Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse November 16 - 30, 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**

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

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

<table>
<thead>
<tr>
<th><em>a. Legal Name:</em></th>
<th>Regents of the University of California Davis</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>b. Employer/Taxpayer Identification Number (EIN/TIN):</em></td>
<td>94-6036494</td>
</tr>
<tr>
<td><em>c. Organizational DUNS:</em></td>
<td>0471200840000</td>
</tr>
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**d. Address:**

<table>
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<tr>
<th><em>Street:</em></th>
<th>1850 Research Park Drive, Suite 300</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>City:</em></td>
<td>Davis</td>
</tr>
<tr>
<td><em>County/Parish:</em></td>
<td>Yolo</td>
</tr>
<tr>
<td><em>State:</em></td>
<td>CA: California</td>
</tr>
<tr>
<td><em>Province:</em></td>
<td></td>
</tr>
<tr>
<td><em>Country:</em></td>
<td>USA: UNITED STATES</td>
</tr>
<tr>
<td><em>Zip / Postal Code:</em></td>
<td>95618-6153</td>
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**e. Organizational Unit:**

<table>
<thead>
<tr>
<th><em>Department Name:</em></th>
<th><em>Division Name:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Research</td>
<td>Sponsored Programs</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><em>Prefix:</em></th>
<th></th>
<th><em>First Name:</em></th>
<th>Kirsten</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Middle Name:</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Last Name:</em></td>
<td></td>
<td>Gilardi</td>
<td></td>
</tr>
<tr>
<td><em>Suffix:</em></td>
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<td></td>
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<table>
<thead>
<tr>
<th><em>Title:</em></th>
<th>SR Veterinarian</th>
</tr>
</thead>
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<tr>
<th><em>Organizational Affiliation:</em></th>
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<table>
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<tr>
<th><em>Telephone Number:</em></th>
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<td>530-752-4896</td>
<td>530-752-3318</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><em>Email:</em></th>
<th><a href="mailto:kgilardi@ucdavis.edu">kgilardi@ucdavis.edu</a></th>
</tr>
</thead>
</table>

**STATE CLEARING HOUSE**

**RECEIVED**
### Application for Federal Assistance SF-424

**9. Type of Applicant:**

- Public/State Controlled Institution of Higher Education

**Type of Applicant 2:**

- 

**Type of Applicant 3:**

- 

* 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:

FT2015 Community-based Marine Debris Removal

**13. Competition Identification Number:**

2499287

**Title:**

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

15. Descriptive Title of Applicant’s Project:

Fisherman-led Dungeness crab gear recovery in Northern and Central California

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: 06/01/2015
   * b. End Date: 08/31/2016

18. Estimated Funding ($):

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<th>Amount</th>
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<tr>
<td>a. Federal</td>
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<td>b. Applicant</td>
<td>0.00</td>
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<td>c. State</td>
<td>0.00</td>
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<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>70,280.00</td>
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<tr>
<td>f. Program Income</td>
<td>0.00</td>
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<td>g. TOTAL</td>
<td>268,596.00</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 11/17/2014
   - 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 in attachment.)
   - Yes [x] No

   If “Yes”, provide explanation and attach

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

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

**Authorized Representative:**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Srlita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name: Neri</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>* Title: Contracts and Grants Analyst</td>
<td></td>
</tr>
<tr>
<td>* Telephone Number: 530-754-7700</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>* Email: <a href="mailto:ppnri@ucdavis.edu">ppnri@ucdavis.edu</a></td>
<td></td>
</tr>
<tr>
<td>* Signature of Authorized Representative: Srlita Neri</td>
<td>* Date Signed: 11/17/2014</td>
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Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:
   - RECEIVED

* 4. Applicant Identifier:
   - NOV 18 2014

* a. Federal Entity Identifier:
   - STATE CLEARING HOUSE

* b. Federal Award Identifier:
   - STATE CLEARING HOUSE

* c. Last Date Received by State:

State Use Only:

8. Date Received by State:

7. State Application Identifier:

6. APPLICANT INFORMATION:

* a. Legal Name:

   University of Southern California

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

   95-1642394

* c. Organizational DUNS:

   072923393

d. Address:

* Street:

   3720 South Flower Street

* City:

   Los Angeles

* State:

   California

* Province:

   USA

* Country:

   UNITED STATES

* Zip/Postal Code:

   90059-0701

e. Organizational Unit:

   Department Name:
   Dept of Contracts & Grants

   Division Name:

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

* First Name:

   Leonard

* Last Name:

   Mitchell

* Prefix:

   Mr.

