  CA: California

Province:

*Country:

*Zip/Postal Code:

*e. Organizational Unit:

Department Name:

Division Name:

FISH AND WILDLIFE  GRANTS MANAGEMENT BRANCH

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

Prefix:

*First Name:  JASON

Middle Name:

*Last Name:  WILLIAMS

Suffix:

Title:  GRANT ADMINISTRATOR

Organizational Affiliation:

*Telephone Number:  916-327-0062  Fax Number:  916-327-6330

*Email:  JASON.WILLIAMS@WILDLIFE.CA.GOV

RECEIVED

MAY 07 2014
STATE CLEARING HOUSE
### Application for Federal Assistance SF-424

**Version 02**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>A: State Government</td>
</tr>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<td>10. Name of Federal Agency:</td>
<td>Fish and Wildlife Service</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.611</td>
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<td>CFDA Title:</td>
<td>Wildlife Restoration and Basic Hunter Education</td>
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<td>* 12. Funding Opportunity Number:</td>
<td>140ASG00056</td>
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<td>* Title:</td>
<td>R8 (CA/WV) Wildlife Restoration Grant Program for State Fish and Game Agencies</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>STATEWIDE</td>
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<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>WILDLIFE INVENTORIES AND RESEARCH: COMPREHENSIVE WETLANDS HABITAT PROGRAM</td>
</tr>
</tbody>
</table>

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

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

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

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

18. Estimated Funding ($):

   * a. Federal 187,325.00
   * b. Applicant 0.00
   * c. State 62,442.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 249,767.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ❌ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/05/2014
   ❌ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ❌ c. Program is not covered by E.O. 12372.

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

First Name: Lisa
Middle Name:
Last Name: Bays
Suffix:
Title: Staff Services Manager I
Telephone Number: 916-445-3701
Fax Number: 916-327-6320
Email: Lisa.Bays@wildlife.ca.gov

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

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

2. Type of Application:
   - [X] New

3. Date Received:

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

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - MAY 07 2014

State Use Only:

6. Date Received by State:
   - May 7, 2014

7. State Application Identifier:
   - 13-0519-FR

8. APPLICANT INFORMATION:

   a. Legal Name:
   - State of California

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

   c. Organizational DUNS:
   - 807487665

   d. Address:
   - 1220 N Street, Room 315
   - Sacramento
   - California
   - USA: UNITED STATES
   - 95814

   e. Organizational Unit:
   - California Department of Food and Agriculture
   - Plant Health & Pest Prevention Services

   f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:
   - Middle Name: K
   - Last Name: Chan
   - Suffix:
   - Title:
   - Organizational Affiliation:
   - California Department of Food and Agriculture
   - Telephone Number: (916) 654-1211
   - Fax Number: (916) 654-0555
   - Email: jason.chan@cdfa.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

   Title:

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

* 15. Descriptive Title of Applicant's Project:
    Medfly - Los Angeles

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

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

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

17. Proposed Project:
   * a. Start Date: 3/12/2014
   * b. End Date: 9/30/2014

18. Estimated Funding ($):
   * a. Federal 1,265,736
   * b. Applicant
   * c. State 1,265,736
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 2,531,472

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on May 7, 2014.
   - □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - □ c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1091)
    - ✓ ** I AGREE
      ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

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

* Title: Manager, Federal Funds Management Office

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

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

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

1. Type of Submission:
   - [ ] Preapplication
   - [x] New
   - [ ] Continuation
   - [ ] Revision

2. Type of Application:
   - [x] New

3. Date Received:
   03/03/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. APPLICANT INFORMATION:

   a. Legal Name: South San Joaquin Irrigation District

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      54-601319

   c. Organizational DUNS:
      0063697120000

   d. Address:
      - Street 1: P.O. Box 747
      - City: Ripon
      - State: CA: California
      - Zip / Postal Code: 95366

   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: Sam
      - Middle Name:  
      - Last Name: Bologna
      - Suffix:  
      - Title:  
      - Organization Affiliation:
      - Telephone Number: 023-249-4617
      - Fax Number:  
      - Email: sbologna@ssjid.com

OMB Number: 0440-0004
Expiration Date: 8/31/2013

Received: MAY 08 2014
STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

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<th><strong>9. Type of Applicant 1: Select Applicant Type:</strong></th>
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<th><strong>Type of Applicant 2: Select Applicant Type:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Type of Applicant 3: Select Applicant Type:</strong></th>
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<th><strong>10. Name of Federal Agency:</strong></th>
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<tbody>
<tr>
<td>Department of the Interior, Bureau of Reclamation</td>
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WATERSMART: DEVELOPMENT OF FEASIBILITY STUDIES UNDER THE TITLE XVI WATER RECLAMATION AND REUSE PROGRAM

<table>
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<th><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></th>
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<tr>
<th><strong>Add Attachment</strong></th>
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<tr>
<th><strong>15. Descriptive Title of Applicant's Project:</strong></th>
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<tbody>
<tr>
<td>Phase 1 Feasibility Assessment of Pocssurized Water Delivery</td>
</tr>
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</table>

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

18. Congressional Districts Of:
   * a. Applicant GA010
   * b. Program/Project CA010

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

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

18. Estimated Funding ($):
   * a. Federal 150,000.00
   * b. Applicant 600,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 750,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014.
   ✔ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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 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 of agency specific instructions.

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: Bologna
SUFFIX: 
* Title: Engineering Manager
* Telephone Number: 209-245-4637
* Fax Number: 
* Email: bbologna@gid.com

* Signature of Authorized Representative: 
* Date Signed: 5/12/14
**Application for Federal Assistance SF-424**

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

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<th>Prefix:</th>
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<tr>
<td></td>
<td>Sam</td>
<td>Bologna</td>
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<table>
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<tr>
<th>* Telephone Number:</th>
<th>* Email:</th>
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<tbody>
<tr>
<td>209-246-4617</td>
<td><a href="mailto:sbologna@ssjid.com">sbologna@ssjid.com</a></td>
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<table>
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<th>Fax Number:</th>
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Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   Department of the Interior, Bureau of Reclamation

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

12. Funding Opportunity Number:
   RL4A5000030

* Title:
   WATERSHARE: DEVELOPMENT OF FEASIBILITY STUDIES UNDER THE TITLE XVI WATER RECLAMATION AND REUSE PROGRAM

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   Phase 1 Feasibility Assessment of Densified Water Delivery

Attach supporting documents as specified in agency instructions.

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

16. Congressional District Of:
   * a. Applicant [CA010]
   * b. Program/Project [CA010]

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

17. Proposed Project:
   * a. Start Date: 01/31/2014
   * b. End Date: 09/01/2016

18. Estimated Funding ($):

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/06/2014.
   ☑ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☑ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation 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 21B, 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: Bologna
Suffix:  

* Title: Engineering Manager

* Telephonic Number: 209-249-4627  
Fax Number:  

* Email: sbologna@agjd.com

* Signature of Authorized Representative: [Signature]

* Date Signed: 5/2/14
**Application for Federal Assistance SF-424**

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<td>5b. Federal Award Identifier</td>
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<td>13-0519-FR</td>
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<td>8. APPLICANT INFORMATION</td>
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<td>a. Legal Name</td>
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<td>b. Employer/Taxpayer Identification Number (EIN/TIN)</td>
<td>68-0325104</td>
</tr>
<tr>
<td>c. Organizational DUNS</td>
<td>807487665</td>
</tr>
<tr>
<td>d. Address</td>
<td>1220 N Street, Room 315</td>
</tr>
<tr>
<td>Street2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Sacramento</td>
</tr>
<tr>
<td>County</td>
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<td>State</td>
<td>California</td>
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<tr>
<td>Zip / Postal Code</td>
<td>95814</td>
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<tr>
<td>e. Organizational Unit</td>
<td>California Department of Food and Agriculture, Plant Health &amp; Pest Prevention Services</td>
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<td>F. Name and contact information of person to be contacted on matters involving this application</td>
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<tr>
<td>Prefix</td>
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</tr>
<tr>
<td>First Name</td>
<td>Jason</td>
</tr>
<tr>
<td>Middle Name</td>
<td>K</td>
</tr>
<tr>
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</tr>
<tr>
<td>Telephone Number</td>
<td>(916) 654-1211</td>
</tr>
<tr>
<td>Fax Number</td>
<td>(916) 654-0555</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   10-025
   CFDA Title:
   Plant and Animal Disease, Pest Control, and Animal Care

