Federal Grant Applications

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

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

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

3. Date Received:
   - Completed by State upon submission

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
P14AS00033

6. State Use Only:

8. 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:

   9083223580000

   d. Address:

      1831 9TH STREET
      SACRAMENTO
      CA: California
      USA: UNITED STATES

   e. Zip/Postal Code: 95811-7011

9. Organizational Unit:

   Department Name:
   Division Name:

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

   Prefix:        * First Name: PETS
   Middle Name:   
   * Last Name:  NARCELANA
   Suffix:        

   Title: GRANTS ADMINISTRATOR

   Organizational Affiliation:

   * Telephone Number: 916-445-4658
   Fax Number:

   * Email: PETS.NARCELANA@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:
    FI4A800033

* Title:
    38 (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.):
    San Joaquin River, Stanislaus (10), Tuolumne (4), & Merced (16)

* 15. Descriptive Title of Applicant’s Project:
    SAN JOAQUIN RIVER BASIN WATER TEMPERATURE MONITORING AND ASSESSMENT

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 (B):

   * a. Federal  82,387.00
   * b. Applicant
   * c. State  27,462.00
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  109,849.00

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 05/15/2014
   □ 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  X No

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

   X ** I AGREE

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

Authorized Representative:

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

* Title:  SSMX

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

* Email:  LISA.BAYS@SWILDLIFE.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-102
Application for Federal Assistance SF-424

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

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

* 3. Date Received:
  [ ] Completed by Federal government upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

F14A0500033

State Use Only:

6. Date Received by State:

7. State Application Identifier:

GL149026

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN): 84-1597567

* c. Organizational DUNS: 8083223580000

d. Address:

* Street1: 1831 9TH STREET

Street2:

* City: SACRAMENTO

County: [ ]

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name:

Division Name:

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

* Profit: [ ]

* First Name: PETS

Middle Name:

* Last Name: MARCELLANA

Suffix:

Title: GRANTS ADMINISTRATOR

Organizational Affiliation:

* Telephone Number: 916-445-4658

Fax Number:

* Email: PETS.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:
   FI4AS000033

* 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.):
   Del Norte (2), Humboldt (2), Lassen (1), Mendocino (2), Modoc (1), Shasta (1), Siskiyou (1), Tehama (1) and Trinity (2) counties.

* 15. Descriptive Title of Applicant's Project:
   NORTHERN REGION - STREAM & LAKE IMPROVEMENT, FISH SCREEN, PASSAGE, AND SPORT FISH ENHANCEMENT

Attach supporting document to specified in agency instructions.
Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:
   * a. Applicant  CA-005
   * b. Program/Project  CA-142

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 ($):

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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 05/15/2014.
   - [ ] 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.)
   - [x] Yes
   - [ ] No

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

* Telephone Number: 916-423-3701

Fax Number:  

Email: LISA.BAYS@WILDLIFE.CA.GOV

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

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
   - Other (Specify)

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

4. Applicant Identifier:
   [Signature]

5a. Federal Entity Identifier:
   [Signature]

5b. Federal Award Identifier:
   [Signature]

6. Date Received by State:

7. State Application Identifier:
   [Signature]

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN): 24-1697567

   c. Organizational DUNS: 8083223580000

   d. Address:
      - Street: 1331 5TH STREET
      - City: SACRAMENTO
      - State: CA: California
      - 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
      - Organization:
      - Telephone Number: 916-445-4658
      - Fax Number:
      - Email: PETE.MARCELLANA@WILDLIFE.CA.GOV

RECEIVED
MAY 6 2014
STATE CLEARING HOUSE
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

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:
    F14AS000033

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

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Mendocino (1), Sonoma (1), Napa (5), and Marin (1) Counties.

* 15. Descriptive Title of Applicant's Project:
    NORTHERN CENTRAL COAST WATERSHED RESTORATION PROJECT

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-165

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: 341,106.00
   b. Applicant: 0.00
   c. State: 113,702.00
   d. Local: 0.00
   e. Other: 0.00
   f. Program Income: 0.00
   g. TOTAL: 454,808.00

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 05/15/2014.
   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 [X] No

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

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

Authorized Representative:

Prefix:          * First Name: LISA
Middle Name:    
* Last Name: BAYS
Suffic:         
* Title: SSHI

* Telephone Number: 916-445-3701  Fax Number: 
* Email: LISA.BAYS@FODLIFE.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

Version 02

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

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

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

4. Applicant Identifier:

5. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier: 01498067

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-1657567

   c. Organizational DUNS:
      8093223800000

   d. Address:
      1031 9TH STREET
      SACRAMENTO
      CA: CALIFORNIA
      USA: UNITED STATES
      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: 916-327-6220
      * Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
<td>A: State Government</td>
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<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
<td>Fish and Wildlife Service</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>11.634</td>
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<td><strong>CFDA Title:</strong></td>
<td>State Wildlife Grants</td>
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<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
<td>F14AS001127</td>
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<tr>
<td>* Title:</td>
<td>R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
<td></td>
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<td><strong>Title:</strong></td>
<td></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td>ALL COUNTIES</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>STATE WILDLIFE ACTION PLAN UPDATE PHASE III</td>
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</table>

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: 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 ($):

   | a. Federal       | 360,253.00 |
   | b. Applicant     | 0.00       |
   | c. State         | 120,084.00 |
   | d. Local         | 0.00       |
   | e. Other         | 0.00       |
   | f. Program Income| 0.00       |
   | g. TOTAL         | 480,357.00 |

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 03/15/2014
   - [ ] 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.)
   - [x] Yes
   - [ ] No

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

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

Authorized Representative:

Prefix: 
Middle Name: 
* Last Name: BAYS
Sufix: 
* Title: STAFF SERVICES MANAGER I

* Telephone Number: 516-445-3701         Fax Number: 916-327-0062
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

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
   ✔ Continuation  □ Revision  □ Other (Specify)

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

* 3. Date Received:
   Received: MAY 1-6 2014
   State Clearing House

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier: G1495068

8. APPLICANT INFORMATION:

a. Legal Name: STATE OF CALIFORNIA

b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1657567

c. Organizational DUNS:
   8083223580000

d. Address:
   Street1: 1831 9TH STREET
   Street2: 
   City: SACRAMENTO
   County: 
   State: CA: California
   Province: 
   Country: USA: UNITED STATES
   Zip / Postal Code: 95811-7011

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

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

**Version 02**

<table>
<thead>
<tr>
<th>Question</th>
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<td>9. Type of Applicant 1: Select Applicant Type:</td>
<td>A: State Government</td>
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<tr>
<td>10. Name of Federal Agency:</td>
<td>Fish and Wildlife Service</td>
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<tr>
<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>15.634</td>
</tr>
<tr>
<td>CFDA Title:</td>
<td>State Wildlife Grants</td>
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<tr>
<td>12. Funding Opportunity Number:</td>
<td>F14AS00127</td>
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<tr>
<td>Title:</td>
<td>R8 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<tr>
<td>13. Competition Identification Number:</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>STATEWIDE</td>
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<tr>
<td>15. Descriptive Title of Applicant's Project:</td>
<td>STATE WILDLIFE GRANT COORDINATION</td>
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Attach supporting documents as specified in agency instructions.
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: 06/30/2017

18. Estimated Funding ($):

   * a. Federal 406,833.00
   * b. Applicant 0.00
   * c. State 219,064.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 625,897.00

* 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 05/15/2014.
   □ 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   X No

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

   ** I AGREE

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

Authorized Representative:

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

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701   Fax Number: 916-227-0052

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

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

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<th>☐ Continuation</th>
<th>☐ Preapplication</th>
<th>☐ Revision</th>
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<th>☐ Other (Specify)</th>
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State Use Only:

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

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<th>* a. Legal Name:</th>
<th>State of California</th>
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<th>* b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<tr>
<th>d. Address:</th>
<th>1220 N. Street, Room 341</th>
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<tr>
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e. Organizational Unit:

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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>
<th>Prefix:</th>
<th>Dr.</th>
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<table>
<thead>
<tr>
<th>* First Name:</th>
<th>Dean</th>
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<table>
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<tr>
<th>Middle Name:</th>
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<table>
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<tr>
<th>* Last Name:</th>
<th>Kelch</th>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Senior Plant Taxonomist</th>
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<th>Organizational Affiliation:</th>
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<table>
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<tr>
<th>* Telephone Number:</th>
<th>916-403-6650</th>
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<table>
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<tr>
<th>Fax Number:</th>
<th>916-854-2403</th>
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<tr>
<th>* Email:</th>
<th><a href="mailto:dean.kelch@odfe.ca.gov">dean.kelch@odfe.ca.gov</a></th>
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</table>
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:  

10. Name of Federal Agency:  
    United States Forest Service

11. Catalog of Federal Domestic Assistance Number:  
    10-690

**Cooperative Forestry Assistance**

12. Funding Opportunity Number:

13. Competition Identification Number:  
    Title:  

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

15. Descriptive Title of Applicant's Project:  
    Prioritization and Control of Invasive Plants in the Northern Sierra

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

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

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

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

18. Estimated Funding ($):
   * a. Federal  298,000
   * b. Applicant  
   * c. State  337,575
   * d. Local  
   * e. Other  
   * f. Program Income  
   * g. TOTAL  635,575

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

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

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

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

* Signature of Authorized Representative:  
* Date Signed: 5/16/14
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:
   - 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: 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: youngsin@research.usc.edu
**Application for Federal Assistance SF-424**

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

*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.
Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding ($):
   * a. Federal  74,959.00
   * b. Applicant  0.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  74,959.00

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 05/16/2014.
   ☐  b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐  c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   ☐  Yes  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: Alice
Middle Name:  
* Last Name: Young-Singleton
Suffix:  
* Title: Contracts and Grants Officer
* Telephone Number: (213) 821-8235  Fax Number: (213) 740-6070
* Email: youngsil@research.usc.edu

* 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

<table>
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<th>1. Type of Submission:</th>
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<th>4. Applicant Identifier:</th>
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<td>☐ Changed/Corrected Application</td>
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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 Vista

b. Employer/Taxpayer Identification Number (EIN/TIN): 956000478

c. Organizational DUNS: 078726619

d. Address:

- Street 1: 200 Civic Center Drive
- City: Vista
- County: ___________________________
- State: CA
- Province: ___________________________
- Country: UNITED STATES
- Zip / Postal Code: 92084

e. Organizational Unit:

- Department Name: Redevelopment & Housing
- Division Name: ___________________________

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

- Prefix: Mrs.
- First Name: Kathy
- Middle Name: ___________________________
- Last Name: Valdez
- Suffix: ___________________________
- Title: Program Manager
- Organizational Affiliation: ___________________________

- Telephone Number: (760) 643-2892
- Fax Number: (760) 619-6188
- Email: kvaldez@cityofvista.com
### Application for Federal Assistance SF-424

**Version Q2**

#### 9. Type of Applicant 1 - Select Applicant Type:
- Municipal

#### 10. Name of Federal Agency:
- NGMS Agency
- Housing and Urban Development

#### 11. Catalog of Federal Domestic Assistance Number:
- 14-218

**CFDA Title:**
- Community Development Block Grant

#### 12. Funding Opportunity Number:
- MBL-SF424 FAMILY-ALL FORMS

**Title:**
- MBL-SF424 FAMILY-ALL FORMS

#### 13. Competition Identification Number:

**Title:**

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

- City of Vista

#### 15. Descriptive Title of Applicant's Project:
- Vista Community Development Block Grant Program FY14/15

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

**Version 02**

#### 16. Congressional Districts Of:

- a. Applicant: 49
- b. Program/Project: 49

**[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: $854,222.00
- b. Applicant: 
- c. State: 
- d. Local: 
- e. Other: 
- f. Program Income: 
- g. TOTAL: $854,222.00

**[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: 05-15-2014
- 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  [ ] Explanation

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

[ ] 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: Patrick
- Middle Name: 
- * Last Name: Johnson
- Suffix: 
- Title: City Manager
- * Telephone Number: (760) 639-6131
- Fax Number: (760) 639-6132
- * Email: patrickj@cityofvista.com
- * Signature of Authorized Representative: [Signature]
- Date Signed: 5/14/14

**Authorized for Local Reproduction**

[Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-1 02]
**SF 424**

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

### SF 424

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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<th>Applicant Identifier</th>
<th>Type of Submission</th>
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<td>Application</td>
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<tr>
<td>Date Received by HUD</td>
<td>Federal Identifier</td>
<td>Construction</td>
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**Applicant Information**

- **County of Fresno**: CA69019 FRENO COUNTY
- **Address**: 2220 Tulare Street, 8th Floor
- **City**: Fresno
- **State**: California
- **ZIP**: 93721
- **Employer Identification Number (EIN)**: 94-60000512
- **Applicant Type**: MAY 19, 2011
- **Specify Other Type if necessary**: 
- **Local Government**: Fresno County
- **Program Funding**: STATE CLEARING HOUSE

**Catalogue of Federal Domestic Assistance Numbers**: U.S. Department of Housing and Urban Development

**Community Development Block Grant**

- **Grant Amount**: $3,175,180
- **Anticipated Program Income**: $500,000
- **Type**: 14.218 Entitlement Grant

**CDBG Project Titles**

- General Management, Oversight, and Coordination
- CDBG Housing Program Administration
- Housing Assistance Rehabilitation Program
- City Activities
- Public Facilities and Infrastructure Improvement Projects
- Public Service Programs

**Description of Areas Affected by CDBG Project(s)**

The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma.