* Suffix:

Title:

   Executive Director, CED

Organizational Affiliation:

* Telephone Number:

   213-740-1487

* Fax Number:

   213-740-0373

* Email:

   mitchell@usc.edu
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<thead>
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<th>Application for Federal Assistance SF-424</th>
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<td>10. Name of Federal Agency:</td>
<td>Economic Development Administration</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
<td>11.307</td>
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<td>CFDA Title:</td>
<td>Economic Adjustment Assistance</td>
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<td>* 12. Funding Opportunity Number:</td>
<td>EDAP2014</td>
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<tr>
<td>* Title:</td>
<td>FY 2014 Economic Development Assistance Programs</td>
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</table>
| 13. Competition Identification Number: | EDD-A-
| Title: | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | Counties of Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura |
| * 15. Descriptive Title of Applicant's Project: | Reinventing How Economic Development is Done in Manufacturing with the Advanced Manufacturing Partnership for Southern California (AMP SoCal) |
| Attach supporting documents as specified in agency instructions. | |

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

18. Congressional Districts Of:
   * a. Applicant [CA37]  
      b. Program/Project 23-53

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

Add Attachment  Delete Attachment  View Attachment

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

16. Estimated Funding ($):

   * a. Federal  
        2,459,474.00
   * b. Applicant  
        737,317.00
   * c. State  
        0.00
   * d. Local  
        0.00
   * e. Other  
        22,500.00
   * f. Program Income  
        0.00
   * g. TOTAL  
        3,259,291.00

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 11/18/2014.
   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

Explanation:

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

   x I AGREE

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

Authorized Representative:

Prefix:  
Middle Name:  
* Last Name: Balazar
Suffix:  
Title: Contract & Grant Officer
* Telephone Number: 213-746-6119
* Email: amandas@usc.edu

* Signature of Authorized Representative: [Signature]
* Date Signed: 11/14/14

Authorized for Local Reproduction

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

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

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

3. Data Received:
   - Composed: SEP 4 5 2014
   - Received: NOV 1 8 2014

4. Applicant Identifier:
   - State/Clearing House

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Providence International Enterprises

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

   c. Organizational DUNS:

9. Address:

   Street 1: 1809 Millipop Drive Suite 212
   Street 2: 
   City: Redding
   County/Parish: 
   State: CA
   Province: 
   Country: USA: UNITED STATES
   Zip / Postal Code: 96002

10. Organizational Unit:
    - Department Name: 
    - Division Name: Agriculture/RURAL DEVELOPMENT

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

   Prefix: Mr.
   First Name: Robert
   Middle Name: Bud
   Last Name: Hancock
   Suffix: 
   Title: Founder/Director

12. Organizational Affiliation:
    - N.A.

   * Telephone Number: (530) 243-1372
   * Fax Number:

   * Email: Providence@charter.net
Application for Federal Assistance SF-424

5. Type of Applicant 1 - Select Applicant Type:
Non-Profit: 501(c)

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:

12. Funding Opportunity Number:

10.766 Community Facilities Loans and Grants

* Title:

13. Competition Identification Number:

Title:

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

Shasta County

16. Descriptive Title of Applicant's Project:
Facility Purchase for Housing and Work Experience for Homeless 16-24 year old foster care and Juvenile Hall young people

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:
   b. End Date:

18. Estimated Funding (a):
   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 Procedures for review on 09-10-2014.
   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 1051)

22. 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: lincoln
* Last Name: Hancock
Suffix:
* Title: Founder/Director
* Telephone Number: (830) 243-3373
Fax Number:
* Email: ProvidenceCharter.net
* Signature of Authorized Representative: Completed by Grants.gov upon submission.
* Date Signed: Completed by Grants.gov upon submission.
Thank you for your assistance and if you have any questions please do not hesitate.

The fax number is (305) 233-3018.

This completes the file clearinghouse.

Fax No. (96) 323-8699.

Please fax a copy of this memo to the administrative assistant.