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:
   Title:

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

* 15. Descriptive Title of Applicant's Project:
   Medfly - Los Angeles

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

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

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

17. Proposed Project:
   * a. Start Date: 3/12/2014
   * b. End Date: 9/30/2014

18. Estimated Funding ($):
   * a. Federal 1,265,736
   * b. Applicant
   * c. State 1,265,736
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 2,531,472

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on May 7, 2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: __________________________  * First Name: Crystal
Middle Name: _____________________
* Last Name: Myers
Suffic: __________________________
* Title: Manager, Federal Funds Management Office

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

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


Application for Federal Assistance SF-424

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

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

*If Revision, select appropriate letter(s):

*3. Date Received:

4. Application Identifier:

MAY 08 2014

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: The Regents of the University of California, on behalf of its Riverside campus

*b. Employer/Taxpayer Identification Number (EIN/TIN):
95-6006142

*c. Organizational DUNS:
627797426

d. Address:

*Street1: 200 University Office Building
Street 2:

*City: Riverside
County: Riverside
State: CA
Province: 
Country: USA

*Zip/Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Office of Research and Economic Development

Division Name: Sponsored Programs Administration

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

Prefix: Ms.
Middle Name: 
*Last Name: Al Zgoul
Suffix: 

Title: Sr. Contract and Grant Officer

Organizational Affiliation:

*Telephone Number: 951-827-4968
Fax Number: 951-827-4483
*Email: frosina.alzgoul@ucr.edu
**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:  
   - Select One -

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

*Other (specify):*

*10. Name of Federal Agency:  
   Animal and Plant Health Inspection Service*

11. Catalog of Federal Domestic Assistance Number:  
   10.025

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

*12. Funding Opportunity Number: USDA-Grants-042210-001*

*Title:  
   National Clean Plant Network Cooperative Agreement Program*

13. Competition Identification Number:  

   Title:

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

   Worldwide

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

   This project will ensure that high quality citrus propagative material will be produced, maintained, and supplied to scientists and the industry in the USA under the standards of excellence of NCPN.

**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: 05/01/2014
   *b. End Date: 07/31/2014

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

   $45,980.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/08/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372

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

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

   □ **I AGREE

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

   Authorized Representative:
   Prefix: Ms.
   *First Name: Frosina
   Middle Name:
   *Last Name: Al Zgoul
   Suffix:
   *Title: Sr. Contract and Grant Officer
   *Telephone Number: 951-827-4968
   Fax Number: 951-827-4483
   *Email: frosina.alzgoul@ucr.edu
   *Signature of Authorized Representative:

   Date Signed: 05/08/2014
## Application for Federal Assistance SF-424

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<td>* Other (Specify)</td>
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<td>☒ Application</td>
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### 8. APPLICANT INFORMATION:

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<td>Plant Health &amp; Pest Prevention Services</td>
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<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
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<tr>
<td></td>
<td>Jason</td>
<td>K</td>
<td>Chan</td>
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| California Department of Food and Agriculture |

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

15. Descriptive Title of Applicant's Project:
    Implementation of Noxious Weed Biological Control in California

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

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

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

17. Proposed Project:
   * a. Start Date: 7/1/2014
   * b. End Date: 8/30/15

18. Estimated Funding ($) :
   * a. Federal 24,834
   * b. Applicant 0
   * c. State 0
   * d. Local 0
   * e. Other 0
   * f. Program Income 0
   * g. TOTAL 24,834

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on May 8, 2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

   ☑ ** I AGREE

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

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

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
**Application for Federal Assistance SF-424**

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

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

**3. Date Received:**

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

**5a. Federal Entity Identifier:**
14-8130-0337-CA

**5b. Federal Award Identifier:**

**State Use Only:**

6. Date Received by State: April 30, 2014

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

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

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 66-0325104

**c. Organizational DUNS:** 807487665

**d. Address:**

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

**e. Organizational Unit:**

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

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

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

**Organizational Affiliation:**
California Department of Food and Agriculture

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

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

**Email:** jason.chan@cdfa.ca.gov
<table>
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<tr>
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<tr>
<td>9. Type of Applicant 1: Select Applicant Type:</td>
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<tr>
<td>A - State Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<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>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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<td>State of California</td>
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<td>* 15. Descriptive Title of Applicant's Project:</td>
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<td>Augmentation of production of parasitoids of Asian Citrus Psyllid (ACP) at existing California facilities</td>
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<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
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</table>
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 5/1/2014
   * b. End Date: 4/30/2015

18. Estimated Funding ($):
   * a. Federal 46,000
   * b. Applicant 0
   * c. State 0
   * d. Local 0
   * e. Other 0
   * f. Program Income 0
   * g. TOTAL 46,000

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

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

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

Authorized Representative:

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

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative:  
   * Date Signed:  

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
Application for Federal Assistance SF-424

1. Type of Submission:
   □ Preapplication
   □ Application
   □ Change/Correction Application

2. Type of Application:
   ✗ New
   □ Continuation
   □ Revision

3. Date Received:
   [Completed by or/for.gov upon submission]

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Data Received By State:

7. State Application Identifier:

8. Applicant Information:

   a. Legal Name:
      Viejas (Baron Long) Group of Capitan Grande Band of Mission

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      33-0409825

   c. Organizational DUNS:
      1128996420000

   d. Address:
      1 Viejas Grade Road
      Alpine
      CA: California
      USA: UNITED STATES
      91901-1605

   e. Organizational Unit:
      Department Name:
      Viejas Fire Department
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix:
      * First Name:
      Don
      Middle Name:
      * Last Name:
      Butz
      Suffix:
      Title:
      Fire Chief
      Organizational Affiliation:
      Tribal Fire Department
      * Telephone Number:
      619-659-2376
      Fax Number:
      Email:
      dbutz@viejas msm.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*10. Name of Federal Agency:
   Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:
   97.067
   CFDA Title:
   Homeland Security Grant Program

*12. Funding Opportunity Number:
   DHS-14-GF-067-000-02
   *Title:
   Fiscal Year (FY) 2014 Tribal Homeland Security Grant Program (THSGP)

13. Competition Identification Number:
    
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   
   [Attach supporting documents as specified in agency instructions.
   Add Attachment  Delete Attachment  View Attachment]
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: CA-50
   * b. Program/Project: CA-50

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

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

18. Estimated Funding ($):
   * a. Federal: $355,000.00
   * b. Applicant: $55,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: $410,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

   [X] I AGREE

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

Authorized Representative:

Prefix:  
* First Name: Don
Middle Name: 
* Last Name: Butz
Suffix:  
* Title: Fire Chief

* Telephone Number: 619-659-2376  
Fax Number:  
* Email: dbutz@viejas-nsn.gov

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

**Version 02**

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**3. Date Received:**

[ ] Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

RECEIVED
MAY 09 2014
STATE CLEARING HOUSE

**5. Federal Entity Identifier:**

0144500033

**6. State Use Only:**

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

**6. APPLICANT INFORMATION:**

a. Legal Name: [ ] STATE OF CALIFORNIA

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

94-1697567

6. Organizational DUNS:

8003223580850

d. Address:

[ ] **Street:** 1831 5TH STREET

[ ] **City:** SACRAMENTO

[ ] **County:** [ ]

[ ] **State:** CA: California

[ ] **Province:** [ ]

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

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

e. Organizational Unit:

[ ] Department Name:

[ ] Division Name:

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

Prefix: [ ] * First Name: [ ] 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:
    414A000033
    *Title:
    66 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Stockton, San Joaquin County. Congressional Districts 2, 3, 6, 10, and 11.

