Federal Grant Applications

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

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

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

*3. Date Received:*

*4. Applicant Identifier:*
1189-1543

*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: Sonoma County Transportation Authority*

*b. Employer/Taxpayer Identification Number (EIN/TIN):*
EIN 91-1861000

*c. Organizational DUNS:*
036406911

*d. Address:*

- **Street 1:** 490 Mendocino Ave, Ste 205
- **City:** Santa Rosa
- **State:** CA
- **ZIP / Postal Code:** 95401

**e. Organizational Unit:**

- Department Name: Regional Climate Protection Authority
- Division Name: 

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

- **Prefix:**
- **First Name:** Lauren
- **Middle Name:**
- **Last Name:** Casey
- **Suffix:**

- **Title:** Deputy Director, Climate Programs

**Organizational Affiliation:**

- **Telephone Number:** 707-565-5379
- **Fax Number:**

- **Email:** lcasey@sctainfo.org
Application for Federal Assistance SF-424

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

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:
   81.117
   CFDA Title:
   Climate Action Champions

*12 Funding Opportunity Number:
   DE-FOA-0001189

*Title:
   Climate Action Champions - Request for Applications

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   Sonoma County: Unincorporated County, City of Cloverdale, City of Cotati, City of Healdsburg, City of Petaluma, City of Rohnert Park, City of Santa Rosa, City of Sebastopol, City of Sonoma, Town of Windsor

*15. Descriptive Title of Applicant's Project:
   Sonoma County Regional Climate Protection
Application for Federal Assistance SF-424

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

17. Proposed Project:
   *a. Start Date: 12/01/2014
   *b. End Date: 12/01/2017

18. Estimated Funding ($) :
   *a. Federal
   *b. Applicant
     $3,750,000
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL
     $3,750,000

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/24/2014
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E. O. 12372

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

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

Authorized Representative:
Prefix:                 *First Name: Suzanne
Middle Name:           
*Last Name: Smith
Suffix:                

*Title: Executive Director
*Telephone Number: 707-565-5373 Fax Number:
*Email: suzsmith@sctainfo.org

*Signature of Authorized Representative: [Signature]
*Date Signed: 10/24/14
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

1. a. Type of Submission:
   - Application [✓]
   - Plan
   - Funding Request
   - Other
   - Other (specify)

1. b. Frequency:
   - Annual [✓]
   - Quarterly
   - Other
   - Other (specify)

1. d. Version:
   - Initial
   - Resubmission
   - Revision
   - Update

2. Date Received:
   STATE USE ONLY:
   Completed by Grant.gov upon submission.

3. Applicant Identifier:
   FTA Recipient ID 41658

4. Federal Entity Identifier:

4b. Federal Award Identifier:

1. c. Consolidated Application/Plan/Funding Request?
   Yes [✓] No

7. APPLICANT INFORMATION:

   a. Legal Name:
   Sacramento Area Council of Governments

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   68-0155362

   c. Organizational DUNS:
   056835705

   d. Address:
   Street:
   415 L Street
   Suite 200
   City:
   Sacramento
   County:
   Sacramento
   State:
   CA: California
   Province:
   Country:
   USA: UNITED STATES
   Zip / Postal Code:
   95814-2943

   e. Organizational Unit:
   Department Name:
   Transportation Services
   Division Name:

   f. Name and contact information of person to be contacted on matters involving this submission:
   Prefix:
   Mr.
   Last Name:
   Sprowls
   First Name:
   Sharon
   Middle Name:
   Suffix:
   Title: Senior Program Specialist
   Organizational Affiliation:
   Sacramento Area Council of Governments
   Telephone Number: 9163466215
   Fax Number: 9163219551
   Email: jsprwls@aacog.org

Authorized for Local Reproduction

Standard Form 424 Mandatory (Effective 09/2005)
Prescribed by OMB Circular A-102
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

* 8a. TYPE OF APPLICANT:
   E: Regional Organization

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:
   207/Federal Transit Administration

10. Catalog of Federal Domestic Assistance Number:
    20.500

CFDA Title:
Federal Transit: Capital Investment Grants

11. Areas Affected by Funding:
    Planned 3.3-mile Streetcar corridor in the cities of Sacramento and West Sacramento, California

12. CONGRESSIONAL DISTRICTS OF:
   a. Applicant: CA-6
   b. Program/Project: CA-6

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

13. FUNDING PERIOD:
   a. Start Date: 06/01/2015
   b. End Date: 06/01/2017

14. ESTIMATED FUNDING:
   a. Federal ($):
      1,128,720.00
   b. Match ($):
      284,288.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?
   X a. This submission was made available to the State under the Executive Order 12372 Process for review on: 11/03/2014
   □ b. Program is subject to E.O. 12372 but has not been selected by State for review.
   □ c. Program is not covered by E.O. 12372.
APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Is the Applicant Delinquent On Any Federal Debt?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 17. 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 | X |