SUBJECT: Procedure/Information/Expedite

Government Affairs Office of Planning and Research

Fax No. (96) 323-3018

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET:

12:27 PM
November 18, 2014

DATE:

TIME:

November 18, 2014

TIME:

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET:

Fax TRANSMIT
Application for Federal Assistance SF-424

1. Type of Submission: Preapplication

2. Type of Application: New

* If Revision, select appropriate letter(s):

3. Date Received: N/A

4. Applicant Identifier: STATE CLEARING HOUSE

5a. Federal Entity Identifier: N/A

5b. Federal Award Identifier: STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: N/A

7. State Application Identifier: N/A

8. APPLICANT INFORMATION:

a. Legal Name: CITY OF WINTERS

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6003452

c. Organizational DUNS: 380719267

d. Address:
   Street 1: ALL STREET
   Street 2: WINTERS
   City: WINTERS
   County/Parish: N/A
   State: CA
   Province: USA
   Country: UNITED STATES
   Zip / Postal Code: 95694

e. Organizational Unit:
   Department Name: CITY OF WINTERS
   Division Name: PUBLIC WORKS

f. Name and contact information of person to be contacted on matters involving this application:
   Prefix: N/A
   First Name: JIM
   Middle Name: N/A
   Last Name: FLETTER
   Suffix: N/A
   Title: ASSISTANT CITY ENGINEER

Organizational Affiliation:

PONTICELLO ENTERPRISES

* Telephone Number: (530) 668-5883
Fax Number: 

* Email: jim.fletter@ponticelloinc.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   C. CITY GOVERNMENT

Type of Applicant 2 - Select Applicant Type:

E. REGIONAL ORGANIZATION

Type of Applicant 3 - Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA RURAL DEVELOPMENT SERVICE, CALIFORNIA

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

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

CITY OF WINTERS

15. Descriptive Title of Applicant's Project:

WEST MAIN STREET PUMP STATION AND FORCE MAIN,
EAST STREET AND EL NIO VILLA SEWER PUMP STATION CONTROL PANEL REPLACEMENT

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-003.
   * b. Program/Project: CA-003.

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

17. Proposed Project:
   * a. Start Date: 01-01-2015
   * b. End Date: 12-31-2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: $4,949,000.00

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 01-22-2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ☐ c. Program is not covered by E.O. 12372.

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

If "Yes," provide explanation and attach.

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

Telephone Number: (530) 795-4910
Fax Number: 

Email: john.donlevy@cityofwinters.org

Signature of Authorized Representative: ____________________________  Date Signed: 11-12-2014
Completed by Grants.gov upon submission.
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Type of Submission:</strong></td>
<td>Preapplication</td>
</tr>
<tr>
<td><strong>2. Type of Application:</strong></td>
<td>Application</td>
</tr>
<tr>
<td><strong>If Revision, select appropriate letter(s):</strong></td>
<td>New</td>
</tr>
<tr>
<td><strong>Other (Specify):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. Date Received:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4. Applicant Identifier:</strong></td>
<td>Dept. of Food and Agriculture</td>
</tr>
<tr>
<td><strong>5a. Federal Entity Identifier:</strong></td>
<td>15-8506-0934-GR</td>
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<td><strong>5b. Federal Award Identifier:</strong></td>
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<td><strong>State Use Only:</strong></td>
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<tr>
<td><strong>6. Date Received by State:</strong></td>
<td></td>
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<tr>
<td><strong>7. State Application Identifier:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8. APPLICANT INFORMATION:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a. Legal Name:</strong></td>
<td>State of California</td>
</tr>
<tr>
<td><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong></td>
<td>68-0325104</td>
</tr>
<tr>
<td><strong>c. Organizational DUNS:</strong></td>
<td>8074976650000</td>
</tr>
<tr>
<td><strong>d. Address:</strong></td>
<td>1220 N Street, Room 315</td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td>Sacramento</td>
</tr>
<tr>
<td><strong>County/Parish:</strong></td>
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</tr>
<tr>
<td><strong>State:</strong></td>
<td>CA: California</td>
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<td><strong>Province:</strong></td>
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<td><strong>Country:</strong></td>
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<tr>
<td><strong>Zip / Postal Code:</strong></td>
<td>95814</td>
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<td><strong>e. Organizational Unit:</strong></td>
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<tr>
<td>Department Name:</td>
<td>Food and Agriculture</td>
</tr>
<tr>
<td>Division Name:</td>
<td>Plant Health/Pest Prer Svcs</td>
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<td><strong>f. Name and contact information of person to be contacted on matters involving this application:</strong></td>
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<tr>
<td>Prefix:</td>
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</tr>
<tr>
<td>* First Name:</td>
<td>Jason</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Chan</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td><strong>Organizational Affiliation:</strong></td>
<td>California Department of Food and Agriculture</td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
<td>(916) 654-1211</td>
</tr>
<tr>
<td><strong>Fax Number:</strong></td>
<td>(916) 654-0555</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:jason.chan@cdfa.ca.gov">jason.chan@cdfa.ca.gov</a></td>
</tr>
</tbody>
</table>
**Application for Federal Assistance SF-424**