15. Descriptive Title of Applicant's Project:
    STONEBROOK POPULATION AND SPORT FISHERY ASSESSMENT

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

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

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

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

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

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<td>Local</td>
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<td>Other</td>
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<td><strong>TOTAL</strong></td>
<td><strong>216,824.00</strong></td>
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#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [X] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/09/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and, (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1051)

[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:**
- **Telephone Number:** (516) 445-5701
- **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.
**Application for Federal Assistance SF-424**

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

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

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

**Applicant Identifier:**

**Federal Entity Identifier:**

**Federal Award Identifier:**

**State Use Only:**

**Date Received by State:**

**State Application Identifier:**

**APPLICANT INFORMATION:**

**Legal Name:** STATE OF CALIFORNIA

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

**Organizational DUNS:** 8083223580000

**Address:**
- **Street:** 1831 5TH STREET
- **City:** SACRAMENTO
- **County:**
- **State:** CA: California
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95811-7011

**Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

**Middle Name:**

**Last Name:** MARCELLA

**Suffix:**

**Title:** GRANTS ADMINISTRATOR

**Organizational Affiliation:**

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

**Fax Number:**

**Email:** PEITE.MARCELLA@WILDLIFE.CA.GOV
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<td>A. State Government</td>
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<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<td>* 10. Name of Federal Agency:</td>
<td>Fish and Wildlife Service</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.605</td>
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<tr>
<td>CFDA Title:</td>
<td>Sport Fish Restoration Program</td>
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<td>* 12. Funding Opportunity Number:</td>
<td>FAA9000033</td>
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<tr>
<td>* Title:</td>
<td>R6 (CA/SW) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<tr>
<td>13. Competition Identification Number:</td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>Redding</td>
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<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
<td>GEOPHAGIC INFORMATION SYSTEM DATA LAYER PRODUCTION TO SUPPORT COASTAL SALMONID MONITORING PROGRAM</td>
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</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant: CA-005
   * b. Program/Project: CA-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 (S):
   * a. Federal: 37,320.00
   * b. Applicant: 0.00
   * c. State: 12,440.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 49,760.00

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 05/09/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
   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: 
* Telephone Number: 916-445-3702
Fax Number: 
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

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

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

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

3. Date Received: 05/03/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Applicant Information:

   - a. Legal Name: STATE OF CALIFORNIA

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

   - c. Organizational DUNS:
     80832358000

   - d. Address:
     - 1331 9TH STREET
     - SACRAMENTO
     - CA: California
     - USA: UNITED STATES
     - Zip / Postal Code: 95811-7011

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

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

   - Telephone Number: 916-323-6201
   - Fax Number: 916-327-6320
   - Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424
Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
    Fish and Wildlife Service

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

12. Funding Opportunity Number:
    F14AS00127
    * Title:
    R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies

13. Composition Identification Number:

    Title:

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

*13. Descriptive Title of Applicant's Project:
    DISEASE AND CONTAMINANTS IN SENSITIVE RAPTOR SPECIES & SENTINELS

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: ALL

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

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

18. Estimated Funding ($):

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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 05/09/2014.
   □ 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 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: LISA
Middle Name:               
* Last Name: BAYS
Suffix:                    
* Title: STAFF SERVICES MANAGER I
* Telephone Number: 916-445-3701  Fax Number: 916-327-0062
* Email: LISA.BAYS@WILDLIFE.CA.GOV
* Signature of Authorized Representative: Lisa Bays  * Date Signed: 05/09/2014

Authorized for Local Reproduction

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

Version 02

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

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   [ ] FL4A000033

5c. State Use Only:

6. Date Received by State:

7. State Application Identifier:
   [ ] 61498014

8. APPLICANT INFORMATION:

   * a. Legal Name: STATE OF CALIFORNIA

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

   * c. Organizational DUNS:
     [ ] 8083223580000

   d. Address:

      * Street:
        [ ] 1331 9TH STREET

      * City:
        [ ] SACRAMENTO

      * County:

      * State:
        [ ] CA: California

      * Province:

      * Country:
        [ ] USA: UNITED STATES

      * Zip / Postal Code:
        [ ] 95811-7011

   e. Organizational Unit:

      Department Name:

      Division Name:

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

      Prefix:

      * First Name:
        [ ] STEVE

      Middle Name:

      * Last Name:
        [ ] WONG

      Suffix:

      Title:
        Grant Administrator

      Organizational Affiliation:

      [ ] Telephone Number:
        [ ] 916-445-3694

      Fax Number:
        [ ] 916-327-6320

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

## 8. Type of Applicant 1: Select Applicant Type:

- State Government

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

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

* Other (specify): 

## 10. Name of Federal Agency:

Fish and Wildlife Service

## 11. Catalog of Federal Domestic Assistance Number:

15.605

## CFDA Title:

Sport Fish Restoration Program

## 12. Funding Opportunity Number:

P14AS00033

## Title:

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

## 13. Competition Identification Number:

Title:

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

Statewide

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

**MANAGEMENT OF MARINE SPORT FISH: OCEAN RESOURCES ENHANCEMENT AND HATCHERY PROGRAM**

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-ALL**

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

**17. Proposed Project:**

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

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

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on  **05/09/2014**
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [x] Yes  
- [ ] No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications and 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:  **BBM**
- Telephone Number:  **916-645-3701**
- Fax Number:  **916-527-6320**
- Email:  **lisa.bays@wildlife.ca.gov**

- Signature of Authorized Representative:  
- Date Signed:  

Authorized for Local Reproduction  

Standard Form 424 (Rev 10/2005)  
Prescribed by OMB Circular A-102
<table>
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<td>A: State Government</td>
<td>Fish and Wildlife Service</td>
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<th>* 12. Funding Opportunity Number:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tr>
<td>Statewide</td>
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<table>
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<tr>
<th>* 15. Descriptive Title of Applicant's Project:</th>
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<tbody>
<tr>
<td>California Halibut and Surfperch Species of Recreational Importance</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-ALL

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

17. Proposed Project:
   a. Start Date: 07/01/2014
   b. End Date: 08/30/2015

18. Estimated Funding ($):
   a. Federal: 214,188.00
   b. Applicant: 0.00
   c. State: 71,356.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 285,594.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State Under the Executive Order 12372 Process for review on 05/08/2014.
   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.)
   a. Yes
   b. No

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

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

Authorized Representative:

Prefix: ____________________________  First Name: LISA
Middle Name: _________________________
Last Name: BAYS
Suffix: ____________________________
Title: SSNW

Telephone Number: 916-445-3701  Fax Number: 916-327-6320
Email: lisa.bays@wildlife.ca.gov

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

Type of Application:

☑ Preapplication
☐ Application
☐ Changed/Corrected Application

If Revision, select appropriate letter(s):

☐ New
☐ Continuation
☐ Other (Specify)

* 3. Date Received:

4. Applicant Identifier:

* S. Federal Entity Identifier:

* B. Federal Award Identifier:

State Use Only:

5. Date Received by State:

7. State Application Identifier:

II. APPLICANT INFORMATION:

a. Legal Name:

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

* c. Organizational DUNS:

II. Address:

Street 1:

PO Box 284

City:

Calaveras

County/Parish:

State:

USA: United States

Province:

Country:

Zip Code:

III. Organizational Unit:

Department Name:

Valley Springs Public Utility District

Division Name:

N/A

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

Prefix:

Mr.