---

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

### Authorized Representative:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Prefix</td>
<td>Ms.</td>
</tr>
<tr>
<td>First Name</td>
<td>Barbara</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Vaughn Bechtold</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Associate Planner</td>
</tr>
</tbody>
</table>

### Organizational Affiliation:

Sacramento Area Council of Governments

### Contact Information:

** Telephone Number:
916-348-6226

** Fax Number:
916-321-9551

** Email:
 evaughnbechtold@sacog.org

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

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

Attach supporting documents as specified in agency instructions.
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: 
   Dept. of Food and Agriculture

5a. Federal Entity Identifier: 
   15-8506-1211-CA

5b. Federal Award Identifier: 

6. Date Received by State: 
   10/30/2014

7. State Application Identifier: 
   14-0434-FP

State Use Only:

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

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

   c. Organizational DUNS: 
   8074876650000

d. Address:
   - Street: 1220 N Street, Room 315
   - City: Sacramento
   - County/Parish: 
   - State: CA: California
   - Province: 
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95814

  e. Organizational Unit:
   - Department Name: Food and Agriculture
   - Division Name: Plant Health/Pest Prev Svcs

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

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

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

12. Funding Opportunity Number:
    NA

    * Title:
    NA

13. Competition Identification Number:

    Title:

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

15. Descriptive Title of Applicant’s Project:
    Asian Citrus Psyllid

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

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

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

18. Estimated Funding ($):
   * a. Federal 1,828,733.00
   * b. Applicant 0.00
   * c. State 288,112.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 2,116,845.00

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 11/05/2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach

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

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

Authorized Representative:

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

* Title: Manager, Federal Funds Management Office

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

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

* Signature of Authorized Representative:  
* Date Signed:  

Add Attachment  Delete Attachment  View Attachment
APPLICATION FOR FEDERAL ASSISTANCE

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

2. DATE SUBMITTED
☐ Pre-application
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE
☐ 11/07/2014

4. DATE RECEIVED BY FEDERAL AGENCY
☐ Federal Identifier

5. APPLICANT INFORMATION

Organizational Unit: Foothill Transit
Organizational DUNS: 94-354-2124
Address: 100 S. Vincent Avenue, Suite 200
City: West Covina
County: Los Angeles
State: CA

Name and telephone number of person to be contacted on matters involving this application (give area code):
Prefix: Mr.
First Name: Gil
Middle Name:
Last Name: Victoria
Suffix: NA
Email: g victorio@foothilltransit.org
Phone Number (give area code): (626) 931-7227
Fax Number (give area code): (626) 931-7227

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
9564868210

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

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

9. NAME OF FEDERAL AGENCY:
Federal Transit Authority

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Bus Replacement FY2015

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
20 cities and Los Angeles County

13. PROPOSED PROJECT

Start Date: 09/13/2012
Ending Date: 10/31/2016

14. CONGRESSIONAL DISTRICTS OF:

15. ESTIMATED FUNDING:

a. Federal
$23,217,273
b. Applicant
$0
c. State
$0
d. Local
$4,067,166
e. Other
$0
f. Program Income
$0
g. TOTAL
$27,284,439

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

a. This Preapplication/Application was Made Available to the State Executive Order 12372 Process for Review On
Date: 11/07/2014
b. 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 DILIGENTLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHMENTS ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative
Prefix: Mr.
First Name: Gil
Middle Name:
Last Name: Victoria
Suffix:
b. Title: Finance Manager
c. Telephone Number (give area code): (626) 931-7227
d. Signature of Authorized Representative
Signed: 11/07/2014

Previous Edition Useable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102
## Application for Federal Assistance

### 1. Type of Submission:
- Application
- Construction
- Non-Construction

### 2. Date Submitted
- 11/07/2014

### 3. Date Received by State
- 11/07/2014

### 4. Date Received by Federal Agency
- CA-90-Z226

### 5. Applicant Information

<table>
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<tr>
<th>Legal Name</th>
<th>FootHill Transit</th>
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<tbody>
<tr>
<td>Organization DUNS</td>
<td>54-364-2124</td>
</tr>
<tr>
<td>Address</td>
<td>100 S. Vincent Avenue, Suite 200</td>
</tr>
<tr>
<td>City</td>
<td>West Covina</td>
</tr>
<tr>
<td>County</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>State</td>
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</tr>
<tr>
<td>Zip Code</td>
<td>91790</td>
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<td>Country</td>
<td>USA</td>
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### 6. Employer Identification Number (EIN):
- 95-4658218