**HOME Investment Partnerships Program**

- **Grant Amount**: $920,099
- **Anticipated Program Income**: $500,000
- **Type**: 14.239 HOME

**HOME Project Titles**

- HOME Program Administration
- Homebuyer Assistance
- Affordable Housing Development
- Housing Assistance Rehabilitation Program

**Description of Areas Affected by HOME Project(s)**

The unincorporated area of Fresno County, the cities of Kerman, Kingsburg, Mendota, Reedley, Sanger, and Selma.
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<td><strong>Emergency Solutions Grant Program</strong></td>
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<td>ESG Project Titles</td>
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<td>- Emergency Solutions Grant Administration</td>
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<td>- Emergency Solutions Grant</td>
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| Yes | No | N/A |

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<th>Person to be contacted regarding this application</th>
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<tbody>
<tr>
<td>Gigi Gibbs</td>
</tr>
<tr>
<td>Community Development Manager</td>
</tr>
<tr>
<td>Phone (559) 600-4292</td>
</tr>
<tr>
<td>Fax (559) 800-4573</td>
</tr>
<tr>
<td><a href="http://www.co.fresno.ca.us">www.co.fresno.ca.us</a></td>
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<tr>
<th>Signature of Authorized Representative</th>
<th>Date Signed</th>
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<tr>
<td>Alan Weaver, Director of Public Works &amp; Planning (HOME &amp; CDBG Rep.)</td>
<td>5/12/14</td>
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<th>Judy Lemos, Director, Department of Social Services (ESG Rep.)</th>
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<td>Date</td>
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**Application for Federal Assistance SF-424**

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

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

**3. Date Received:**
05/16/2014

**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:** California FarmLink

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 943392630

**c. Organizational DUNS:** 1744715940000

**d. Address:**
- Street1: 303 Potrero Street
- Suite 29-301
- City: Santa Cruz
- County/Parish:  
- State: CA: California
- Province:  
- Country: USA: UNITED STATES
- Zip / Postal Code: 95060-2759

**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:** Reggie

**Middle Name:**

**Last Name:** Knox

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:**

**Telephone Number:** 831-425-0303

**Fax Number:**

**Email:** reggie@csfarmlink.org
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   N: Nonprofit with 501c3 IRS Status (Other than Institution of Higher Education)
   Type of Applicant 2: Select Applicant Type:
   Type of Applicant 3: Select Applicant Type:
   * Other (specify):

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

   11. Catalog of Federal Domestic Assistance Number:
   CFDA Title:

   * 12. Funding Opportunity Number:
   * Title:
   Rural Business Enterprise Grants

   13. Competition Identification Number:
   Title:

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

   * 15. Descriptive Title of Applicant's Project:
   Grower Financing and Technical Assistance for Drought Response

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

16. **Congressional Districts Of:**
   - a. **Applicant**: 20
   - b. **Program/Project**: 20, 2

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

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

18. **Estimated Funding (8):**
   - a. Federal
   - b. Applicant
   - c. State
   - d. Local
   - e. Other
   - f. Program Income
   - g. TOTAL

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<td>Applicant</td>
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<td>State</td>
<td>0.00</td>
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<tr>
<td>Local</td>
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<td>Program Income</td>
<td>0.00</td>
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<tr>
<td>TOTAL</td>
<td>149,793.00</td>
</tr>
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</table>

19. **Is Application Subject to Review By State Under Executive Order 12372 Process?**
   - a. This application was made available to the State under the Executive Order 12372 Process for review on 05/16/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

   ✗ I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>First Name</td>
<td>Reggie</td>
</tr>
<tr>
<td>Last Name</td>
<td>Knox</td>
</tr>
<tr>
<td>Title</td>
<td>Executive Director</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>831-425-0303</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:reggie@cafarmlink.org">reggie@cafarmlink.org</a></td>
</tr>
</tbody>
</table>

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

**Date Signed**: 05/16/2014
Application for Federal Assistance SF-424

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

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

*3. Date Received:

4. Application Identifier:
CA-95-X263

5a. Federal Entity Identifier:
7178

5b. Federal Award Identifier:
MAY 26, 2014

STATE CLEARING HOUSE

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 1: 711 Grand Ave, Suite 110
Street 2:
*City: San Rafael
County:
*State: CA
Province:
Country:
* 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: Gradia
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**

<table>
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<th>9. Type of Applicant 1: Select Applicant Type:</th>
<th>D. Special District Government</th>
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<th>10. Name of Federal Agency:</th>
<th>Federal Transit Administration</th>
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| 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: | Marin Transit will complete a $258,063 preventative maintenance project for rehabilitation of buses and related equipment. 84% FY2014 STP funds ($216,017) and 16% local sales tax funding. UZA-San Francisco-Oakland. |

*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: Preventative Maintenance component of contract service operation
   *a. Start Date: 02/15/2013
   *b. End Date: 7/30/2015

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

$216,017.00
$42,046.00
$258,063.00

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 5/20/2014
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   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: Barbara
Middle Name: 
*Last Name: Duffy
Suffix: 
*Title: Interim General Manager
*Telephone Number: 415-226-0865
*Email: bduffy@marintransit.org
*Signature of Authorized Representative: [Signature]
Date Signed: 5/20/2014
Application for Federal Assistance SF-424

Version 02

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

*2. Type of Application
   ☑ New
   ☐ Continuation

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

*3. Date Received:

4. Application Identifier:
   CA-90-Z194

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 Santa Monica Municipal Bus Lines

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   95-6000790

* c. Organizational DUNS:
   833665896

d. Address:
   *Street1: 1660 Seventh Street
   *City: Santa Monica
   *State: California
   *Province:
   *Country:
   *Zip/Postal Code: 90401

e. Organizational Unit:
   Department Name:
   Big Blue Bus
   Division Name:
   Transit Finance & Grants

f. Name and contact information of person to be contacted on matters involving this application:
   Prefix: Ms
   First Name: Enny
   Middle Name: Na
   Last Name: Graham
   Suffix:
   Title: Senior Administrative Analyst
   Organizational Affiliation:

*Telephone Number: (310) 458-2296
*Fax Number:
*Email: enny.chung@smgov.net
# Application for Federal Assistance SF-424

## Version 02

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

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

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

**Other (specify):**

### 10. Name of Federal Agency:
- **Federal Transit Administration**

### 11. Catalog of Federal Domestic Assistance Number:
- **20-507**

### CFDA Title:
- **Federal Adminsitration**

### 12. Funding Opportunity Number:

### *Title:*

### 13. Competition Identification Number:

### Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):
- **City of Santa Monica, Culver City, City of Los Angeles, Los Angeles County**

### 15. Descriptive Title of Applicant’s Project:
- **FTA Section 5307 funds**

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

**Version 02**

### 16. Congressional Districts Of:
- Santa Monica, Los Angeles, Culver City, etc.

   - Applicant: 29, 30, 32, 33, 34, 35, 36, 37, 38
   - Program/Project: 29, 30, 32, 33, 34, 35, 36, 37, 38

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

### 17. Proposed Project:
- **Start Date:** 4/30/2014
- **End Date:** 12/30/2016

### 18. Estimated Funding ($) :
- **Federal:** $7,717,233.00
- **Applicant:**
- **State:**
- **Local:** $1,929,308.00
- **Other:**
- **Program Income**
- **TOTAL:** $9,646,541.00

### 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 5/15/2014
- [ ] 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.)
- [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:** Mr
- **First Name:** Rod
- **Middle Name:**
- **Last Name:** Gould
- **Title:** City Manager
- **Telephone Number:** (310) 458-8301
- **Fax Number:** (310) 917-6640
- **Email:** rod.gould@smgov.net
- **Signature of Authorized Representative:** [Signature]
- **Date Signed:** May 9, 2014
Application for Federal Assistance SF-424

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

2. Date Received by State:  
   Completed by Grants.gov upon submission.  
   4. Applicant Identifier:  

5. Federal Entity Identifier:  
   6. Date Received by State:  
   7. State Application Identifier:  

8. APPLICANT INFORMATION:

   a. Legal Name:  

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

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

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

   f. Name and contact information of person to be contacted on matters involving this application:  
   - Prefix:  
   - Middle Name:  
   - Last Name:  
   - Suffix:  
   - Title: CONSULTING CIVIL ENGINEER  
   - Organizational Affiliation: KELLER/WEGLEY CONSULTING ENGINEERS  
   - * Telephone Number:  
   - Fax Number: (559) 732-7937  
   - * Email:  

* RECEIVED  
MAY 20 2014  
STATE CLEARING HOUSE
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   - [ ] Single Special District
   - [ ] Taxing District
   - [ ] County
   - [ ] Other

Type of Applicant 2 - Select Applicant Type:
   - [ ] Single Special District
   - [ ] Taxing District
   - [ ] County
   - [ ] Other

Type of Applicant 3 - Select Applicant Type:
   - [ ] Single Special District
   - [ ] Taxing District
   - [ ] County
   - [ ] Other

* 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:
    EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

* 12. Funding Opportunity Number:

* Title:
    EMERGENCY AND IMMINENT COMMUNITY WATER ASSISTANCE GRANT

13. Competition Identification Number:

Title:

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

16. Descriptive Title of Applicant's Project:

TREATMENT FACILITIES (100% CAPITAL COSTS) FOR PROVISION OF WATER TREATMENT FACILITIES

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: 2014-05-04
   * b. End Date: 2015-05-03

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 04-08-2014.
   - [ ] 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 Debarred or In Debt to Any Federal Agency? If "Yes", provide explanation.
   - [ ] Yes
   - [ ] No

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

   [ ] **I AGREE**

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

Authorized Representative:

Prefix: MR.
Middle Name:
* Last Name: CORDES
* First Name: 
Suffix:
Title: PRESIDENT, BOARD OF DIRECTORS

*Telephone Number: (559) 539-2860 Fax Number: (559) 539-1002

*Email: 

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

Authorized Representative: 

[Signature]
[Date]
Application for Federal Assistance SF-424

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<th>1. Type of Submission</th>
<th>2. Type of Application</th>
<th>3. Date Received</th>
<th>4. Applicant Identifier</th>
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<td>□ New</td>
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<td>FAICMAG WATER SUPPLY</td>
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<td>□ Application</td>
<td>□ Continuation</td>
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<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Federal Entity Identifier:

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

8. APPLICANT INFORMATION:

   a. Legal Name: TERRA BELLA IRRIGATION DISTRICT
   b. Employee/Taxpayer Identification Number (EIN/TIN): 94-6001927
   c. Organizational DUNS: 04-863-3772

9. Address:

   - Street 1: 24790 AVENUE 95
   - City: TERRA BELLA
   - County/Parish: TULARE
   - State: CA
   - Zip / Postal Code: 93223

9. Organizational Unit:

   - Department Name: 
   - Division Name: 

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

    - Prefix: MR.
    - First Name: JAMES
    - Middle Name: Y.
    - Last Name: WEGLEY
    - Suffix: 

    - Title: CONSULTING CIVIL ENGINEER
    - Organizational Affiliation: KELLER/WEGLEY CONSULTING ENGINEERS

    - Telephone Number: (559) 732-7939
    - Fax Number: (559) 732-7937

    - Email: KELWEG1@AOL.COM
**Application for Federal Assistance SF-424**

8. 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 IMMEDIATE COMMUNITY WATER ASSISTANCE GRANT**

13. Competition Identification Number:

Title:

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

[ ] Add Attachments  [ ] Delete Attachments  [ ] View Attachments

* 16. Descriptive Title of Applicant's Project:

**EACWAG WATER SUPPLY: Purchase of 541 acre-feet at a higher drought condition price.**

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 21 & 23
   b. Program/Project 21 & 23

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

Add Attachments  Delete Attachments  View Attachments

17. Proposed Project:
   a. Start Date: 06-05-2014
   b. End Date: 10-01-2014

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

19. Is Application Subject to Review By State Under Executive Order 12372 Proceed?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 04-17-2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach.