* First Name:

Middle Name:

Last Name:

Suffix:

PE

Title:

District Engineer

Organizational Affiliation:

Weber, Ghiel & Associates

Telephone Number:

Fax Number:

(209) 754-1092

Email:

weber@ghiel.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   - Special District
   - Government
   - Type of Applicant 2 - Select Applicant Type:
   - Type of Applicant 3 - Select Applicant Type:
   - * Other (specify):

10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:
    - 10.760
    - CFDA Title:
    - Water & Waste Disposal Loan and Grant Program

12. Funding Opportunity Number:

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

14. Areas Affected by Project (Cities, Counties, States, etc.):
    - Valley Springs, Calaveras County

15. Descriptive Title of Applicant's Project:
    - Wastewater Treatment Plant Expansion

Additional information:
- Attach supporting documents as specified in agency instructions,
- Add attachment
- Delete attachment
- View attachment
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   a. Start Date: 5/12/14
   b. End Date: 8/31/14

18. Estimated Funding ($):

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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 5/12/14
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provide explanation)
   ○ 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 civil, or administrative penalties. (U.S. Code, Title 21, Section 1691)

   ** 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: Mike
Middle Name: 
Last Name: Fischer
Suffix: 

Title: District Manager
Telephone Number: (209) 792-2650
Fax Number: 

Email: vspudmanagers@abcglobal.net

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

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<tr>
<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
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<td>Changed/Corrected Application</td>
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**May 19, 2014**

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**8. APPLICANT INFORMATION:**

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<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></th>
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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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<tbody>
<tr>
<td>Prefix: Mr. * First Name: James * Middle Name: H. * Last Name: Wegley * Suffix:</td>
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<table>
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<tr>
<th><strong>Title:</strong></th>
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<tr>
<td>Consulting Civil Engineer</td>
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<thead>
<tr>
<th><strong>Telephone Number:</strong></th>
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<tbody>
<tr>
<td>(559) 732-7938</td>
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<table>
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<tr>
<th><strong>Fax Number:</strong></th>
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<tbody>
<tr>
<td>(559) 732-7937</td>
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<tr>
<th><strong>Email:</strong></th>
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<tbody>
<tr>
<td><a href="mailto:kelweg1@aol.com">kelweg1@aol.com</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

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

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:

10.763

CFDA Title:

* 12. Funding Opportunity Number:

10.763

* Title:

Emergency and Imminent Community Water Assistance Grant

13. Competition Identification Number:

Title:

Emergency Community Water Assistance Grant

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

* 15. Descriptive Title of Applicant's Project:
Install and outfit (use existing pump) a replacement well to offset water capacity loss in existing wells due to falling groundwater table.

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

16. Congressional Districts Of:
* a. Applicant: 21
* b. Program/Project: 21

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

17. Proposed Project:
* a. Start Date: 09/01/2021
* b. End Date: 09/30/2022

18. Estimated Funding ($):

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

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

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

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

☐ Yes ☑ No

If "Yes," provide explanation and attach.

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

[ ] I AGREE

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

Authorized Representative:

Prefix: Ms.  * First Name: Jodoby
Middle Name: 
Last Name: Righter
Suffix: 

Title: Board Member

*Telephone Number: (555) 591-5914 Fax Number: (559) 591-0976
* Email: Jodoby.Righter@lapnl.gov

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

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

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

* 3. Date Received:

* 4. Applicant Identifier:

Sa. Federal Entity Identifier: ____________________________
Sb. Federal Award Identifier: ____________________________

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: OFFICE OF EMERGENCY SERVICES (Cal OES)

* b. Employer/Taxpayer Identification Number (EIN/TIN): 680276801

* c. Organizational DUNS: 9474361760000

d. Address:

   Street1: 3650 Schriever Avenue
   Street2: ____________________________
   City: Mather
   County: Placer
   State: CA: California
   Province: ____________________________
   Country: USA: UNITED STATES
   Zip / Postal Code: 95655-6203

e. Organizational Unit:

   Department Name: ____________________________
   Division Name: ____________________________

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

   Prefix: Mr.
   * First Name: Rose
   Middle Name: ____________________________
   Last Name: Nguyen
   Suffix: ____________________________
   Title: Division Chief
   Organizational Affiliation: ____________________________

   * Telephone Number: (916) 845-8646
   Fax Number: ____________________________

   * Email: Rose.Nguyen@caloes.ca.gov
**Application for Federal Assistance SF-424**

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

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

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

   - Other (specify):

4. **Name of Federal Agency:**
   - Department of Homeland Security - FEMA

5. **Catalog of Federal Domestic Assistance Number:**
   - 97.067

6. **CFDA Title:**
   - Homeland Security Grant Program

7. **Funding Opportunity Number:**
   - DHS-14-GPD-067-000-01

   - **Title:**
     - FY 2014 Homeland Security Grant Program (NSGP)

8. **Competition Identification Number:**
   - [ ]

   - **Title:**

9. **Areas Affected by Project (Cities, Counties, States, etc.):**
   - [ ]

   - **Descriptive Title of Applicant's Project:**
     - Fiscal Year (FY) 2014 Homeland Security Grant Program (NSGP)

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

16. Congressional Districts Of:
   * a. Applicant: CA-003
   * b. Program/Project: CA-424

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

17. Proposed Project:
   * a. Start Date: 09/01/2014
   * b. End Date: 08/31/2016

18. Estimated Funding ($):

   * a. Federal: 194,232,760.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 194,232,760.00

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 05/12/2014.
   ☐ 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 in attachment.)
   ☐ Yes  X No
   If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix:  Mr.  First Name: Mark
Middle Name: 
Last Name: Ghilarducci
Suffix: 
Title: Director
Telephone Number: (916) 845-8506  Fax Number: 
Email: Mark.Ghilarducci@osloes.ca.gov

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

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

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

3. Date Received: 09/12/2014

4. Applicant Identifier: JegsonUCH

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: The Regents of the University of California

   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494

   c. Organizational DUNS: 5043919250000

   d. Address:
      - Street: 1111 Franklin Street, 10th Floor
      - City: Oakland
      - State: CA: California
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 94607-5200

   e. Organizational Unit:
      - Department Name: Water Resources
      - Division Name: Agriculture and Natural Resources

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Dr.
      - First Name: Doug
      - Last Name: Parker
      - Suffix: Ph.D
      - Title: Director, CA Institute of Water Resources
      - Telephone Number: 510-984-0036
      - Email: doug.parker@ucop.edu
      - Fax Number: 

Application for Federal Assistance SF-424

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

10. Name of Federal Agency:
    - U.S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:
    - 15.808

12. Funding Opportunity Number:
    - Q14AS00001

13. Competition Identification Number:
    - Q14AS00001

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

15. Descriptive Title of Applicant’s Project:
    - Lake-Pair Synchronicity as an Indicator of Permafrost Change in Arctic Regions

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

16. Congressional Districts Of:
   * a. Applicant CA-013
   * b. Program/Project CA-016

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

17. Proposed Project:
   * a. Start Date: 05/01/2014
   * b. End Date: 07/31/2014

18. Estimated Funding ($):
   * a. Federal 37,745.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 37,745.00

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 05/12/2014
   □ 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 in attachment.)
   □ Yes  X No
   If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix: XXX
* First Name: Kendra
Middle Name: 
* Last Name: Rose
Suffic: 

* Title: Contracts and Grants Analyst
* Telephone Number: 530-750-1276
* Email: krose@ucancr.edu

* Signature of Authorized Representative: Kendra Rose  * Date Signed: 05/12/2014
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:

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

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

6. APPLICANT INFORMATION:

   a. Legal Name: California Emergency Management Agency

   b. Employer/Taxpayer Identification Number (EIN/TIN): 680279881

   c. Organizational DUNS: 9474361760000

   d. Address:
      - Street: 3650 Schriever Avenue
      - City: Mather
      - State: CA: California
      - Zip/Postal Code: 95655-4203

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - First Name: Kris
      - Last Name: Whitty
      - Title: Branch Chief
      - Telephone Number: (916) 843-0291
      - Email: Kris.Whitty@calema.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:**

Department of Homeland Security - FEMA

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

97.008

CFDA Title:

Non-Profit Security Program

**12. Funding Opportunity Number:**

DHS-13-G2D-008-000-01

**Title:**

Fiscal Year (FY) 2013 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

**13. Competition Identification Number:**

Title:

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

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

California - FY 2013 Nonprofit Security Grant Program

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

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

17. Proposed Project:
* b. Start Date: 02/01/2013
   * b. End Date: 08/31/2013

18. Estimated Funding ($):

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<tr>
<td>e. Other</td>
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<tr>
<td>f. Program Income</td>
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<td>b. TOTAL</td>
<td>9,340,800.00</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
- [x] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [] c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: Mr.
* First Name: Mark
Middle Name: 
* Last Name: Ghilarducci
Suffix: 