### 7. Type of Application:
- New
- Continuation

### 8. Catalog of Federal Domestic Assistance Number:
- 20-0-507

### 12. Areas Affected by Project (Cities, Counties, States, etc.):
- 20 cities and Los Angeles County

### 13. Proposed Project

| Start Date | 05/13/2012 |
| Ending Date | 10/01/2015 |

### 15. Estimated Funding:

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<th>Source</th>
<th>Amount</th>
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<tr>
<td>Federal</td>
<td>$23,217,273</td>
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<tr>
<td>Applicant</td>
<td>$</td>
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<td>State</td>
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<td>Local</td>
<td>$4,097,168</td>
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<tr>
<td>Other</td>
<td>$</td>
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<tr>
<td>Program Income</td>
<td>$</td>
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<tr>
<td>TOTAL</td>
<td>$27,314,439</td>
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</table>

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

### 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
- No

---

**Organizational Unit:**
- Department: Finance
- Division: 

**Name and telephone number of person to be contacted on matters involving this application (give area code):**
- Mr. Victorio
- 931-7227
- 931-7227

**Other (specify):**
- Joint Powers Authority

**Name of Federal Agency:**
- Federal Transit Authority

**Description Title of Applicant's Project:**
- Bus Replacement FY2015

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**Authorized for Local Reproduction**

**Previous Edition Usable**

**Standard Form 424 (Rev. 9-2003)**

**Prescribed by OMB Circular A-102**

---

**Authorized Signature:**

**Date:** 11/07/2014
Application for Federal Assistance SF-424

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<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
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<td>☑ Preapplication</td>
<td>☑ New</td>
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<tr>
<td>☐ Application</td>
<td>☐ Continuation</td>
</tr>
<tr>
<td>☐ Changed/Corrected</td>
<td>☐ Other (Specify)</td>
</tr>
<tr>
<td>Revision</td>
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</table>

* 3. Date Received:*

4. Applicant Identifier:  

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<tr>
<th>5a. Federal Entity Identifier:</th>
<th>* 5b. Federal Award Identifier:</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: USA: UNITED STATES  
Zip / Postal Code:  

e. Organizational Unit:

Department Name:  
Division Name:  
City Management:  

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

Prefix:  
Middle Name: J.  
Last Name:  
Suffix:  
Title: City Manager  
Organizational Affiliation: Municipal  

* Telephone Number:  
Fax Number:  (805) 743-4561  
* Email:  

*RECEIVED

NOV 13 2014

STATE CLEARING HOUSE
**Application for Federal Assistance SF-424**

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

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

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

* Other (specify):

**10. Name of Federal Agency:**
- USDA-RURAL DEVELOPMENT

**11. Catalog of Federal Domestic Assistance Number:**
- 10.766

**CFDA Title:**
- Community Facilities Loans and Assistance

**12. Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- City of Grover Beach

**15. Descriptive Title of Applicant's Project:**
- [Text]

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

16. Congressional Districts Of:
   * a. Applicant [248-0000]  * b. Program/Project [286-0000]

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

17. Proposed Project:
   * a. Start Date: [01-01-2015]  * b. End Date: [01-01-2016]

18. Estimated Funding ($) :
   * a. Federal [123-456-789-00]
   * b. Applicant [234-567-890-00]
   * c. State [234-567-00]
   * d. Local [234-567-890-00]
   * e. Other [234-567-890-00]
   * f. Program Income [234-567-890-00]
   * g. TOTAL [234-567-890-00]

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 [11-07-2015]
   - [ ] 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 Of Any Federal Debt? (If "Yes", please explain):
   - [ ] a. Yes  [ ] No

   If "Yes", provide explanation and attach.

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

   ** I AGREE

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

Authorized Representative:

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

* Title: [ ]
*Telephone Number: [ ] Fax Number: [ ]
* 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

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

2. Type of Application:  
   - New

3. Date Received:  
   11/14/2014

4. Applicant Identifier:  
   - Federal Entity Identifier:
   - Federal Award Identifier:

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

8. APPLICANT INFORMATION:
   - a. Legal Name: California State University Channel Islands

   - b. Employer/Taxpayer Identification Number (EIN/TIN): 912153805

   - c. Organizational DUNS: 7968799430000

   - d. Address:
     - Street1: One University Drive
     - City: Camarillo
     - State: CA: California
     - Zip / Postal Code: 93012-8599

   - e. Organizational Unit:
     - Department Name: Santa Rosa Island Res. St.
     - Division Name: Academic Affairs