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

**13. Competition Identification Number:**

Title:

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

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

Exotic Fruit Fly Survey

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

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

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

16. Estimated Funding ($):
   * a. Federal 2,000,000.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 2,000,000.00

* 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 11/18/2014
   ☐ 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) 657-3211  Fax Number:

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

* Signature of Authorized Representative:  * Date Signed: 11/18/2014
Application for Federal Assistance SF-424

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

2. Type of Application:
   - New
   - Continuation
   - Revision
   - If Revision, select appropriate letter(s):

3. Date Received:

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

5a. Federal Entity Identifier:
   - 15-6506-1317-CA

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):
   - 68-0325104

   c. Organizational DUNS:
   - 807487650000

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

   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.):**

[Add Attachment]  [Remove Attachment]  [View Attachment]

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

European Grapevine Moth

Attach supporting documents as specified in agency instructions.

[Add Attachment]  [Remove Attachment]  [View Attachment]
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: 01/01/2015
   * b. End Date: 12/31/2015

18. Estimated Funding ($):
   * a. Federal 6,341,075.00
   * b. Applicant 0.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 6,341,075.00

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 11/18/2014.
   ☐ 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) 657-3233  Fax Number: 

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

* Signature of Authorized Representative:  
* Date Signed:  

---
<table>
<thead>
<tr>
<th><strong>Application for Federal Assistance SF-424</strong></th>
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</table>
| **Type of Submission:**
| □ Preapplication                            |
| ✔ Application                                |
| □ Changed/Corrected Application             |
| **Type of Application:**
| □ New                                        |
| □ Continuation                               |
| □ Revision                                   |
| * If Revision, select appropriate letter(s):  |
| RECIPIENT                                    |
| NOV 20 2014                                   |
| **State Use Only:**                          |
| **Applicant Information:**                   |
| * a. Legal Name:                             |
| Stratford Public Utility District             |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): |
| 94-6834933                                    |
| * c. Organizational DUNS:                    |
|                                             |
| d. Address:                                  |
| Street 1: 19681 Railroad                    |
| Street 2:                                    |
| City: Stratford                             |
| County/Parish: KINGS                        |
| State: CA                                   |
| Province:                                   |
| * Country: USA: UNITED STATES                |
| * Zip / Postal Code: 92366                   |
| e. Organizational Unit:                     |
| Department Name:                            |
| Division Name:                               |
| **Person to be Contacted on Matters Involving this Application:** |
| Prefix:                                      |
| * First Name:                                |
| James                                        |
| Middle Name: H.                             |
| Last Name: Wegley                           |
| Suffix:                                      |
| Title: Consulting Civil Engineer            |
| **Organizational Affiliation:**              |
|                                             |
| * Telephone Number: (559) 732-7938           |
| Fax Number: (559) 732-7937                   |
| * Email: Kelweg1@aol.com                    |
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:
   Special District Government
   Type of Applicant 2 - Select Applicant Type:

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:
    10.763
    * Title:
    Emergency 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:
    Restore well capacity to Well Numbers 5, 6, and 7.

