

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2016**. 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   |   |  |
|---|---|--|
| <b>* 1. Type of Submission:</b><br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application | <b>* 2. Type of Application:</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision | <b>* If Revision, select appropriate letter(s):</b><br>_____<br><b>* Other (Specify):</b><br>_____ |
| <b>* 3. Date Received:</b><br>_____   | <b>4. Applicant Identifier:</b><br>CDFW <b>Governor's Office of Planning &amp; Research</b>   |  |
| <b>5a. Federal Entity Identifier:</b><br>_____  | <b>5b. Federal Award Identifier:</b><br>NOV 04 2016<br>STATE CLEARINGHOUSE  |  |
| <b>State Use Only:</b>  |   |  |
| <b>6. Date Received by State:</b> _____   | <b>7. State Application Identifier:</b> G1698099  |  |
| <b>8. APPLICANT INFORMATION:</b>  |   |  |
| <b>* a. Legal Name:</b> State of California   |   |  |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>94-1697567  | <b>* c. Organizational DUNS:</b><br>8083223580000   |  |
| <b>d. Address:</b>  |   |  |
| <b>* Street1:</b> 1416 9th Street   | _____   |  |
| <b>Street2:</b> 1st Floor, Room 117   | _____   |  |
| <b>* City:</b> Sacramento   | _____   |  |
| <b>County/Parish:</b>   | _____   |  |
| <b>* State:</b> CA: California  | _____   |  |
| <b>Province:</b>  | _____   |  |
| <b>* Country:</b> USA: UNITED STATES  | _____   |  |
| <b>* Zip / Postal Code:</b> 95418-5500  | _____   |  |
| <b>e. Organizational Unit:</b>  |   |  |
| <b>Department Name:</b> CA. Dept. of Fish and Wildlife  | <b>Division Name:</b> Federal Assistance Section  |  |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b>   |   |  |
| <b>Prefix:</b> _____  | <b>* First Name:</b> Patricia   |  |
| <b>Middle Name:</b> _____   | _____   |  |
| <b>* Last Name:</b> Jackson   | _____   |  |
| <b>Suffix:</b> _____  | _____   |  |
| <b>Title:</b> Section 6 Grants Analyst  |   |  |
| <b>Organizational Affiliation:</b> CDFW Federal Assistance Section  |   |  |
| <b>* Telephone Number:</b> 916-445-9513   | <b>Fax Number:</b> _____  |  |
| <b>* Email:</b> patricia.jackson@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:**

U.S. Department of Interior, Fish and Wildlife Service

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

15-615

**CFDA Title:**

Cooperative Species Conservation - Section 6

**\* 12. Funding Opportunity Number:**

F16AS00074

**\* Title:**

Traditional Endangered Species Section 6

**13. Competition Identification Number:**

**Title:**

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

Add Attachment

Delete Attachment

View Attachment

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

Traditional Section 6 (FY 2016)  
Evaluating the success of reintroducing fisher to the northern Sierra Nevada and applications for conserving the species (final phase)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant: CA 6

\* b. Program/Project: CA 1

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 11/2/2016

\* b. End Date: 11/01/2019

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

|                     |            |
|---------------------|------------|
| * a. Federal        | 200,000.00 |
| * b. Applicant      | 0.00       |
| * c. State          | 0.00       |
| * d. Local          | 66,667.00  |
| * e. Other          | 0.00       |
| * f. Program Income | 0.00       |
| * g. TOTAL          | 266,667.00 |

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

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

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

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

\*\* 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

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

\* Email: lisa.bays@wildlife.ca.gov

\* Signature of Authorized Representative: 

\* Date Signed: 11/05/16