   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Dr.
     - First Name: Cause
     - Middle Name:
     - Last Name: Hanna
     - Suffix:
     - Title: Santa Rosa Islands Research Station Manager
     - Organizational Affiliation: CSU Channel Islands
     - Telephone Number: (805) 437-3785
     - Fax Number:
     - Email: cause.hanna@csuci.edu
**Application for Federal Assistance SF-424**

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

**Type of Applicant 2: Select Applicant Type:**
- □ Hispanic-serving Institution

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

* Other (specify): 

**10. Name of Federal Agency:**
- Department of Commerce

**11. Catalog of Federal Domestic Assistance Number:**
- 11.463

**CFDA Title:**
- Habitat Conservation

**12. Funding Opportunity Number:**
- NOAA-NMFS-HCFO-2015-2004213

*Title:
- FY2015 Community-based Marine Debris Removal

**13. Competition Identification Number:**
- 2492987

**Title:**

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

**15. Descriptive Title of Applicant’s Project:**
- Cultivating Santa Barbara Channel Stewards

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

16. Congressional Districts Of:
   * a. Applicant CA-026
   * b. Program/Project CA-026

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

17. Proposed Project:
   * a. Start Date: 06/01/2015
   * b. End Date: 07/31/2017

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant 94,402.00
   * c. State 38,332.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 189,066.00

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 11/14/2014
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach

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

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

Authorized Representative:

Prefix: Ms.
Middle Name: 
* Last Name: Jarnagin
Suff: 

*Title: AVP, Financial Services
*Telephone Number: (805) 437-3282
Fax Number: 
*Email: missy.jarnagin@csuci.edu

*Signature of Authorized Representative: Tim Knight * Date Signed: 11/14/2014
Application for Federal Assistance SF-424

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<td>Preapplication</td>
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<td>Application</td>
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<td>Changed/Corrected Application</td>
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* Revision, select appropriate letter(s): |

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<td>9b. Federal Award Identifier:</td>
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State Use Only:

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<td>6. Data Received by State:</td>
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8. APPLICANT INFORMATION:

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<tbody>
<tr>
<td>a. Legal Name:</td>
<td>SISKIYOU STATE UNIVERSITY</td>
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<td>b. Employer/Taxpayer Identification Number (EIN/TIN):</td>
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<tr>
<td>68-0338225</td>
<td>0925546940000</td>
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<td>d. Address:</td>
<td></td>
</tr>
<tr>
<td>Street:</td>
<td>1801 East Cotati Ave</td>
</tr>
<tr>
<td>Street:</td>
<td>Stevenson Hall 3056</td>
</tr>
<tr>
<td>City:</td>
<td>ROHNERT PARK</td>
</tr>
<tr>
<td>County/Parish:</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>CA: California</td>
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<tr>
<td>County:</td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>94928-1009</td>
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<tr>
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<td>f. Name and contact Information of person to be contacted on matters involving this application:</td>
<td></td>
</tr>
<tr>
<td>Prefix:</td>
<td>Prof.</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* First Name:</td>
<td>Michelle</td>
</tr>
<tr>
<td>Last Name:</td>
<td>SOMAN</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Assoc. Prof. and Co-Organizer PACLZM Workshop</td>
</tr>
<tr>
<td>Organizational Affiliation:</td>
<td>SCHOOL OF SOCIAL SCIENCES</td>
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<tr>
<td>* Telephone Number:</td>
<td>707-664-3214</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>707-664-3332</td>
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<tbody>
<tr>
<td>* Email:</td>
<td><a href="mailto:SOMAN@SONOMA.EDU">SOMAN@SONOMA.EDU</a></td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   - [ ] Geological Survey

11. Catalog of Federal Domestic Assistance Number:
   - 15.008

CFDA Title:
   - U.S. Geological Survey, Research and Data Collection

* 12. Funding Opportunity Number:
   - 615A0000001

* Title:
   - USGS Non-Competitive Assistance FY 2015 - National Geospatial Branch

13. Competition Identification Number:
   - 615A0000001

Title:

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

* 15. Descriptive Title of Applicant's Project:

Request for student and early career scientist travel support for PACLIM workshop 2015

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

16. Congressional Districts Or:
   a. Applicant: CA-05
   b. Program/Project: CA-17

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

17. Proposed Project:
   a. Start Date: 11/30/2014
   b. End Date: 03/30/2015

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

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 11/14/2014.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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   X Yes
   No
   If "Yes," provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1051)"

   ** 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: Jeff
Middle Name: 
Last Name: Wilson
Suffix:  
Title:  Senior Director, Sponsored Programs

Telephone Number: 707-664-2715  Fax Number: 707-664-4463
Email: jeff.wilson@sonoma.edu
Signature of Authorized Representative:  Completed by Grants.gov upon submission.  
Date Signed:  Completed by Grants.gov upon submission.