* Title: Secretary

* Telephone Number: (916) 845-0506
* Email: Mark.Ghilarducci@salma.ca.gov

Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.
**SF 424**

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

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

<table>
<thead>
<tr>
<th>Date Submitted 05/10/2014</th>
<th>Applicant Identifier</th>
<th>Type of Submission</th>
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<td>Date Received by HUD</td>
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<td></td>
<td>Non Construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non Construction</td>
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</tbody>
</table>

**Applicant Information**

- Jurisdiction: City of Oceanside, CA
- OJG Code: CA62532 OCEANSIDE
- 300 North Coast Highway
- Nevada Street Annex
- Oceanside, California
- 92054-2824 Country U.S.A.
- Employer Identification Number (EIN): 95-1608570
- Applicant Type: County: San Diego
- Local Government: City

**Program Funding**

- Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s): Areas Affected by Project(s) (cities, counties, localities etc.): Estimated Funding
- Community Development Block Grant: 14,218 Entitlement Grant B-14-MC-06-0547
- CDBG Project Titles Administration and planning, public services, neighborhood revitalization, Section 108 loan payments, housing rehabilitation, code enforcement and capital improvement projects to increase services or improve environmental conditions in low- and moderate-income neighborhoods.
- Description of Areas Affected by CDBG Project(s): City of Oceanside and areas in the city identified as low- and moderate-income neighborhoods and neighborhood revitalization strategy areas.
- $CDBG Grant Amount $1,200,645
- Additional HUD Grant(s) Leverage
- Additional Federal Funds Leverage
- Locally Leveraged Funds Local for homeless programs $30,000
- Anticipated Program Income $53,242 repayment loan
- Total Funds Leveraged for CDBG-based Project(s) $83,242

**Home Investment Partnerships Program**

- HOME Project Titles: Development of housing for low- and very-low income families
- HOME Grant Amount $432,059
- Additional HUD Grant(s) Leverage
- Additional Federal Funds Leverage
- Locally Leveraged Funds $368,367 - Inclusionary Housing Fees, $80,800 Mortgage Revenue Bonds

**Grantee Funds Leverage**

- Additional State Funds Leverage CalHOME Grant Application in process for FY 2014
- CalHFA Grant Application in process for FY 2014-15
- Other (Describe)
### Housing Opportunities for People with AIDS

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<th>Description of Areas Affected by HOPWA Project(s)</th>
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<th>Details</th>
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<th>Additional Federal Funds Leveraged</th>
<th>Additional State Funds Leveraged</th>
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<tr>
<th>Locally Leveraged Funds</th>
<th>Grantee Funds Leveraged</th>
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<table>
<thead>
<tr>
<th>Anticipated Program Income</th>
<th>Other (Describe)</th>
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| Total Funds Leveraged for HOPWA-based Project(s) | |
|--------------------------------------------------||
|                                                 | |

### Emergency Shelter Grants Program

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<th>Grant Amount</th>
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<th>Additional Federal Funds Leveraged</th>
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<tr>
<th>Anticipated Program Income</th>
<th>Other (Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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| Total Funds Leveraged for ESG-based Project(s) | |
|------------------------------------------------||
|                                                | |

### Congressional Districts of

<table>
<thead>
<tr>
<th>Applicant District(s)</th>
<th>Project District(s)</th>
<th>Is application subject to review by state Executive Order 12372 Process?</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>49</td>
<td>X Yes</td>
</tr>
</tbody>
</table>

- **Yes**
- **No**
- **N/A**

**Note:** If the applicant is delinquent on any federal debt? If "Yes" please include an additional document explaining the situation.

### Person to be contacted regarding this application

**First Name:** Cecilia  
**Middle Initial:** A.  
**Last Name:** Barandiaran

**Title:** Management Analyst  
**Phone:** 760-435-3385  
**Fax:** 760-435-6385

**eMail:** cb@oceanside.ca.us  
**Grantee Website:** www.ci.oceanside.ca.us

**Signature of Authorized Representative:**  
**Date Signed:** 6-9-14

**Steven R. Jepsen, City Manager, City of Oceanside**
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: 03/24/2014

4. Applicant Identifier: MAY 12, 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier: STATE CLEARING HOUSE

FL14AF00364

State Use Only:

6. Date Received by State:

7. State Application Identifier: 61498059

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

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

94-1697567

* c. Organizational DUNS:

6083223560000

d. Address:

* Street: 1631 9TH STREET

Street2:

* City: SACRAMENTO

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip/Postal Code: 95811-7011

e. Organizational Unit:

Department Name: FISH AND WILDLIFE

Division Name: GRANT MANAGEMENT BRANCH

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

Prefix:

* First Name: JARRON Lisa

Middle Name:

* Last Name: Bays

Suffix:

Title: GRANT ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-327-6320 646-3701

Fax Number: 916-327-6320

* Email: JARRON.BAYES@WILDLIFE.CA.GOV

Tracking Number: GRANT1612843

Funding Opportunity Number: FL14AF00058 Received Date: 2014-03-24T16:37:19-04:00
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify): 

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

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

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

**12. Funding Opportunity Number:**
- F14AS00058

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

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- WILDLIFE HABITAT INVENTORIES AND RESEARCH - BLACK BEAR POPULATION ASSESSMENT (N-73-R)

Attach supporting documents as specified in agency instructions.

| Add Attachments | Delete Attachments | View Attachments |

---

Tracking Number: GRANT1161243

Funding Opportunity Number: F14AS00058

Received Date: 2014-03-24T16:37:19-04:00
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

16. Estimated Funding ($):
   *a. Federal: 239,473.00
   *b. Applicant: 0.00
   *c. State: 79,824.00
   *d. Local: 0.00
   *e. Other: 0.00
   *f. Program Income: 0.00
   *g. TOTAL: 319,297.00

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 03/24/2014.
   ☐ 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
   ☒ 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: DAYS
Suffix: 

* Title: STAFF SERVICES MANAGER I

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

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

* Signature of Authorized Representative: LISA DAYS
   * Date Signed: 03/24/2014
Application for Federal Assistance SF-424

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

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

3. Date Received: 06/12/2014

4. Applicant Identifier: RECEIVED
   - [ ] May 12, 2014

5. Federal Entity Identifier:

6. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Office of Emergency Services (Cal OES)

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      650278801

   c. Organizational DUNS:
      9471361760000

   d. Address:
      - Street: 3850 Schriever Avenue
      - City: Norther
      - County/Parish: 
      - State: CA: California
      - Province: 
      - Country: USA: United States
      - Zip / Postal Code: 92555-4203

   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: Rose
      - Middle Name: 
      - Last Name: Nguyen
      - Suffix: 
      - Title: Division Chief

Organizational Affiliation:

   * Telephone Number: (916) 843-8846
   - Fax Number: 
   - Email: Rose.H.Nguyen@caloes.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:
   Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:
   97.008

CFDA Title:
   Non-Profit Security Program

* 12. Funding Opportunity Number:
   DMS-14-GFD-008-000-01

* Title:
   FY 2014 Urban Areas Security Initiative (UASI) Nonprofit Security Grant Program (NSGP)

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   California - FY 2014 Nonprofit Security Grant Program

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

**16. Congressional Districts Of:**

* a. Applicant: CA-003  
* b. Program/Project: CA-all

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

**17. Proposed Project:**

* a. Start Date: 09/01/2014  
* b. End Date: 08/31/2018

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a. Federal</td>
<td>7,100,300.00</td>
</tr>
<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<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>
</tr>
<tr>
<td>g. TOTAL</td>
<td>7,100,300.00</td>
</tr>
</tbody>
</table>

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2014.
- [ ] 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 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 218, Section 1001)

- [x] I AGREE

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

### Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td>Mark</td>
<td>Ghilarducci</td>
<td>Director</td>
</tr>
</tbody>
</table>

**Telephone Number:** 916-855-6306  
**Fax Number:**

**Email:** mark.ghilarducci@caloes.co.gov

**Signature of Authorized Representative:** Rose Nguyen  
**Date Signed:** 05/12/2014
Application for Federal Assistance SF-424