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.
   Middle Name: 
   Last Name: Wheaton
   Title: Board President
   Telephone Number: (559) 535-4414
   Fax Number: (559) 535-5168
   Email: mgelvet@cosnet.net

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

   * Date Signed: Compiled 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

*If Revision, select appropriate letter(s):

*3. Date Received: 4. Application Identifier:

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

State Use Only:

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

*8. APPLICANT INFORMATION:

* a. Legal Name: City of Santa Monica Municipal Bus Lines

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790

*c. Organizational DUNS: 833665896

*d. Address:
Street1: 1660 Seventh Street
Street 2:
*City: Torrance
County:
*State: California
Province:
Country:
*Zip/ Postal Code: 90401

e. Organizational Unit:
Department Name:
Big Blue Bus
Division Name:
Transit Finance & Grants

f. Name and contact information of person to be contacted on matters involving this application:
Prefix: Ms.
Middle Name:
*Last Name: Graham
SUFFIX:
Title: Senior Administrative Analyst
Organizational Affiliation:

*Telephone Number: (310) 458-2296
Fax Number:
*Email: enny.chung@smgov.net
# Application for Federal Assistance SF-424

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

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

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

*Other (specify):*

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

**11. Catalog of Federal Domestic Assistance Number:**
- 20-507

**CFDA Title:**
- Federal Transit Administration

**12. Funding Opportunity Number:**

*Title:*

**13. Competition Identification Number:**

*Title:*

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- City of Santa Monica, Culver City, City of Los Angeles, Los Angeles County

**15. Descriptive Title of Applicant's Project:**
- FTA Section 5307 CMAQ Funds

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

16. Congressional Districts Of: Santa Monica, Culver City, Los Angeles, etc.
   *a. Applicant 29, 30, 32, 33, 34, 35, 36, 37, 38   *b. Program/Project: 29, 30, 32, 33, 34, 35, 36, 37, 38
   Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
   *a. Start Date: 4/30/2014   *b. End Date: 6/30/2015

18. Estimated Funding ($):
   *a. Federal $2,159,360.00
   *b. Applicant
   *c. State
   *d. Local $539,840.00
   *e. Other
   *f. Program Income
   *g. TOTAL $2,699,200.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   a. This application was made available to the State under the Executive Order 12372 Process for review on 5/15/2014
   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, 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: Rod
Middle Name:

*Last Name: Gould
Suffix:

*Title: City Manager

*Telephone Number: (310) 458-8301  Fax Number:
*Email: rod.gould@smgov.net

*Signature of Authorized Representative: Date Signed: May 9, 2014
### Application for Federal Assistance SF-424

**Version 02**

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<td>☑ Revision</td>
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<td>7. State Application Identifier:</td>
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| 8. APPLICANT INFORMATION: |

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<th>b. Employer/Taxpayer Identification Number (EIN/TIN):</th>
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<td>95-6360846</td>
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<th>d. Address:</th>
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<tbody>
<tr>
<td>Street 1: 217 N. Encina</td>
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<tr>
<td>Street 2: P.O. Box 230</td>
</tr>
<tr>
<td>City: Visalia</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>State: CA</td>
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<tr>
<td>Province:</td>
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| 8. APPLICANT INFORMATION: |

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| 8. APPLICANT INFORMATION: |

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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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<table>
<thead>
<tr>
<th>Prefix: Mr.</th>
<th>First Name: Ken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Keck</td>
</tr>
<tr>
<td>Suffix:</td>
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<table>
<thead>
<tr>
<th>Title: President</th>
</tr>
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</table>

| Organizational Affiliation: |

<table>
<thead>
<tr>
<th>*Telephone Number: 559-738-0246</th>
<th>Fax Number: 559-738-0607</th>
</tr>
</thead>
<tbody>
<tr>
<td>*(Email: <a href="mailto:ken@citrusresearch.org">ken@citrusresearch.org</a>)</td>
<td></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:  - Select One -

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

*Other (specify):

*10. Name of Federal Agency:
APHIS

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:  No. 14-8130-0336-CA

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant’s Project:
Development of Mass-Rearing Methods for the Parasitoid, Tamarixia radiata.

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

16. Congressional Districts Of:

- **Devin Nunes**
  - *a. Applicant: CA 021*

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

17. Proposed Project:

- *a. Start Date: May 01, 2014*
- *b. End Date: April 30, 2015*

18. Estimated Funding ($):

- *a. Federal: $423,977.00*
- *b. Applicant*
- *c. State*
- *d. Local*
- *e. Other*
- *f. Program Income*
- *g. TOTAL: $423,977.00*

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: Ken*
- Middle Name:
- *Last Name: Keck*
- Suffix:
- *Title: President*
- *Telephone Number: 559-738-0246*
- Fax Number: 559-738-0607
- *Email: ken@citrusresearch.org*
- *Signature of Authorized Representative:*

*Date Signed:*
Application for Federal Assistance SF-424

1. Application

☐ Preapplication
☐ Application
☐ Changed/Corrected Application
☐ Revision

2. Date Received:

3. Federal Entity Identification:

4. Applicant Identifier:

5. State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:

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

c. Organizational DUNS:

d. Address:

Street 1:

Street 2:

City:

County/Parish:

State:

Province:

Country:

Zip / Postal Code:

E. Organizational Unit:

Department Name:

Division Name:

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

Title:

Organizational Affiliation:

Telephone Number:

Fax Number:

Email:

O.M.B. Number: 0440-0904
Expiration Date: 03/31/2012

RECEIVED
MAY 2, 2014
STATE CLEARING HOUSE
## Application for Federal Assistance SF-424

1. Type of Applicant 1 - Select Applicant Type:

2. Type of Applicant 2 - Select Applicant Type:

3. Type of Applicant 3 - Select Applicant Type:

4. * Other (specify):

5. * Name of Federal Agency:

6. * Catalog of Federal Domestic Assistance Number:

7. CFPD Title:

8. Emergency Community Water Assistance Grant:

9. * Funding Opportunity Number:

10. * Title:

11. Competition Identification Number:

12. Title:

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

   - Sixley

14. * Descriptive Title of Applicant's Project:

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

16. Congressional District of:
   a. Appointee: [Redacted]
   b. Program/Project: [Redacted]

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

17. Proposed Project:
   a. Start Date: [Redacted]
   b. End Date: [Redacted]

18. Estimated Funding (3):
   a. Federal
   b. Applicant
   c. State
   d. Local
   e. Other
   f. Program Income
   g. TOTAL

☐ a. This application was made available to the State under the Executive Order 13572 Process for review on [Redacted].
☐ b. Program is subject to E.O. 13572 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 13572.

☐ Yes ☐ No

☐ If 'Yes', provide explanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications, and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 28, Section 1903)

[Redacted]

* 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:

[Redacted]

Prefix: [Redacted]
Middle Name: [Redacted]
* First Name: [Redacted]
* Last Name: [Redacted]
Suffix: [Redacted]

*Title: [Redacted]

*Telephone Number: [Redacted]
Fax Number: (559) 257-3459

*Email: [Redacted]

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


**SF 424 – Box 15; Project Description**

*Project Description and Location*

The proposed project is to construct a new well and to modify two existing wells. The project is located in the community of Pixley, a town which lies in the south-west portion of Tulare County, in the state of California. Figure 1 shows a map of the exact project locations.

The proposed well site is a vacant lot situated between residential houses to the east and west, and a vacant lot to the north. Residential housing comprises the area south of the well site. The proposed modifications are of two existing wells located in a commercial area of Pixley, in the center of town. No environmental impacts are anticipated as a result of the project, given that the sites are located in developed and populated areas.

*Drilling New Well*

A well will be drilled to provide a new source of water. Site improvements at the well site will include a clearing and grading, well pump and motor, well motor control center, hydro pneumatic tank, chemical feed, and appurtenances including, but not limited to, piping, plumbing, conduits, conductors, boxes, fences with gates, SCADA control, and concrete equipment pads. Also, the necessary piping will be installed to deliver the water to the distribution system.

*Clearing and Grading*

The site is a vacant lot, covered in ruderal vegetation. The site is typically disked to control weeds growth. The site will be graded for drainage purposes, and a small basin will be constructed on the site.

*New Well*

As a result of the test well previously drilled, the well will be built as follows. The well will be drilled to a total depth of 585 feet. Blank casing would be installed from the surface to 370 feet in depth, and from 565 to 575 feet. A compression section would be placed from 270 to 290 feet in depth. Perforated casing would be installed from 370 to 565 feet in depth.

*Well Pump and Motor*

The pump will likely be a vertical turbine pump, with 14” bowls and 10” column. The design will be finalized pending the results of aquifer tests on the finished production well. The pump will be product (water) lubricated, as opposed to oil lubricated. A pre-lube system will be installed to deliver water from the pressurized distribution system to the column/shaft bearings prior to pump starting. The discharge head will be cast iron. The pump will likely be driven by a 200 Hp, premium efficiency, 3 phase, 60 Hz, 460 volt, vertical hollow shaft motor. The motor will be equipped with a soft-start.

*Well Appurtenances*

In addition to the well pump and motor, a check valve, air vents, a flow meter, and taps will be located at the wellhead. Two taps are provided for chlorine solution injection, and will be located downstream of the flow meter to prevent corrosion. The flow meter will
be a propeller meter type with a 4-20 mA transmitter to send flow data to the indicator in the control enclosure. An isolation valve will be located on the discharge pipe. Also a tee with valve will be located upstream of the check valve, to “waste” water prior to entering the distribution system.

**Hydropneumatic Tank**
A 15,000 gallon hydropneumatic tank located at each new well site will be used to deliver water within a pre-selected pressure range (35 psi to 50 psi), so the well pump does not run continuously or start up every time there is a call for water from the distribution system. The hydropneumatic tank will also serve to minimize pressure surges in the supply line. An air compressor will be used to maintain the air cushion in the tank. Operation of the compressor is automatically controlled by a level probe and a pressure switch contained in the unit.

**Chemical Feed**
Sodium hypochlorite (12.5% solution) will be provided at each well site for disinfection. The District is required to maintain a 1.0 mg/L residual. Chlorination of the well water is provided by injection of the sodium hypochlorite solution at the well head via an injection quill and metering pump. The injection point will be downstream of the flow meter. The solution will be stored in a 30 gallon drum on a spill containment pad within a prefabricated storage shelter adjacent to the well.

**Off-Site Water System Improvements**
Downstream of the hydropneumatic tanks the water will discharge into the existing distribution system. The adjacent water lines are not be sufficiently sized to accept the new supply. For this reason, the discharge pipeline will connect into two existing laterals so to not overload the existing infrastructure at a single point (e.g. a 10” pump discharge into a 6” distribution main).

**Modifying Existing pumps**
The District will modify two existing well to increase production. The first step will be removing the pumps from the wells and performing a video survey to assess the condition of the existing wells. Necessary patching and cleaning of the casing will then proceed. The condition of the existing column will be assessed also, and repairs will be made.

At Well #2A it is proposed that the well be lowered 80-feet (500-feet total depth). The bowls will be replaced to account for the increased TDH requirements to produce the additional flow. Well #3a is only proposed to install new bowls. The bowls have been lowered many times, but never replaced to account for the additional head requirements.
**APPLICATION FOR FEDERAL ASSISTANCE**

2. DATE SUBMITTED: March 13, 2014

3. DATE RECEIVED BY STATE: State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY: Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Youth Centers of America

Address (give city, county, State, and zip code): 580 Tulare St.
Parlier, CA 93648

MAY 21 2014

STATE CLEARING HOUSE

77 - 0448258

Organizational Unit: Trinidad Pimentel

Name and telephone number of person to be contacted on matters involving this application (give area code): 559-646-3306 559-347-1140

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

- A. State
- B. County
- C. Municipal
- D. Township
- E. Interstate
- F. Intermunicipal
- G. Special District

Organizational Unit:

9. NAME OF FEDERAL AGENCY:

USDA Rural Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Food Pantry equipment

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

Parlier, Fresno County, California

13. PROPOSED PROJECT

Start Date: [ ]
Ending Date: [ ]

a. Applicant 21 Valadao

14. CONGRESSIONAL DISTRICTS OF:

b. Project 21 Valadao

15. ESTIMATED FUNDING:

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

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

  DATE

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

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- [ ] Yes
- [ ] No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN 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
  - Israel Lara Jr.

- b. Title
  - President

- c. Telephone Number
  - (559) 360-1857

- d. Signature of Authorized Representative

- e. Date Signed
  - 3-13-14

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

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

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

* If Revision, select appropriate letter(s)

RECEIVED  
MAY 21 2014

3. Date Received:  
4. Applicant Identifier:  
Control No.: 0974-1623  
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:

*a. Legal Name:  Cie- Solutions, Inc.

*b. Employer/Taxpayer Identification Number (EIN/TIN):  205847529

*c. Organizational DUNS:  785304903

*d. Address:  
Street 1:  3718 Cat Island Rd.
Street 2:  
City:  West Sacramento
County:  Yolo
*State:  CA
Province:  
*Country:  USA
*Zip / Postal Code:  95691

e. Organizational Unit:  
Department Name:  
Division Name:

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

Prefix:  Dr.  
*First Name:  James
Middle Name:  Casey
*Last Name:  Smoot
Suffix:  Ph.D.

Title:  President
Organizational Affiliation:

*Telephone Number:  530-848-1527  
Fax Number:

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

*9. Type of Applicant 1: Select Applicant Type:
   R. Small Business

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10 Name of Federal Agency:
   Department of Energy

11. Catalog of Federal Domestic Assistance Number:
   81.087

CFDA Title:
   Renewable Energy Research and Development

*12 Funding Opportunity Number:
   DE-FOA-0000974

*Title:
   Bioenergy Technologies Incubator

13. Competition Identification Number:
   n/a

   Title:
   n/a

14. Areas Affected by Project (Cities, Counties, States, etc.):
   West Sacramento, Yolo Co., CA; Woodland, Yolo Co., CA; Seattle, King Co., WA; Tuscaloosa, Tuscaloosa Co., AL; Oak Ridge, Roane Co., TN

*15. Descriptive Title of Applicant's Project:
   Validation of novel liquid biofuel production process
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: CA-006
   *b. Program/Project: CA-003, WA-007, AL-007, TN-003

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

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

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

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

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

   [x] I AGREE

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

Authorized Representative:
Prefix: Dr.        *First Name: James
Middle Name: Casey
*Last Name: Smoot
Suffix: Ph.D.

*Title: President
*Telephone Number: 530-848-1527
Fax Number: 
*Email: jc_smoot@yahoo.com

*Signature of Authorized Representative: [Signature]
*Date Signed: 5-21-14

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
<table>
<thead>
<tr>
<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
<th><strong>If Revision, select appropriate letter(s):</strong></th>
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**8. APPLICANT INFORMATION:**

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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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<tr>
<td><a href="mailto:PETS.MAURICE@WILDLIFE.CA.GOV">PETS.MAURICE@WILDLIFE.CA.GOV</a></td>
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**Application for Federal Assistance SF-424**

### Type of Applicant:

**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:**

*FLA8N00033*

**Title:**

*RO (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.):**

*Monterey, San Luis Obispo and San Benito Counties*

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

*CENTRAL CALIFORNIA COAST FISH PASSAGE, STREAM AND LAKE HABITAT IMPROVEMENT*

*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-017  

Attach an additional sheet 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?
   * a. This application was made available to the State under the Executive Order 12372 Process for review on 05/21/2014  
   * b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
   * c. Program is not covered by E.O. 12372.  

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

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

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<tr>
<td>* Signature of Authorized Representative: [Signature]  Completed by Grants.gov upon submission.</td>
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<td>* Date Signed: [Signature]  Completed by Grants.gov upon submission.</td>
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Standard Form 424 (Revised 10/2005)

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

Version 2

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

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

3. Date Received:
   - Completed by State.gov upon submission.

4. Applicant Identification:
   - Application Date: MAY 21 2014

5a. Federal Entity Identifier:

5b. State Clearing House Identifier:
   - STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:
   - 61498010

8. APPLICANT INFORMATION:

   a. Legal Name: STATE OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 94-1697367

   c. Organizational DUNS:
   - 803223580000

   d. Address:
   - 1931 9TH STREET
   - SACRAMENTO
   - CA: California
   - USA: UNITED STATES
   - Zip/Postal Code: 95811-7011

   a. 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: GRANTS ADMINISTRATOR
   - Organizational Affiliation:

   * Telephone Number: 916-445-3694
   - Fax Number: 916-327-6320

   * Email: steve.wong@wildlife.ca.gov

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

**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):**

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

**Catalog of Federal Domestic Assistance Number:**
- 15.605

**CFDA Title:**
- Sport Fish Restoration Program

**Funding Opportunity Number:**
- 15AS000033

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

**Competition Identification Number:**

**Title:**

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

**Descriptive Title of Applicant's Project:**
- FISH HATCHERY OPERATIONS: FISH HEALTH LABORATORY

---

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

16. Congressional District Of:
   *a. Applicant: CA-005
   *b. Program/Project: CA-315

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 ($):

<p>| | |</p>
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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 05/21/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

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

   X I AGREE

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

Authorized Representative:

Prefix:
Middle Name:
Last Name: BAYS
Suffix:
Title: SSMI
Telephone Number: 916-440-3701
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.

Authorized for Local Reproduction

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

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

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

* 3. Date Received: [ ] 4. Applicant Identifier:
   [ ] Completed by Grant.gov upon submission.
   [ ] 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):

* c. Organizational DUNS:

* d. Address:
   [ ] 1831 5TH STREET
   [ ] SACRAMENTO
   [ ] CA: California
   [ ] USA: UNITED STATES

* e. Zip/Postal Code:

* f. Organizational Unit:
   [ ] Department Name: 95811-7011
   [ ] Division Name: GRANTS MANAGEMENT BRANCH

* g. Name and contact information of person to be contacted on matters involving this application:
   [ ] Prefix:
   [ ] Middle Name:
   [ ] Last Name:
   [ ] 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**

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<th>Field</th>
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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>* 15. Descriptive Title of Applicant's Project:</td>
<td>Heritage and Wild Trout Resource Assessment and Management</td>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424  
Version 02

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

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

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

18. Estimated Funding ($):
   * a. Federal  916,627.00
   * b. Applicant  0.00
   * c. State  305,609.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  1,222,436.00

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  05/21/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □ c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:
Prefix:  
Middle Name:  
* Last Name:  Boys  
Suffix:  
* Title:  SSMT
* Telephone Number:  (916) 443-3781  
Fax Number:  916-327-6320
* Email:  lisa.baye@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

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 (Specify)

4. Applicant Identifier:
   - [ ] Site
   - [ ] Site

5a. Federal Entity Identifier:
   - [ ] Site
   - [ ] Site

5b. St. Federal Award Identifier:
   - [ ] Site
   - [ ] Site

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):
      - [84-1697567]
   c. Organizational DUNS:
      - [8083213500000]

d. Address:
   - [1631 9TH STREET]

   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: EBTE

   Middle Name:

   Last Name: MARCELLANA

   Suffix:

   Title: GRANTS ADMINISTRATOR

   Organizational Affiliation:

   * Telephone Number: 916-445-4638
   Fax Number:

   * Email: EBTE.MARCELLANA@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

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<td>Sport Fish Restoration Program</td>
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<td>F14AS00033</td>
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<th>13. Competition Identification Number:</th>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<td>San Joaquin</td>
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<th>15. Descriptive Title of Applicant's Project:</th>
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<tr>
<td>DELTA PREDATOR/SALMON MONITORING AND ASSESSMENT</td>
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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-009

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 (U):

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<td>c. State</td>
<td>59,029.00</td>
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<td>d. Local</td>
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<td>f. Program Income</td>
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<td><strong>TOTAL</strong></td>
<td>236,117.00</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 05/21/2014
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

**21. “By signing this application, I certify (1) 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:** SSNI

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

**Fax Number:**

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

**Signature of Authorized Representative:**

**Date Signed:**

---

**Authorized for Local Reproduction**

Standard Form 424 (Revised 10/2005)

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

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

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

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: Cal Poly Pomona Foundation, Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95.2417645

   c. Organizational DUNS:
      028929438

9. Address:

   Street1: 3801 West Temple Avenue, Building #55
   Street2:
   City: Pomona
   County:
   State: CA: California
   Province:
   Country: USA: UNITED STATES
   Zip / Postal Code: 91786-4038

10. Organizational Unit:

   Department Name:
   Division Name:

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

   Prefix: Dr.
   * First Name: Ali
   Middle Name:
   * Last Name: Sharbat
   Suffix:

   Title: Assistant Professor

12. Organizational Affiliation:

   California State Polytechnic University, Pomona

   * Telephone Number: 909 869 2175
   * Fax Number:

   * Email: sharbat@csupomona.edu
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>15. Descriptive Title of Applicant’s Project:</strong></td>
<td>Development of Photovoltaic Electrodialysis (PV-XD) Desalination System</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**: 038
- **b. Program/Project**: 038

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 ($):

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<td>g. TOTAL</td>
<td>99,992.00</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 05/14/2014.
- [ ] 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 assurances and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I AGREE**

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

## Authorized Representative:

- **Prefix**: Mr.
- **First Name**: G. Paul
- **Middle Name**: 
- **Last Name**: Storey
- **Suffix**: 
- **Title**: Executive Director
- **Telephone Number**: 909 869 2951
- **Fax Number**: 
- **Email**: gpetstorey@csupomona.edu

**Signature of Authorized Representative**: 

**Date Signed**: 

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

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

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<th>Type of Application</th>
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<td>Continuation</td>
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State Use Only:

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Applicant Information:

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<th>Legal Name</th>
<th>Employer/Taxpayer Identification Number (EIN/TIN)</th>
<th>Organizational DUNS</th>
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<td>612177152</td>
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<th>State</th>
<th>Province</th>
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<th>Zip / Postal Code</th>
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<td>CA</td>
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<td>USA: UNITED STATES</td>
<td>95929-0070</td>
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Organizational Unit:

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

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<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
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<tbody>
<tr>
<td></td>
<td>John</td>
<td></td>
<td></td>
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Title: Contracting Officer

Organizational Affiliation:

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<th>Telephone Number</th>
<th>Fax Number</th>
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</thead>
<tbody>
<tr>
<td>530-898-6621</td>
<td>530-898-6604</td>
</tr>
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</table>

Email: jmilen@csuchico.edu
**Application for Federal Assistance SF-424**  
Version 02  

9. Type of Applicant 1: Select Applicant Type:  
M. Nonprofit  

Type of Applicant 2: Select Applicant Type:  

Type of Applicant 3: Select Applicant Type:  

* Other (specify):  

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

11. Catalog of Federal Domestic Assistance Number:  
15.225  

CFDA Title:  

* 12. Funding Opportunity Number:  

* Title:  

13. Competition Identification Number:  

Title:  

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

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

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

**Version 02**

16. Congressional Districts Of:
   * a. Applicant CA-001
   * b. Program/Project CA-006

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

17. Proposed Project:
   * a. Start Date: 5/1/2014
   * b. End Date: 9/30/2015

18. Estimated Funding (S):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $50,000

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 5/22/14
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

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

   ** I AGREE

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

**Authorized Representative:**

Prefix: 
Middle Name: 
* Last Name: Sager
Suffix: 
* Title: Director, Research & Sponsored Programs

* Telephone Number: 530-898-6700
* Email: kasager@csuchico.edu

* Signature of Authorized Representative: [Signature]  
* Date Signed: 5/22/14

---

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

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* 5b. Federal Award Identifier: MAY 22, 2014

**State Use Only:**

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**8. APPLICANT INFORMATION:**

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<th>a. Legal Name:</th>
<th>Toxics Substances Control, California Department of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| b. Employer/Taxpayer Identification Number (EIN/TIN): | c. Organizational DUNS: |
|--------------------------------------------------) | 949010870               |
| 88-0283181                                          |                       |

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<th>d. Address:</th>
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<tbody>
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<tr>
<td>Sacramento</td>
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<tr>
<td>County: Sacramento</td>
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<td>State: Sacramento</td>
</tr>
<tr>
<td>Province:</td>
</tr>
<tr>
<td>Country: USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code: 95826</td>
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</table>

<table>
<thead>
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<th>e. Organizational Unit:</th>
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</thead>
<tbody>
<tr>
<td>Department Name: Toxics Substances Control, California Department of</td>
</tr>
<tr>
<td>Division Name: Brownfields and Environmental Restoration Program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix: Mr.</td>
</tr>
<tr>
<td>* First Name: John</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>* Last Name: Scandura</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Title: Branch Chief</td>
</tr>
<tr>
<td>Organizational Affiliation: Brownfields and Environmental Restoration Program</td>
</tr>
<tr>
<td>* Telephone Number: (714) 484-5440</td>
</tr>
<tr>
<td>Fax Number: (714) 484-5437</td>
</tr>
<tr>
<td>* Email: <a href="mailto:jsandur@dtsc.ca.gov">jsandur@dtsc.ca.gov</a></td>
</tr>
</tbody>
</table>
**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:
    - United States Environmental Protection Agency - Region 9

11. Catalog of Federal Domestic Assistance Number:
    - 66.802
    - CFDA Title:
      - SUPERFUND STATE, POLITICAL SUBDIVISION, AND INDIAN TRIBE SITE-SPECIFIC COOPERATIVE AGREEMENTS

12. Funding Opportunity Number:
    - N/A

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

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

15. Descriptive Title of Applicant's Project:

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

16. Congressional Districts Of:
   * a. Applicant
   * 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: 06/30/2015

18. Estimated Funding (5):
   * a. Federal $523,700.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $523,700.00

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 05/15/2014.
   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.) Applicant Federal Debt Delinquency Explanation
   Yes [ ]
   No [x]

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.

22. Authorized Representative:
   Prefix: Mr.
   Middle Name: W.
   * First Name: Stewart
   Last Name: Black
   Suffix: 
   Title: Deputy Director, Brownfields and Environmental Restoration Program
   Telephone Number: (916) 324-3148
   Fax Number: (916) 323-3500
   Email: ablack@dsc.ca.gov
   * Signature of Authorized Representative: [Signature]  * Date Signed: 5-16-14
Application for Federal Assistance SF-424

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

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

3. Date Received: [RECEIVED] MAY 23, 2014
   - Completed by Grants.gov upon submission:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. State Clearinghouse:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: San Pasqual Band of Mission Indians

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      95-346938

   c. Organizational DUNS:
      8061139160000

   d. Address:
      - Street1: 16400 Kumeyaay Way
      - Street2:
      - City: Valley Center
      - County/Parish:
      - State: CA: California
      - Province:
      - Country: USA: UNITED STATES
      - Zip/Postal Code: 92082-0000

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

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix:
      - First Name: Robert
      - Middle Name:
      - Last Name: Bishop
      - Suffix:
      - Title:
      - Organizational Affiliation:

      - Telephone Number: 760-749-3200
      - Fax Number:

      - Email: bobb@sanpasqualtribes.org
**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.):**

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

San Pasqual Homeland Security Initiative

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

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

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

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

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
   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   X 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:  
Middle Name:  
* Last Name:  Lawson
Suffix:  
* Title:  Tribal Chairman

* Telephone Number: 760-749-3200 Ext: 105  Fax Number:  
* Email: allen@esanapaiqualtribe.org

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

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

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

3. Date Received:
   05/22/2014

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:
      THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      94-6064894

   c. Organizational DUNS:
      0471206640000

   d. Address:
      1850 RESEARCH PARK DRIVE
      SUITE 300
      DAVIS, CA: California
      USA: UNITED STATES
      Zip / Postal Code: 95618-6153

   e. Organizational Unit:
      SPONSORED PROGRAMS OFFICE
      OFFICE OF RESEARCH

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

      Prefix: 
      * First Name: SHINNA
      Middle Name: 
      * Last Name: JOSS
      Suffix: 

      Title: CONTRACTS AND GRANTS ANALYST

      Phone Number: 530-754-8318
      Fax Number: 530-752-0333
      Email: ORSP-TeamA-Proposals-08ad3.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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
10.025

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

12. Funding Opportunity Number:
USDA-GRANTS-092414-001

* Title:
National Clean Plant Network Request for Applications

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant’s Project:

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

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

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

17. Proposed Project:
   a. Start Date: 07/22/2014
   b. End Date: 07/27/2013

18. Estimated Funding ($):

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<td>Local</td>
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<td>TOTAL</td>
<td>2,045,962.00</td>
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</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014
   - [ ] Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
   - [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.
Middle Name:  
* Last Name:  DYER-SIXENBAUGH
Suffix:  

*Title:  CONTRACTS AND GRANTS ANALYST

*Telephone Number:  530-754-8034  Fax Number:  530-752-0333

*Email:  CDYER@CAFWS.EDU

*Signature of Authorized Representative:  [Signature]  Date Signed:  05/23/2014
Application for Federal Assistance SF-424

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

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

3. Date Received: 5/24/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State: 5/26/2014

7. State Application Identifier: 5/26/2014

8. State Clearing House:

9. Organization Information:

  a. Legal Name: THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

  b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036694

  c. Organizational DUNS: 2471200860000

10. Address:

    - Street: 1850 RESEARCH PARK DRIVE
    - Street: SUITE 300
    - City: DAVIS
    - County/Parish: YOLO
    - State: CA: California
    - Province: USA: UNITED STATES
    - Zip / Postal Code: 95618-6153

11. Department Name: SPONSORED PROGRAMS OFFICE

    Division Name: OFFICE OF RESEARCH

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

    - Prefix:
    - Middle Name:
    - * First Name: SHAINA
    - * Last Name: JOSE
    - Suffix:
    - Title: CONTRACTS AND GRANTS ANALYST
    - Organizational Affiliation:

    - * Telephone Number: 530-754-8318
    - Fax Number: 530-752-0333
    - * Email: 95010-TENHA-PROPOSALS@UCDAVIS.EDU
**Application for Federal Assistance SF-424**

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<th>Type of Applicant 3: Select Applicant Type:</th>
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<td>National Clean Plant Network Request for Applications</td>
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<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<th>*15. Descriptive Title of Applicant's Project:</th>
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Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 07/28/2014
   * b. End Date: 07/27/2015

18. Estimated Funding ($):

   * a. Federal: 137,500.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program income: 0.00
   * g. TOTAL: 137,500.00

19. Is Application Subject to Review Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   c. Program is not covered by E.O. 12372.

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

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

* Title: CONTRACTS AND GRANTS ANALYST

* Telephone Number: 530-754-8034
Fax Number: 530-754-0333

* Email: CDDYEHICDAVIS.EDU

* Signature of Authorized Representative: Chris Dye-Hixenbaugh
* Date Signed: 06/21/2014
Application for Federal Assistance SF-424

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

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

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

4. Applicant Identifier:  
Temple Emanu-El

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:  
Temple Emanu-El

*b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-2583369

*c. Organizational DUNS:  
1615411310000

d. Address:

*Street1:  
6299 Capri Drive

Street2:  

*City:  
San Diego

County/Parish:  
San Diego

*State:  
CA: California

Province:  

*Country:  
USA: UNITED STATES

*Zip / Postal Code:  
92120-4612

e. Organizational Unit:

Department Name:  

Division Name:  

Security Committee

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

Prefix:  
Mr.

* First Name:  
Ron

Middle Name:  

* Last Name:  
Marx

Suffix:  

Title:  
Co-President

Organizational Affiliation:  
Temple Emanu-El

* Telephone Number:  
619.993.3919  
Fax Number:  
619.286-3176

* Email:  
sitemarx@cox.net

RECEIVED

MAY 23 2014

STATE CLEARING HOUSE
Application for Federal Assistance SF-424

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

Nonprofit without 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:

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.008

CFDA Title:

Non-Profit Security Program

* 12. Funding Opportunity Number:

DRS-14-GPD-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:

Purchase and installation of 34 roll-down, 18-gauge metal security screens with electric motors and back-up batteries for classrooms in the event of an active shooter incident on the school campus.

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:** 11/01/2014
- **b. End Date:** 02/20/2015

#### 18. Estimated Funding ($) 

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<td>Other</td>
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<td><strong>TOTAL</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 [ ] 05/23/2014.

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

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

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

[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:** Ron
- **Middle Name:**
- **Last Name:** Marx
- **Suffix:**
- **Title:** Co-President
- **Telephone Number:** 619.993.5919  
**Fax Number:** 619.286-3176
- **Email:** sitemarx@cox.net

* 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:
   - Completed by Grants.gov upon submission.

4. Applicant Identifier:
   - [RECEIVED]
   - [STATE CLEARING HOUSE]
   - MAY 23 2014

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
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006142H
   - c. Organizational DUNS: 6277974260000

d. Address:
   - Street1: 200 University Office Building
   - Street2:
   - City: Riverside
   - County/Parish: Riverside
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip/Postal Code: 92521-0217

e. Organizational Unit:
   - Department Name:
     - Nat. and Agricultural Sciences
   - Division Name:
     - Plant Pathology & Microbiology

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Ms.
   - First Name: Frosina
   - Middle Name:
   - Last Name: Al Zgoul
   - Suffix:
   - Title: Sr. Contract & Grant Officer
   - Organizational Affiliation:
   - Telephone Number: 951-827-4968
   - Fax Number: 951-827-5483
   - Email: frosina.azgoul@ucr.edu
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   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-032414-001
   * Title:
   National Clean Plant Network Request for Applications

13. Competition Identification Number:
   
   Title:

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

15. Descriptive Title of Applicant's Project:
   This project will ensure that high quality citrus propagative material will continue to be produced, maintained, and supplied to scientists and the industry in the USA under the NCPN network.