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

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   - a. Legal Name: Valley Springs Public Utility District
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 55-1234567
   - c. Organizational DUNS: 123456789
   - d. Address:
     - Street 1: 150 Sequoia Ave
     - Street 2: PO Box 284
     - City: Valley Springs
     - County/Parish: Calaveras
     - State: CA
     - Province: USA
     - Country: UNITED STATES
     - Zip / Postal Code: 95257
   - e. Organizational Unit:
     - Department Name: Valley Springs Public Utility District
     - Division Name: N/A
   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Mr.
     - * First Name: Dave
     - Middle Name: 
     - * Last Name: Johnson
     - Suffix: PE
     - Title: District Engineer
   - Organizational Affiliation:
     - Weber, Ghio & Associates
     - * Telephone Number: (209) 754-824
     - Fax Number: (209) 754-1092
     - * Email: d.ghio@weinco.net

RECEIVED
MAY 13 2014
STATE CLEARING HOUSE
Application for Federal Assistance SF-424

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

Type of Applicant 2 - Select Applicant Type:

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

10. Name of Federal Agency:
   USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:
   10.760
   CPDA Title:
   Water & Waste Disposal Loan and Grant Program

* 12. Funding Opportunity Number:
   [Field blank]
   * Title:

13. Competition Identification Number:
   N/A
   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Valley Springs, Calaveras County

* 15. Descriptive Title of Applicant's Project:
   [Field blank]

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

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

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

17. Proposed Project:
* a. Start Date: 06-01-2016
* b. End Date: 06-01-2017

18. Estimated Funding ($):

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

$2,800,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
☐ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/12/14.
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

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

☐ Yes ☐ No

If "Yes", provide explanation and attach.

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

☐ **I AGREE**

** 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: Mike
* Last Name: Fischer
Suffix: 

* Title: District Manager

*Telephone Number: (209) 772-2650
Fax Number: 

* Email: wspudmanager@sbcglobal.net

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.
The SF 424 is part of the CPMP Annual Action Plan. SF 424 form fields are included in this document. Grantee information is linked from the 1CPMP.xls document of the CPMP tool.

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

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<tr>
<th>Date Submitted</th>
<th>Applicant Identifier: B-14-UC-06-0501; M-14-DC-06-0534; S14-UC-06-0501</th>
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<td>Application</td>
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<tr>
<td>Date Received by HUD</td>
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<td>□ Construction</td>
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<tr>
<td></td>
<td></td>
<td>□ Non Construction</td>
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</table>

**Applicant Information**

Jurisdiction: County of San Diego  
Street Address Line 1: 3989 Ruffin Rd.  
Street Address Line 2:  
City: San Diego  
ZIP: 92123-1815  
Employer Identification Number (EIN): 95-6000934

**Program Funding**

Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding

<table>
<thead>
<tr>
<th>Community Development Block Grant</th>
<th>14.218 Entitlement Grant</th>
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<tr>
<td>CDBG Project Titles: CDBG entitlement may be used for housing acquisition, development, rehabilitation, public improvements, services, economic development, and planning to improve the living environment of lower income families</td>
<td>Description of Areas Affected by CDBG Project(s): The Urban County that includes the Unincorporated areas and cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway, and Solana Beach</td>
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<td>$3,592,522 CDBG Grant Amount</td>
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<td>$Locally Leveraged Funds</td>
<td>$Grantee Funds Leveraged</td>
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<tr>
<td>$250,000 Anticipated Program Income</td>
<td>Other (Describe)</td>
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<td>Total Funds Leveraged for CDBG-based Project(s)</td>
<td>$3,842,522</td>
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</table>

**HOME Project Partnerships Program**

HOME Project Titles: HOME Investment Partnership funds may be used for a variety of housing programs including, but not limited to, acquisition, rehabilitation, new construction, rental assistance, and homebuyer assistance.

| $2,318,559 HOME Grant Amount | $Additional HUD Grant(s) Leveraged |
| Description of Areas Affected by HOME Project(s): Urban County and cities of Carlsbad, Encinitas, La Mesa, San Marcos, Santee, and Vista. | Describe |

**Version 2.0**
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<th>Housing Opportunities for People with AIDS</th>
<th>14.241 HOPWA</th>
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<td>HOPWA Project Titles</td>
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<td>$Additional HUD Grant(s) Leverage Describe</td>
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<td>$Additional Federal Funds Leveraged</td>
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<td>$300,000 Anticipated Program Income</td>
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<th>Emergency Solutions Grants Program</th>
<th>14.231 ESG</th>
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<td>ESG Project Titles: ESG funding may be used for renovation of structures for emergency shelters, operating expenses of homeless shelters, provision of essential services to the homeless and/or homeless prevention.</td>
<td>Description of Areas Affected by ESG Project(s): Urban County including the unincorporated area and the cities of Coronado, Del Mar, Imperial Beach, Lemon Grove, Powski, and Solana Beach.</td>
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<tr>
<td>$285,432 ESG Grant Amount</td>
<td>$Additional HUD Grant(s) Leverage Describe</td>
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<td>$Locally Leveraged Funds</td>
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<td>Total Funds Leveraged for ESG-based Project(s)</td>
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<th>Is application subject to review by state Executive Order 12372 Process?</th>
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<tr>
<td>Applicant Districts: 49, 50, 51, 52, and 53</td>
<td>□ Yes □ No</td>
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<tr>
<td>Project Districts: 49, 50, 51, 52, and 53</td>
<td>□ Yes This application was made available to the state EO 12372 process for review on 5/15/13 □ No Program is not covered by EO 12372 □ N/A Program has not been selected by the state for review</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Person to be contacted regarding this application</th>
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</thead>
<tbody>
<tr>
<td>First Name: Luisa</td>
</tr>
<tr>
<td>Middle Initial: A.</td>
</tr>
<tr>
<td>Last Name: Tumini</td>
</tr>
<tr>
<td>Title: Housing Program Analyst</td>
</tr>
<tr>
<td>Phone: (858) 694-4810</td>
</tr>
<tr>
<td>Fax: (858) 514-6532</td>
</tr>
<tr>
<td>eMail: <a href="mailto:luisa.tumini@sdcoutry.ca.gov">luisa.tumini@sdcoutry.ca.gov</a></td>
</tr>
<tr>
<td>Grantee Website: <a href="http://www.sdccc.org">www.sdccc.org</a></td>
</tr>
<tr>
<td>Other Contact: April Torbet - (858) 694-4824</td>
</tr>
<tr>
<td>Signature of Authorized Representative:</td>
</tr>
<tr>
<td>Date Signed: 04/28/2014</td>
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</table>

TODD HENDERSON, Director, County of San Diego, Department of Housing and Community Development

SF 424 Page 2 Version 2.0
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:  

* 4. Applicant Identifier:  
   B-14-06-06-0507

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  
   MAY 14 2014

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  
   STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:  
   County of Ventura

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

* c. Organizational DUNS:  
   0666911220000

d. Address:

* Street1:  
   Hall of Administration

* Street2:  
   800 S. Victoria Avenue, L#1940

* City:  
   Ventura

* County/Parish:  
   Ventura

* State:  
   CA: California

* Province:  

* Country:  
   USA: UNITED STATES

* Zip / Postal Code:  
   93009-0001

e. Organizational Unit:

Department Name:  
   County Executive Office

Division Name:  
   Regional Development Division

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

Prefix:  
   Ms.

* First Name:  
   Christy

Middle Name:  

* Last Name:  
   Madden

Suffix:  

Title:  
   Deputy Executive Officer

Organizational Affiliation:  

* Telephone Number:  
   805-654-2679

Fax Number:  
   805-654-5105

* Email:  
   Christy.Madden@ventura.org
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:
U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
14.218

CFDA Title:
Community Development Block Grants/Entitlement Grants

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:
Ventura County FY 2014-15 Annual Plan-Community Development Block Grant Program, benefiting the
cities of Fillmore, Moorpark, Ojai, Santa Paula, and Port Hueneme, and the County unincorporated
areas.