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: 08/01/2014  
   * b. End Date: 07/31/2015

18. Estimated Funding ($):

   * a. Federal 1,745,886.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 1,745,886.00

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 05/23/2014.
   □  b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   □  c. Program is not covered by E.O. 12372.

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

Authorized Representative:

Prefix: Ma.  * First Name: Prosina
Middle Name:
* Last Name: Al Zgouli
Suffix:  

* Title: Sr. Contract & Grant Officer

* Telephone Number: 951-827-4968  
Fax Number: 951-827-4493

* Email: frosina.alzgouli@ucr.edu

* 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

*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: MAY 27 2014

*4. Application Identifier:

5a. Federal Entity Identifier: 

*5b. Federal Award Identifier: 

State Use Only:

6. Date Received by State: 

7. State Application Identifier: 

8. APPLICANT INFORMATION:

*a. Legal Name: State Water Resources Control Board

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

*c. Organizational DUNS: 808321913

d. Address:

*Street 1: 1001 I Street
Street 2: 
*City: Sacramento
County: 
*State: California
Province: 
Country: 

*Zip/Postal Code: 95814

e. Organizational Unit:

Department Name: CA State Water Resources Control Board
Division Name: Division of Water Quality

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

Prefix: 
Middle Name: 
*Last Name: Gjerde
Suffix: 
Title: Engineering Geologist, Project Manager

Organizational Affiliation:

*Telephone Number: (916) 341-5283
Fax Number: (916) 341-5284
*Email: mgjerde@waterboards.ca.gov
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<td>*Title:</td>
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<td>13. Competition Identification Number:</td>
<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
<td>All of California</td>
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<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
<td></td>
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Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: CA-6th
   *b. Program/Project: California - 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: $501,807.00
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
   $501,807.00

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 May 27, 2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
   ☑ 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: Caren
Middle Name:
*Last Name: Trgovcich
Suffix:
*Title: Chief Deputy Director
*Telephone Number: 916-341-5727
Fax Number: 916-341-5621
*Email: ctrgovcich@waterboards.ca.gov
*Signature of Authorized Representative: Date Signed: 5/27/14
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
   - [ ] Other (Specify)

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

5a. Federal Entity Identifier:

FL4A000033

* 5b. Federal Award Identifier:

911425250

6. Data Received by State:

7. State Application Identifier:

G1458049

8. APPLICANT INFORMATION:

   a. Legal Name:

   STATE OF CALIFORNIA

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

   84-1507567

   c. Organizational DUNS:

   0383235500000

   d. Address:

   1031 9TH STREET

   SACRAMENTO

   CA: California

   USA: UNITED STATES

   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:

   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
   CPDA Title:
   Sport Fish Restoration Program

* 12. Funding Opportunity Number:
   F14SS00033
   Tila:
   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.):
   Humboldt and Mendocino Counties.

* 15. Descriptive Title of Applicant's Project:
   CALIFORNIA COASTAL STREAMS AND WATERSHED RESTORATION

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

16. Congressional Districts Of:
   * a. Applicant: CA-005
   * b. Program/Project: CA-002

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

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

18. Estimated Funding ($):

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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 05/23/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

   ☒ I AGREE

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

Authorized Representative:

Prefix: [ ]
Middle Name: [ ]
* Last Name: BAYS
Suffix: [ ]
* Title: SSWI
* Telephone Number: 916-445-3701
Fax Number: [ ]
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

OMB Number: 4040-0004
Expiration Date: 01/31/2009

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

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

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

*3. Date Received:*
- State Use Only: [ ]
- [ ] Received by State
- [ ] State Application Identifier: [ ]

*4. Applicant Identifier:*

*5a. Federal Entity Identifier:*

*5b. Federal Award Identifier:*

*6a. Legal Name:*
- STATE OF CALIFORNIA

*6b. Employer/Taxpayer Identification Number (EIN/TIN):*
- 94-1697567

*6c. Organizational DUNS:*
- 0083223560000

*d. Address:*
- Street1: 1831 5th 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: JASON*
- Middle Name: [ ]
- *Last Name: WILLIAMSON*
- Suffix: [ ]
- Title: GRANT ADMINISTRATOR

*Organizational Affiliation:*

*Telephone Number: 916-327-0062*

*Fax Number: 916-327-6320*

*Email: JASON.WILLIAMSON@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):

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

12. Catalog of Federal Domestic Assistance Number:
    - 15.611

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

   **12. Funding Opportunity Number:**
   - R14AS000059

   **Title:**
   - 86 (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.):
    - Napa (5), Sonoma (2), Sacramento (7), Yolo (3), San Joaquin (9), Santa Cruz (18), Santa Clara (17) and Alameda (15)

15. Descriptive Title of Applicant's Project:
    - WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: Region 3 Unstaffed Wildlife Areas & Ecological Reserves

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

**Version 02**

#### 16. Congressional Districts Of:
- a. Applicant: CA-06
- b. Program/Project: ALL

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

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

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

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<td>Other</td>
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<td>Program Income</td>
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<td><strong>TOTAL</strong></td>
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</tbody>
</table>

#### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- X a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014.
- □ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- □ c. Program is not covered by E.O. 12372.

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

**Explanation:**

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

X **I AGREE**

**Note:** 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: 916-327-6320
- * Email: LISA.BAYS@WILDLIFE.CA.GOV
- * Signature of Authorized Representative: Completed by Grants.gov with submission.
- * Date Signed: Completed 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

**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:** 01498065

**8. APPLICANT INFORMATION:**

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

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 24-1597567

**c. Organizational DUNS:** 8083223580000

**d. Address:**
- [Street 1:] 1031 9TH STREET
- [City:] SACRAMENTO
- [State:] CA: California
- [Country:] USA: UNITED STATES
- [Zip / Postal Code:] 95811-7011

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

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

**Organizational Affiliation:**

**Telephone Number:** 916-327-0064
**Fax Number:** 916-327-6320
**Email:** JASON.WILLIAMS@WILDLIFE.CA.GOV
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   A: State Government
   [Check box]

Type of Applicant 2: Select Applicant Type:
   [Blank]

Type of Applicant 3: Select Applicant Type:
   [Blank]

* Other (specify):
   [Blank]

*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:
    RI4AS00058
    * Title:
    BB (CA/NV) Wildlife Restoration Grant Program for State Fish and Game Agencies

13. Competition Identification Number:
    [Blank]

* Title:
    [Blank]

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Solano (3), Napa (5), Sonoma (2), Marin (13), Yolo (3)

*15. Descriptive Title of Applicant's Project:
    WILDLIFE HABITAT DEVELOPMENT AND MAINTENANCE: REGION 3

Attach supporting documents as specified in agency instructions.

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

Version 02

16. Congressional Districts Of:
   * a. Applicant: [CA-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: 05/30/2015

18. Estimated Funding ($):
   * a. Federal
      1,641,077.00
   * b. Applicant
      0.00
   * c. State
      547,026.00
   * d. Local
      0.00
   * e. Other
      0.00
   * f. Program Income
      473,000.00
   * g. TOTAL
      2,661,103.00

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 05/23/2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, 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: STAFF SERVICES MANAGER I
* Telephone Number: 916-445-3701  Fax Number: 916-237-6320
* Email: LISA.BAYS@WILDLIFE.CA.GOV

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

Authorized for Local Reproduction

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

**Version 02**

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<td>Street2:</td>
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<tr>
<td>* First Name:  Courtney</td>
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<tr>
<td>Middle Name:</td>
</tr>
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<td>Suffix:</td>
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<td>530-893-8732 x211</td>
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<th>* Email:</th>
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<tr>
<td><a href="mailto:cfarrell@scoreedc.org">cfarrell@scoreedc.org</a></td>
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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:
    Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

    CFDA Title:

12. Funding Opportunity Number:
    EDAPLANNING2012

* Title:
    Planning Program and Local Technical Assistance Program

13. Competition Identification Number:
    PL-1A

    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Butte, Glenn and Tehama Counties in Northern California

15. Descriptive Title of Applicant's Project:
    The program objectives of this investment will support economic development programs that will foster job creation for the unemployed and under-employed, and enhance job retention in the District.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
  * a. Applicant: 2
  * b. Program/Project: 2

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

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

18. Estimated Funding ($):

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<td>g. TOTAL</td>
<td>150,000.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [x] Yes
   - [ ] No
   
   This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2014.

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

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

   * [x] I AGREE

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

Authorized Representative:

Prefix: 

* First Name: Marc

Middle Name: 

Last Name: Nemanic

Suffix: 

* Title: Executive Director

* Telephone Number: 530-893-8732 x204

Fax Number: 530-893-0820

* Email: mnemanic@coreedc.org

* Signature of Authorized Representative: [Signature]

* Date Signed: 05/22/14

Authorized for Local Reproduction

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

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

2. DATE SUBMITTED
   9/13/14

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Regional Grants Management

Address (give city, state, and zip code): One Gateway Plaza, Los Angeles, California 90012-2952

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

Nela De Castro
(213) 922-6166

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   95-4401975

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

8. TYPE OF APPLICATION:
   New □ Continuation □ Revision

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

A Increase Award  B Decrease Award  C Increase Duration
D Decrease Duration  Other (Specify)

9. NAME OF FEDERAL AGENCY:
   Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
    20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
    Section 5307 Urbanized Area Formula Program – Operating Assistance for Expo Phase I, CA-95-X176-02

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

13. PROPOSED PROJECT
    Start Date: 4/28/12  Ending Date: 4/28/15

    14. CONGRESSIONAL DISTRICTS OF
        a. Applicant: Districts 31, 33, 34
        b. Project: Same as Applicant

15. ESTIMATED FUNDING:

    a Federal: $5,500,000.00
    b Applicant: $0.00
    c State: $0.00
    d Local: $1,375,000.00
    e Other: $0.00
    f Program Income: $0.00
    g TOTAL: $6,875,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
    a YES □  b NO □

    YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
    DATE: 05/14/14

    □ PROGRAM IS NOT COVERED BY EO 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 Typed Name of Authorized Representative
   COSETTE STARK

   b Title
   DEO, Regional Grants Management

   c Telephone number
   (213) 922-2822

   d Signature of Authorized Representative
   [Signature]

   e Date Signed
   5-21-14

Previous Editions Not Usable
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: [ ] Preaplication  [ ] Construction
[ ] Non-Construction

2. DATE SUBMITTED
05/20/14

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION

Legal Name: Los Angeles County Metropolitan Transportation Authority

Organizational Unit: Regional Grants Management

Address (give city, state, and zip code):
One Gateway Plaza
Los Angeles, California 90012-2952

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Nela De Castro
(213) 922-6166

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-4401975

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

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

MAY 28 2014

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

9. NAME OF FEDERAL AGENCY:
Federal Transit Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
20507

11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:
Section 5307 Urbanized Area Formula Program – Capital Assistance, CA-90-Z132

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

13. PROPOSED PROJECT

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<td>06/30/14</td>
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15. ESTIMATED FUNDING

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<td>Total</td>
<td>$178,092,490.00</td>
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16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?
[ ] YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12272 PROCESS FOR REVIEW ON

[ ] 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. Typed Name of Authorized Representative
COSETTE POLENA STARK

b. Title
Deputy Executive Officer

c. Telephone number
(213) 922-2822

d. Signature of Authorized Representative

Previous Editions Not Usable

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

**Version 02**

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**State Use Only:**

- 6. Date Received by State: [Blank]
- 7. State Application Identifier: GI498084

**APPLICANT INFORMATION:**

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

**d. Address:**

- **Street 1:** 1831 5TH STREET
- **City:** SACRAMENTO
- **State:** CA: California
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95811-7011

**e. Organizational Unit:**

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

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

- **Prefix:** [Blank]
- **First Name:** BRIAN
- **Middle Name:** [Blank]
- **Last Name:** SALAZAR
- **Suffix:** [Blank]
- **Title:** GRANT ADMINISTRATOR

**Organizational Affiliation:**

- [Blank]

**Telephone Number:** 916-323-6201
- **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:
   - 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:
    - P14AS00127

* Title:
    - RG (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.):
    - Shasta, Tehama, Glenn, Butte, Colusa, Sutter, Yolo, Sacramento

15. Descriptive Title of Applicant's Project:
    - Great Valley Resource Assessment

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

**Version 02**

### 16. Congressional Districts Of:

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<th>a. Applicant</th>
<th>b. Program/Project</th>
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Attach an additional list of Program/Project Congressional Districts if needed.

### 17. Proposed Project:

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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 05/28/2014.
- [ ] 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
- [x] No

### 21. "I AGREE"

"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 28, 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

Suffic: 

Title: STAFF SERVICES MANAGER II

Telephone Number: 916-445-3701 Fax Number: 916-327-0062

Email: 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-102
**Application for Federal Assistance SF-424**

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| 8. APPLICANT INFORMATION: |

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

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<table>
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<tr>
<th><a href="mailto:rrpud@rrpud.org">rrpud@rrpud.org</a></th>
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**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:
    - 10.763

CFDA Title:
   - Emergency and Imminent Community Water Assistance Grant

12. Funding Opportunity Number:
    - N.A.

* Title:
    - N.A.

13. Competition Identification Number:
    - N.A.

Title:
    - N.A.

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

15. Descriptive Title of Applicant's Project:
    - Replacement District Well No. 2

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

16. Congressional Districts Of:
   * a. Applicant CA-04
   * b. Program/Project CA-04

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

17. Proposed Project:
   * a. Start Date: 08/01/2014
   * b. End Date: 11/30/2014

18. Estimated Funding ($):

<p>| | |</p>
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<td>a. Federal</td>
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<td>b. Applicant</td>
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<td>c. State</td>
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<td>d. Local</td>
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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>380,100.00</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 05/27/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix:   
Middle Name:   
* Last Name: Landgraf
Suffix:   
* Title: Board Chair
* Telephone Number: 209-245-6723
Fax Number: 209-245-5710
* Email: rpud8@rpud.org
* Signature of Authorized Representative:   
* Date Signed: 05/26/2014
Application for Federal Assistance SF-424

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

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

*If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

MAY 29 2014

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0288069

   *c. Organizational DUNS: 195930276

d. Address:

   *Street1: 1001 I Street
   Street 2: P.O. Box 1436
   *City: Sacramento
   County: Sacramento
   *State: CA
   Province:
   Country: USA
   *Zip/ Postal Code: 95814

e. Organizational Unit:

   Department Name: California Air Resources Board
   Division Name: Administrative Services Division

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

   Prefix: Ms.
   Middle Name:
   *Last Name: Hunt
   Suffix:
   Title: Manager, Budgets, Grants & Revenues Section

   Organizational Affiliation:

   *Telephone Number: (916)445-4845
   Fax Number: (916)327-2940

   *Email: brandy.hunt@arb.ca.gov
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

   A. State Government

Type of Applicant 2: Select Applicant Type:

   - Select One -

Type of Applicant 3: Select Applicant Type:

   - Select One -

*Other (specify):

*10. Name of Federal Agency:

   US Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

   66.040

   CFDA Title:

   State Clean Diesel Grant Program

*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:

   CARB School Bus Retrofit Project

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

16. Congressional Districts Of:
*a. Applicant: **b. Program/Project: CA-all for 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 $249,792.00 *b. Applicant *c. State $170,208.00 *d. Local *e. Other *f. Program Income *g. TOTAL $420,000.00

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.)
☐ 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: Pam

Middle Name:

*Last Name: Biggins

Suffix:

*Title: Chief, Budgets, Grants, Revenues & Contracts Branch

*Telephone Number: (916)322-8200 Fax Number: (916)327-2940

*Email: pam.biggins@arb.ca.gov

*Signature of Authorized Representative: 

Date Signed: 5-28-14
Application for Federal Assistance SF-424

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

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

3. Date Received:  

4. Applicant Identifier:  

5a. Federal Entity Identifier:  

5b. Federal Award Identifier:  

State Use Only:

6. Date Received by State:  

7. State Application Identifier:  

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

   a. Legal Name: Bay Foundation of Morro Bay

   b. Employer/Taxpayer Identification Number (EIN/TIN): 77-0215847

   c. Organizational DUNS: 047-662-767

   d. Address:  
      - Street 1: 801 Embarcadero STE 11
      - City: Morro Bay
      - County: San Luis Obispo
      - State: California
      - Province:  
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 93442

   e. Organizational Unit:
      - Department Name: Morro Bay National Estuary Program
      - Division Name:  

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms
      - First Name: Adrienne
      - Middle Name: Lynne
      - Last Name: Harris
      - Suffix:  
      - Title: Executive Director, Morro Bay National Estuary Program
      - Organizational Affiliation: Bay Foundation of Morro Bay dba Morro Bay National Estuary Program
      - Telephone Number: 805-772-3834
      - Fax Number: 805-772-4162
      - Email: aharris@mbnep.org

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

Receive

MAY 29 2014
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   M. Nonprofit

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
    66-456
    CFDA Title:
    National Estuary Program

12. Funding Opportunity Number:
    N/A
    * Title:
    N/A

13. Competition Identification Number:
    N/A
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    City of Morro Bay, unincorporated areas of San Luis Obispo County in the Morro Bay watershed.

15. Descriptive Title of Applicant's Project:
    Implementation of the Comprehensive Conservation and Management Plan for the Morro Bay Estuary and Watershed (See MBNEP work plan for programmatic details.)

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

16. Congressional Districts Of:
   * a. Applicant: CA-024
   * b. Program/Project: CA-024

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

17. Proposed Project:
   * a. Start Date: 10/1/14
   * b. End Date: 9/30/15

18. Estimated Funding ($):
   * a. Federal: $589,575
   * b. Applicant: $29,717
   * c. State: $463,730
   * d. Local
   * e. Other: $76,128
   * f. Program Income
   * g. TOTAL: $1,139,160

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 5/29/14
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix: Mr.  * First Name: Gary
Middle Name:
* Last Name: Ruggerone
Suffix: 

* Title: President, Bay Foundation of Morro Bay

* Telephone Number: 805-772-3834  Fax Number:

* Email: gruggerone@sbcglobal.net

* Signature of Authorized Representative: [Signature]  * Date Signed: 5/27/14
Application for Federal Assistance SF-424

Preapplication
☑ Application
☐ Changed/Corrected Application
☐ Revision

☐ New

☐ Other (Specify)

* 3. Date Received:

☐ Continuation

4. Applicant Identifier:

☐ Revised

☐ Other (Specify)

5a. Federal Entity Identifier:

☐ New

5b. Federal Award Identifier:

☐ Continuation

☐ Revision

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

☐ Legal Name:

☐ Employer/Taxpayer Identification Number (EIN/TIN):

☐ Organizational DUNS:

☐ Address:

☐ Street 1:

☐ Street 2:

☐ City:

☐ County/Parish:

☐ State:

☐ Province:

☐ Country:

☐ Zip / Postal Code:

☐ Department Name:

Division Name:

☐ Title:

General Manager

Organizational Affiliation:

Alpaugh Community Services District

* Telephone Number:

Fax Number:

* Email:
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<td>Emergency and Imminent Community Water Assistance Grant</td>
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<td>12. Funding Opportunity Number:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<td>Attach supporting documents as specified in agency instructions.</td>
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Application for Federal Assistance SF-424

15. 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: 01/01/2024
   " b. End Date: 12/31/2024

18. Estimated Funding (5):

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

☐ 19. Is Applicant of Subject of Review? (See Final Rule Under Executive Order 12372 Process Review)
   a. This application was made available to the State under the Executive Order 12372 Process for review on 05-29-2014.
   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.

☐ 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 1551)

* 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: 
 " First Name: 
 Last Name: 
 Suffix: 
 " Title: 
 Telephone Number: 555-555-5555
 Fax Number: 555-549-8380
 Email: 
 * 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

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:
   - MAY 30 2014

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
   - STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:
   - 01488072

B. APPLICANT INFORMATION:

a. Legal Name:
   - STATE OF CALIFORNIA

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 54-1697567

c. Organizational DUNS:
   - 8083223580000

d. Address:
   - Street1: 1831 5TH STREET
   - Street2:
   - City: SACRAMENTO
   - County:
   - State: CA; California
   - Province:
   - Country: USA; UNITED STATES
   - Zip / Postal Code: 95817-7011

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

   Fax Number: 916-327-6320
   * Telephone Number: 916-323-6201

   * 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

CPDA Title:
   State Wildlife Grants

* 12. Funding Opportunity Number:
   Pe4a200127

* Title:
   08 (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.):
   SACRAMENTO COUNTY

* 15. Descriptive Title of Applicant's Project:
   COMPLETION OF THE CALIFORNIA BAT CONSERVATION PLAN (CBCP)

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-005

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 39,978.00
   * b. Applicant 0.00
   * c. State 20,968.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 59,966.00

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 05/39/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

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

   ☒ I AGREE

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

Authorized Representative:

Prefix:  
* First Name: LISA
Middle Name:  
* Last Name: RAYS
Suffix:  

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3761  Fax Number: 916-327-0062

* Email: LISA.RAYS@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
   - 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:

6a. State Use Only:

6b. Date Received by State:

7. State Application Identifier: GI498071

8. APPLICANT INFORMATION:

9a. Legal Name: STATE OF CALIFORNIA

9b. Employer/Taxpayer Identification Number (EIN/TIN): 84-1697567

9c. Organizational DUNS: 0083213580000

10. Address:

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

11. Organizational Unit:

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

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

   - Prefix: [Blank]
   - First Name: BRIAN
   - Middle Name: [Blank]
   - Last Name: SALAZAR
   - Suffix: [Blank]

   - Title: GRANT ADMINISTRATOR
   - Organizational Affiliation: [Blank]

   - *Telephone Number: 916-323-6301
   - Fax Number: 916-327-6320

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

**8. 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:**

15.634

**CFDA Title:**

State Wildlife Grants

**12. Funding Opportunity Number:**

F14AS00127

**Title:**

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

**13. Competition Identification Number:**


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

MARIN, SANTA CRUZ, CALIFORNIA, ALPINE, EL DORADO, PLACER, NEVADA, SIERRA, PLUMAS, LASSEN COUNTIES

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

HIGH ELEVATION SPECIES NORTHERN SIERRA

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-004

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

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

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

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>a. Federal</td>
<td>490,443.00</td>
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<tr>
<td>b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<td>c. State</td>
<td>264,085.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>754,528.00</strong></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 05/29/2014.
- [ ] 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 21, Section 1001)

** I AGREE

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

### Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name: LISA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: BAYS</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong> STAFF SERVICES MANAGER I</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone Number:</strong> 916-445-3701</td>
<td></td>
</tr>
<tr>
<td>Fax Number: 916-327-0062</td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:LISA.BAYS@WILDLIFE.CA.GOV">LISA.BAYS@WILDLIFE.CA.GOV</a></td>
<td></td>
</tr>
<tr>
<td><strong>Signature of Authorized Representative:</strong> [Signature]</td>
<td></td>
</tr>
</tbody>
</table>

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

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

3. Date Received:
   - [ ]
   - [x] 02/03/2014
   - [ ]

4. Applicant Identifier:
   - [ ]
   - [ ] N/A

5a. Federal Entity Identifier:
   - [ ]