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

16. Congressional Districts Of:
   * a. Applicant 23624
   * b. Program/Project 23624

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

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

18. Estimated Funding ($):
   * a. Federal 1,531,833.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 1,531,833.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2014
   - [ ] 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 in attachment.)
   - [ ] Yes
   - [X] No

If “Yes”, provide explanation and attach

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

   ** I AGREE

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

Authorized Representative:

Prefix: Mr.   * First Name: Michael
Middle Name: 
* Last Name: Powers
Suffix: 

* Title: County Executive Officer

* Telephone Number: 805-654-2681   Fax Number: 805-654-5106

* Email: Michael.Powers@ventura.org

* Signature of Authorized Representative: [Signature]   * Date Signed: 5/6/14
Application for Federal Assistance SF-424

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

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

*If Revision, select appropriate letter(s):

*3. Date Received:

*4. Application Identifier:
CA-90-Z190

5a. Federal Entity Identifier:
7178

5b. Federal Award Identifier:

STATE CLEARING HOUSE

MAY 14 2014

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Marin County Transit District

* b. Employer/Taxpayer Identification Number (EIN/TIN):
38-3835348

* c. Organizational DUNS:
828720842

d. Address:
*Street: 711 Grand Ave, Suite 110
*City: San Rafael
*State: CA
*Zip/Postal Code: 94901

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

*Middle Name:

*Last Name:

Suffix:

Title: Director of Finance and Capital Programs

Organizational Affiliation:

*Telephone Number: 415-226-0861

Fax Number:

*Email: lgradia@marintransit.org
**Application for Federal Assistance SF-424**

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

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

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

*Other (specify):*

**10. Name of Federal Agency:**  
   Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:  
   20.507

CFDA Title:  
   Federal Transit Formula Grants

**12. Funding Opportunity Number:**  
   FTA Section 5307

*Title: Urbanized Area Formula Program (5307)*

13. Competition Identification Number:

Title:

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

Marin County, CA

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

FY2014 Section 5307 funding from UZA - San Francisco-Oakland. The application is for $3,804,970 in federal funding covering 80% of costs for the following projects: $2,235,772 for the replacement of four (4) 30ft diesel transit vehicles, $891,338 for the replacement of 13 paratransit vehicles, $877,860 in FY2014 ADA set aside funding for paratransit operations.

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

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

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

17. Proposed Project: Replacement Paratransit Vehicles (three)
   *a. Start Date: 6/1/2014
   *b. End Date: 6/1/2015

18. Estimated Funding ($):
   *a. Federal: $3,804,970.00
   *b. Applicant
   *c. State: $928,528.00
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL: $4,733,498.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   √ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/14/2014
   □ 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:

*First Name: Barbara

Middle Name:

*Last Name: Duffy

Suffix:

*Title: Interim General Manager

*Telephone Number: 415-226-0855
Fax Number: 415-226-0856

*Email: bduffy@marintransit.org

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

**Version 02**

<table>
<thead>
<tr>
<th>*1. Type of Submission</th>
<th>*2. Type of Application</th>
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<tr>
<td>☐ Changed/Corrected Application</td>
<td>☐ Continuation</td>
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**State Use Only:**

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**8. APPLICANT INFORMATION:**

<table>
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<tr>
<th>a. Legal Name:</th>
<th>Marin County Transit District</th>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<td>38-3835348</td>
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<tr>
<th>d. Address:</th>
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<tbody>
<tr>
<td>Street 1: 711 Grand Ave, Suite 110</td>
</tr>
<tr>
<td>Street 2:</td>
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<td>Title:</td>
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**Organizational Affiliation:**

<table>
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<tr>
<th>*Telephone Number:</th>
<th>415-226-0861</th>
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<tbody>
<tr>
<td>*Email:</td>
<td><a href="mailto:lgradia@marintransit.org">lgradia@marintransit.org</a></td>
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**Application for Federal Assistance SF-424**

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<td>Marin County, CA</td>
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<td>*15. Descriptive Title of Applicant’s Project:</td>
<td>$195,897 in FTA Section 5307 funding. $244,871 for 3 replacement paratransit vehicles and strategies to increase security at paratransit yard.</td>
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</table>

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

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

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

17. Proposed Project: Replacement Paratransit Vehicles (three)
   *a. Start Date: 6/1/2014
   *b. End Date: 6/1/2015

18. Estimated Funding ($) :
   *a. Federal  $195,897.00
   *b. Applicant
   *c. State  $48,974.00
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL  $244,871.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   □ a. This application was made available to the State under the Executive Order 12372 Process for review on 3/28/14
   □ 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:  *First Name: Barbara
   Middle Name:
   *Last Name: Duffy
   Suffix:  *Title: Interim General Manager

   *Telephone Number: 415-226-0855  Fax Number: 415-226-0856
   *Email: bduffy@marintransit.org
   *Signature of Authorized Representative:  [Signature]
   Date Signed: 3/28/14
Application for Federal Assistance SF-424

Version 02

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

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

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

4. Applicant Identifier:
   San Diego County Water Authority

5a. Federal Entity Identifier:
   U.S. Bureau of Reclamation

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: San Diego County Water Authority

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-6002767

   c. Organizational DUNS:
      084241033

   d. Address:
      4677 Overland Avenue
      San Diego
      San Diego
      CA: California
      USA: UNITED STATES
      Zip / Postal Code: 92123

   e. Organizational Unit:
      Water Resources Department
      Facilities Planning

   f. Name and contact Information of person to be contacted on matters involving this application:
      Prefix: Mr.
      * First Name: Steve
      Middle Name:
      * Last Name: Simon
      Suffix:
      Title: Engineer P.E.
      Organizational Affiliation:

      * Telephone Number: 858-522-6766
      Fax Number: 858-268-7881
      * Email: asimon@sdcwa.org
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

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

**11. Catalog of Federal Domestic Assistance Number:**
- 15.506

**CFDA Title:**
- Water Desalination Research and Development Program

**12. Funding Opportunity Number:**
- R14AS00036

**Title:**
- Desalination and Water Purification Research and Development Program (DWPR)

**13. Competition Identification Number:**
- R14AS00036

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Pilot Testing Program for the Proposed Camp Pendleton Seawater Desalination Project

Attach supporting documents as specified in agency instructions.

[Add Attachments] [Delete Attachments] [View Attachments]
**Application for Federal Assistance SF-424**  
*Version 02*

16. Congressional Districts Of:

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<th>b. Program/Project</th>
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<td>CA-052</td>
<td>CA-049</td>
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Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

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<td>11/03/2014</td>
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18. Estimated Funding ($):

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/2014.
- [ ] 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
- [x] No

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

**I AGREE**

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

**Authorized Representative:**

- **Prefix:** Mr.
- **First Name:** Ken
- **Middle Name:**
- **Last Name:** Weinberg
- **Suffix:**
- **Title:** Director of Water Resources
- **Telephone Number:** 858-522-6741
- **Fax Number:**
- **Email:** kweinberg@sdwca.org
- **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
   - Other (Specify)

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
[RECEIVED]

6. Data Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

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

   c. Organizational DUNS:
     8083223580000

   d. Address:
      1931 5TH STREET
      SACRAMENTO
      CH: California
      USA: UNITED STATES
      Zip / Postal Code: 95811-7011

   e. Organizational Unit:
      Department Name: Division Name:

   f. Name and contact information of person to be contacted on matters involving this application:
      Prefix: * First Name: PETER
      Middle Name: 
      Last Name: MARCELLANA
      Suffix: 
      Title: GRANTS ADMINISTRATOR
      Organizational Affiliation:
      * Telephone Number: 516-445-4658
      Fax Number: 
      * Email: PETER.MARCELLANA@WILDLIFE.CA.GOV
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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>FL4AS00033</td>
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<td>*Title:</td>
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<tr>
<td>88 (CA/NV) Sport Fish Restoration Grant Program for State Fish and Game Agencies</td>
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<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<td>Title:</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>Shasta, Tehama, Siskiyou, Lassen, Modoc and Trinity Counties.</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<tr>
<td>INLAND SPORTFISH RESOURCE ASSESSMENT AND MANAGEMENT (NORTHERN REGION)</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

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

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

   196,651.00
   0.00
   65,551.00
   0.00
   0.00
   0.00
   262,204.00

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 05/13/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

# Application for Federal Assistance SF-424

**Version 02**

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**State Use Only:**

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## B. APPLICANT INFORMATION:

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### f. Name and Contact Information of Person to be Contacted on Matters Involving This Application:

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<tr>
<td></td>
<td>PETE</td>
<td></td>
<td>MARCELLANA</td>
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<tr>
<th>* Telephone Number:</th>
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<tr>
<td>215-645-4658</td>
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<th>* Email:</th>
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<tr>
<td><a href="mailto:PETE.MARCELLANA@WILDLIFE.CA.GOV">PETE.MARCELLANA@WILDLIFE.CA.GOV</a></td>
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</tbody>
</table>
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   15.605

CFDA Title:
   Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   F14AB00033

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

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   ANADROMOUS SPORTFISH RESOURCE AND MANAGEMENT: HABITAT UTILIZATION AND SURVIVAL OF JUVENILE
   SALMONIDS IN KIANATH RIVER TRIBUTARIES

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424
Version 02

16. Congressional Districts Of:
   * a. Applicant CA-005
   * b. Program/Project CA-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
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 05/14/2014.
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   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized for Local Reproduction
Standard Form 424 (Revised 10/2008)
Prescribed by OMB Circular A-102
### Application for Federal Assistance SF-424

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**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th>a. Legal Name:</th>
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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
<th>c. Organizational DUNS:</th>
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<th>Department of Water Resources</th>
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**f. Name and contact information of person to be contacted on matters involving this application:**

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<tr>
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<th>Roberson</th>
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<th>Suffix:</th>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Staff Services Analyst</th>
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<table>
<thead>
<tr>
<th>* Telephone Number:</th>
<th>916 227-4665</th>
</tr>
</thead>
</table>

* Fax Number: 916 227-4550

* Email: kroberso@water.ca.gov
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:
    Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:
    97.041
    CFDA Title:
    National Dam Safety Program

12. Funding Opportunity Number:
    DHS-14-WT-041-000-01
    Title:
    FY14 National Dam Safety Program

13. Competition Identification Number:

Title:

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

16. Descriptive Title of Applicant's Project:
    State Dam Safety Enhancement

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: CA-ALL

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

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

18. Estimated Funding ($):
   a. Federal: 143,144.00
   b. Applicant: 0.00
   c. State: 0.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 143,144.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   x a. This application was made available to the State under the Executive Order 12372 Process for review on 06/14/2014.
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   □ 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 1051)

   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: Kathy
Middle Name: ______________________
Last Name: Roberson
Suffix: __________________________

Title: Staff Services Analyst

Telephone Number: 916 227-4665  Fax Number: 916 227-4550

Email: krobersa@water.ca.gov

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

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

*2. Type of Application  
* If Revision, select appropriate letter(s)

☐ New  
☐ Continuation  
☐ Revision  
*Other (Specify)

3. Date Received:  

4. Applicant Identifier:  
0974-1563

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: Marine BioEnergy, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):  
90-0855774

c. Organizational DUNS:  
967157020

d. Address:  

Street 1:  
4408 Union Avenue

Street 2:  

City:  
La Cañada

County:  
Los Angeles

State:  
CA

Province:  

Country:  
USA

*Zip / Postal Code:  
91011-3138

e. Organizational Unit:  

Department Name:  

Division Name:  

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

Prefix:  
Mrs.  

*First Name:  
Cindy

Middle Name:  

*Last Name:  
Wilcox

Suffix:  

Title:  
President

Organizational Affiliation:

*Telephone Number:  
818-957-2641  
Fax Number:  

*Email:  
cindy.wilcox@charter.net
Application for Federal Assistance SF-424

**8. Type of Applicant 1: Select Applicant Type:**
- R. Small Business

**Type of Applicant 2: Select Applicant Type:**
- H. Public/State Controlled Inst on of Higher Educ

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

- *Other (Specify)*

**10 Name of Federal Agency:**
- U.S. Department of Energy

**11. Catalog of Federal Domestic Assistance Number:**
- 81.087

**CFDA Title:**
- Office of Energy Efficiency and Renewable Energy

**12 Funding Opportunity Number:**
- DE-FOA-0000874

**Title:**
- Bioenergy Technologies Incubator

**13. Competition Identification Number:**

**Title:**

- __________

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

Research will be conducted in California and off the coast of Southern California. If the technology is successful, when implemented at commercial scale, the kelp will be grown in farms in the open ocean as a biomass feedstock. The feedstock will be processed into liquid fuels and will also eventually be used to replace natural gas. The result is that the nation will significantly reduce its use of fossil carbon. The nation may become an energy exporter of carbon neutral fuels.

**15. Descriptive Title of Applicant's Project:**
- Abundant Low-Cost Biomass Feedstock Grown in the Open Ocean
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: CA-028
   *b. Program/Project: CA-028 & CA-052

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

18. Estimated Funding ($):
   *a. Federal
      982,309
   *b. Applicant
      267,699
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
      1,250,000

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/15/2014
   ☐ 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, fiditious, 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:  Mrs.
Middle Name:  
*First Name: Cindy
*Last Name: Wilcox
Suffix:  

*Title: President

*Telephone Number: 818 952-6018, 818 952-0345  Fax Number:

*Email: cindy.wilcox@charter.net

*Signature of Authorized Representative:  

*Date Signed: 05/15/2014

5-12-14
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

   [ ] MAY 15 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: University of Southern California

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     95-1642394

   * c. Organizational DUNS:
     0729333930000

   d. Address:

      * Street1: 3720 S. Flower Street, Suite 325
      * City: Los Angeles
      * County/Parish: Los Angeles
      * State: CA: California
      * Province:
      * Country: USA: UNITED STATES
      * Zip / Postal Code: 90089-0701

   e. Organizational Unit:

      Department Name: Contracts and Grants
      Division Name: Office of Research

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

      Prefix: 
      * First Name: Alice
      Middle Name:
      * Last Name: Young-Singleton
      Suffix:

      Title: Contracts and Grants Officer

      Organizational Affiliation:
      University of Southern California

      * Telephone Number: (213) 821-8235
      Fax Number: (213) 740-6070

      * Email: yougsein@research.usc.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   0: Private Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

10. Name of Federal Agency:
    U. S. Geological Survey

11. Catalog of Federal Domestic Assistance Number:
    15.807
    CFDA Title:
    Earthquake Hazards Reduction Program

12. Funding Opportunity Number:
    G14AS00036
    Title:
    2015 EHP External Research Support

13. Competition Identification Number:
    G14AS00036
    Title:

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

   Add Attachment  Delete Attachment  View Attachments

15. Descriptive Title of Applicant's Project:
    Structural System Identification and Health Monitoring of Buildings for Seismic Alert and Earthquake Early Warning Systems - Wave Method Calibration using ANSS and Chilean Strong Motion Data

   Attach supporting documents as specified in agency instructions.
   Add Attachment  Delete Attachment  View Attachments
**Application for Federal Assistance SF-424**

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<th>3. Date Received:</th>
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<td>Division Name: Plant Health &amp; Pest Prevention Services</td>
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**Organizational Affiliation:**

| California Department of Food and Agriculture |

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

CFDA Title:

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

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

State of California

* 15. Descriptive Title of Applicant's Project:
   - Biological Control of the Cereal Leaf Beetle in California

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

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

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

### 17. Proposed Project:
- **a. Start Date**: 8/1/2014
- **b. End Date**: 5/31/2015

### 18. Estimated Funding ($):
- **a. Federal**: 27,013
- **b. Applicant**: 0
- **c. State**: 0
- **d. Local**: 0
- **e. Other**: 0
- **f. Program Income**: 0
- **g. TOTAL**: 27,013

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- **a. This application was made available to the State under the Executive Order 12372 Process for review on**: May 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.) Applicant Federal Debt Delinquency Explanation
- **Yes**
- **No**

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 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**: Crystal
- **Middle Name**: 
- **Last Name**: Myers
- **Suffix**: 
- **Title**: Manager, Federal Funds Management Office
- **Telephone Number**: (916) 657-3231
- **Fax Number**: 
- **Email**: crystal.myers@cdfa.ca.gov
- **Signature of Authorized Representative**: 
- **Date Signed**: 