5b. Federal Award Identifier:
   - [ ]
   - [ ] 05-01763

6. Date Received by State:
   - [ ]
   - [ ] 02/03/2014
   - [ ]

7. State Application Identifier:
   - [ ]
   - [ ] SAF-Exempt

8. APPLICANT INFORMATION:

   a. Legal Name:
   - [ ]
   - [ ] California Department of Parks and Recreation

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   - [ ]
   - [ ] 68-0303606

   c. Organizational DUNS:
   - [ ]
   - [ ] 172070670000

   d. Address:
   - [ ]
   - [ ] P.O. Box 942896
   - [ ]
   - [ ] Sacramento
   - [ ]
   - [ ] CA: California
   - [ ]
   - [ ] USA: UNITED STATES
   - [ ]
   - [ ] 94296-0001

   e. Organizational Unit:
   - [ ]
   - [ ] Parks and Recreation
   - [ ]
   - [ ] Grants and Local Services

   f. Name and contact information of person to be contacted on matters involving this application:
   - [ ] Prefix: Ms.
   - [ ] First Name: Stephanie
   - [ ] Middle Name:
   - [ ] Last Name: Schiechl
   - [ ] Suffix:
   - [ ] Title: Associate Park and Recreation Specialist
   - [ ] Organizational Affiliation:
   - [ ] Parks and Recreation
   - [ ] Telephone Number: 916-651-8580
   - [ ] Fax Number:
   - [ ] Email: Stephanie.Schiechl@parks.ca.gov
**Application for Federal Assistance SF-424**

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

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

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

**Other (specify):**

**10. Name of Federal Agency:**
- National Park Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15-916

**CFDA Title:**
- Outdoor Recreation Acquisition, Development and Planning

**12. Funding Opportunity Number:**

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- City of Palmdale
- Helen Park Creation Project

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-025

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

**17. Proposed Project:**
- *a. Start Date:* 08/15/2014
- *b. End Date:* 06/30/2017

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

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<td>*b. Applicant</td>
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<td>*c. State</td>
<td>148,252.00</td>
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<td>*d. Local</td>
<td>1,969,625.00</td>
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<td>*f. Program Income</td>
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<td>*g. TOTAL</td>
<td>4,235,754.00</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 05/28/2014.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

☒ I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Mrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>First Name:</em></td>
<td>Jean</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td><em>Last Name:</em></td>
<td>Lacher</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td><em>Title:</em></td>
<td>Chief, Office of Grants and Local Services</td>
</tr>
<tr>
<td><em>Telephone Number:</em></td>
<td>916-651-0597</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td><em>Email:</em></td>
<td><a href="mailto:Jean.Lacher@parks.ca.gov">Jean.Lacher@parks.ca.gov</a></td>
</tr>
</tbody>
</table>

*Signature of Authorized Representative:*

*Date Signed: 5-28-14*
Application for Federal Assistance SF-424

Version 02

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

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

* 3. Date Received:

Completed by State 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: 01498057

8. APPLICANT INFORMATION:

* a. Legal Name: STATE OF CALIFORNIA

* b. Employer/Taxpayer Identification Number (EIN/TIN):
[4-1697567]

* c. Organizational DUNS:
[808223580000]

d. Address:

* Street: 1831 9TH STREET

Street2:

* City: SACRAMENTO

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95811-7011

e. Organizational Unit:

Department Name: 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
<table>
<thead>
<tr>
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<th><strong>Version 02</strong></th>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<td>A: State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
<td>Fish and Wildlife Service</td>
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<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
<td>15.634</td>
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<tr>
<td>CFDA Title:</td>
<td>State Wildlife Grants</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
<td>F14AS006127</td>
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<tr>
<td>* Title:</td>
<td>RE (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
<td></td>
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<tr>
<td>Title:</td>
<td></td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
<td>ALL COUNTRIES</td>
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<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
<td>STATE WILDLIFE ACTION PLAN UPDATE PHASE III</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-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 ($):
   * a. Federal 360,253.00
   * b. Applicant 0.00
   * c. State 120,084.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 480,337.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   c. Program is not covered by E.O. 12372.
   ❌ 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.

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

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

Sufffix: 

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3761 Fax Number: 916-327-0052

* 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 10/2006)
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:
   - [ ] Preapplication
   - [ ] Application
   - [ ] Changed/Corrected Application
   - [ ] Revision
   - [ ] Other (Specify)

4. Applicant Identifier:
   - [ ] EIN/TIN
   - [ ] DUNS
   - [ ] Other

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: STATE OF CALIFORNIA
   - b. Employee/Taxpayer Identification Number (EIN/TIN):
     - 94-18321567
   - c. Organizational DUNS:
     - 8083223580000

9. Address:
   - Street1: 1831 5TH STREET
   - City: SACRAMENTO
   - County:
   - State: CA – California
   - Province:
   - Country: USA – 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:
    - Middle Name:
    - Last Name: SALAZAR
    - Suffix:
    - First Name: BRIAN

12. Telephone Number:
    - [ ] Telephone: 916-323-6201
    - Fax Number: 916-327-6320

13. Email:
    - [ ] Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
<table>
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<th>Application for Federal Assistance SF-424</th>
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<td>10. Name of Federal Agency:</td>
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<td>CFDA Title:</td>
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<td>State Wildlife Grants</td>
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<td>12. Funding Opportunity Number:</td>
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<tr>
<td>F14AS000127</td>
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<td>Title:</td>
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<td>R8 (CA/SV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<tr>
<td>13. Competition Identification Number:</td>
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<td>Title:</td>
<td></td>
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<tr>
<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td>San Diego and Orange Counties</td>
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<td>15. Descriptive Title of Applicant's Project:</td>
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<tr>
<td>Golden Eagle Territory and Non-Breeding Season Movements in Southern California</td>
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Application for Federal Assistance SF-424

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

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

18. Estimated Funding ($):
   * a. Federal: 259,000.00
   * b. Applicant: 0.00
   * c. State: 161,000.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 460,000.00

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 05/30/2014.
   * b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   * c. Program is not covered by E.O. 12372.

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

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

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

Authorized Representative:

Prefix:  
* First Name: LISA

Middle Name:  

* Last Name: BAYS

Suffix:  

* Title: STAFF SERVICES MANAGER I

* Telephone Number: 916-445-3701  
Fax Number: 916-337-0062

* Email: LISA.BAYS@FWS.GOV

* Signature of Authorized Representative: [Signature]

Authorized for Local Reproduction: Complied by Grants.gov upon submission.  

Date Signed: [Date]  
Complied by Grants.gov upon submission.  

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

Version 02

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

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

* If Revision, select appropriate letter(s):

RECEIVED

3. Date Received: MAY 30 2014

Complied by Grants.gov upon submission.

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

G1438085

8. APPLICANT INFORMATION:

a. Legal Name:
   STATE OF CALIFORNIA

b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-1637567

c. Organizational DUNS Number:
   8083223580000

d. Address:
   1031 9TH STREET
   SACRAMENTO
   CA: California
   USA: UNITED STATES
   Zip / Postal Code: 95811-7011

Department Name:
PIER 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: 916-222-6201
Fax Number: 916-227-8220
* Email: BRIAN.SALAZAR@WILDLIFE.CA.GOV
**Application for Federal Assistance SF-424**

<table>
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<th>Section</th>
<th>Details</th>
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<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
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<td>* Other (specify):</td>
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<td>CFDA Title:</td>
<td>State Wildlife Grants</td>
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<td>*12. Funding Opportunity Number:</td>
<td>F14AX500127</td>
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<td>* Title:</td>
<td>88 (CA/NV) State Wildlife Grant Program for State Fish and Game Agencies</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>ALL COUNTIES</td>
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<td>*15. Descriptive Title of Applicant's Project:</td>
<td>ENHANCED PASSIVE SURVEILLANCE FOR WILDLIFE DISEASES IN CALIFORNIA</td>
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</table>

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 **ALL**

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

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

18. Estimated Funding (B):
   * a. Federal **176,321.00**
   * b. Applicant **0.00**
   * c. State **99,942.00**
   * d. Local **0.00**
   * e. Other **0.00**
   * f. Program Income **0.00**
   * g. TOTAL **276,263.00**

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 **05/30/2014**
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   - [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 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: **STAFF SERVICES MANAGER**

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

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

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

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

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

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:
   - [X] Application
   - [ ] Continuation
   - [ ] Revision

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

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

4. Applicant Identifier:
   - [ ] State Clearinghouse
   - [ ] Federal Entity Identifier
   - [ ] Federal Award Identifier
   - [ ] State Application Identifier

5. State Use Only:
   - [ ] Date Received by State:
   - [ ] State Application Identifier

6. Applicant Information:
   - [ ] Legal Name: STATE OF CALIFORNIA
   - [ ] Employer/Taxpayer Identification Number (EIN/TIN):
     - 94-1697567
   - [ ] Organizational DUNS:
     - 0083223580000

7. Address:
   - [ ] Street: 1831 5TH STREET
   - [ ] City: SACRAMENTO
   - [ ] State: CA: California
   - [ ] County:
   - [ ] Province:
   - [ ] Country: USA: UNITED STATES
   - [ ] Zip/Postal Code: 95811-7011

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

9. Name and Contact Information of Person to be Contacted on Matters Involving this Application:
   - [ ] Prefix:
   - [ ] Middle Name:
   - [ ] Last Name: SALTAR
   - [ ] Suffix:
   - [ ] First Name: BRIAN
   - [ ] Title: GRANT ADMINISTRATOR
   - [ ] Organizational Affiliation:

10. Contact Information:
    - [ ] Telephone Number: 916-325-6201
    - [ ] Fax Number: 916-327-6320
    - [ ] Email: BRIAN.SALTAR@WILDLIFE.CA.GOV

OMB Number: 4040-0004
Expiration Date: 01/31/2009

MAY 30 2014
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
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<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>A: State Government</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
</tr>
<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<tr>
<td>* Other (specify):</td>
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<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
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<tr>
<td>Fish and Wildlife Service</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<tr>
<td>15.634</td>
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<tr>
<td>CFDA Title:</td>
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<tr>
<td>State Wildlife Grants</td>
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<tr>
<td>* 12. Funding Opportunity Number:</td>
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<td>PSAS000127</td>
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<td>* Title:</td>
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<tr>
<td>R8 (CA/WV) State Wildlife Grant Program for State Fish and Game Agencies</td>
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<td><strong>13. Competition Identification Number:</strong></td>
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<td></td>
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<tr>
<td>Title:</td>
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<td></td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>SAN DIEGO COUNTY</td>
</tr>
<tr>
<td>* 15. Descriptive Title of Applicant's Project:</td>
</tr>
<tr>
<td>EFFECTS OF HUMAN USE OF NCCF RESERVES ON REPTILE AND MAMMAL SPECIES IN SAN DIEGO COUNTY</td>
</tr>
</tbody>
</table>

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

**Version 02**

16. Congressional District Of:
   - **a. Applicant:** CA-005
   - **b. Program/Project:** CA-049

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 (F)

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<th>Description</th>
<th>Amount</th>
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<td>399,248.00</td>
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<td>b. Applicant</td>
<td>0.00</td>
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<tr>
<td>c. State</td>
<td>166,516.00</td>
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<tr>
<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>g. TOTAL</strong></td>
<td>475,766.00</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 05/30/2014.
  - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
  - [ ] c. Program is not covered by E.O. 12372.

- **20. Is the Applicant Delinquent On Any Federal Debt? (If ‘Yes’, provide explanation.)**
  - [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 21, Section 1301)

  - [x] ** I AGREE

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: LISA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>BAYS</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>STAFF SERVICES MANAGER I</td>
</tr>
<tr>
<td><strong>Telephone Number:</strong> 916-443-3701</td>
<td><strong>Fax Number:</strong> 916-327-0062</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:LISA.BAYS@WILDLIFE.CA.GOV">LISA.BAYS@WILDLIFE.CA.GOV</a></td>
</tr>
<tr>
<td><strong>Signature of Authorized Representative:</strong> Completed by Grants.gov upon submission</td>
<td><strong>Date Signed:</strong> Completed by Grants.gov upon submission</td>
</tr>
</tbody>
</table>

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