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

16. Congressional Districts Of:
   * a. Applicant 23,456,789
   * b. Program/Project 23,456,789

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

17. Proposed Project:
   * a. Start Date: 07-03-2022
   * b. End Date: 06-30-2023

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL $500,000.00

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
   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 any 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: Gonzalez
Suffix:
* Title: President
* Telephone Number: (559) 947-3037 Fax Number: (559) 947-9312
* Email: spud@moore.com

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

<table>
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<th>1. Type of Submission</th>
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<td>☒ Preapplication</td>
<td>☒ Application</td>
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### 8. APPLICANT INFORMATION:

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<td>912153805</td>
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<th>d. Address:</th>
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<tr>
<td>* Street: One University Drive</td>
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<td>* City: Camarillo</td>
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<tr>
<td>* County/Parish:</td>
</tr>
<tr>
<td>* State: CA: California</td>
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<th>* Province:</th>
<th>* Country: USA: UNITED STATES</th>
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<td>Division Name:</td>
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### f. Name and contact information of person to be contacted on matters involving this application:

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<th>* First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
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<tbody>
<tr>
<td>Dr.</td>
<td>Cause</td>
<td></td>
<td>Hanna</td>
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<table>
<thead>
<tr>
<th>Title:</th>
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<tr>
<td>Santa Rosa Island Research Station Manager</td>
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<td>CSU Channel Islands</td>
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<tr>
<th>* Telephone Number:</th>
<th>Fax Number:</th>
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<tbody>
<tr>
<td>(805) 437-3785</td>
<td></td>
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<tr>
<th>* Email:</th>
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<tbody>
<tr>
<td><a href="mailto:cause.hanna@csuci.edu">cause.hanna@csuci.edu</a></td>
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**OMB Number:** 4040-0004  
**Expiration Date:** 9/31/2016
**Application for Federal Assistance SF-424**

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<td>S: Hispanic-serving Institution</td>
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<td>Department of Commerce</td>
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<td>CFDA Title:</td>
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<td>2015 NOAA California Bay Watershed Education and Training (B-WET) Program</td>
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<td>2502879</td>
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<tr>
<td>Title:</td>
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<tr>
<th>14. Areas Affected by Project (Cities, Counties, States, etc.):</th>
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<tbody>
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<th>15. Descriptive Title of Applicant's Project:</th>
</tr>
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<tbody>
<tr>
<td>Crossing the Channel</td>
</tr>
</tbody>
</table>

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-026 | *b. Program/Project | CA-026 |

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

### 17. Proposed Project:

| *a. Start Date | 08/01/2015 | *b. End Date | 07/31/2016 |

### 18. Estimated Funding ($):

| *a. Federal | 59,908.00 |
| *b. Applicant | 15,695.00 |
| *c. State | 0.00 |
| *d. Local | 0.00 |
| *e. Other | 0.00 |
| *f. Program Income | 0.00 |
| *g. TOTAL | 75,603.00 |

### 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 11/20/2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

- [ ] 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.
- **First Name**: Missy
- **Middle Name**: 
- **Last Name**: Jarnagin
- **Suffix**: 
- **Title**: AVP, Financial Services
- **Telephone Number**: (805) 437-3282
- **Fax Number**: (805) 437-3366
- **Email**: Missy.Jarnagin@csuci.edu
- **Signature of Authorized Representative**: Tina Knight
- **Date Signed**: 11/20/2014
**APPLICATION FOR FEDERAL ASSISTANCE**

1. **TYPE OF SUBMISSION:**
   - Application
   - Preapplication

2. **DATE SUBMITTED:**
   - 11/20/14

3. **DATE RECEIVED BY STATE:**

4. **DATE RECEIVED BY FEDERAL AGENCY:**

5. **APPLICANT INFORMATION**
   - **Legal Name:** Los Angeles County Metropolitan Transportation Authority
   - **Address:** One Gateway Plaza, Los Angeles, California 90012-2952

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

7. **TYPE OF APPLICATION:**
   - New

8. **TYPE OF REVISION:**
   - Increase Award
   - Decrease Award
   - Increase Duration
   - Decrease Duration

9. **ORGANIZATIONAL UNIT:**
   - Regional Grants Management

10. **NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED:**
    - Emma Nogales (213) 922-3066

11. **NAME OF FEDERAL AGENCY:**
    - Federal Transit Administration

12. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
    - 20507

13. **AREAS AFFECTED BY PROJECT:**
    - County of Los Angeles, CA

14. **PROPOSED PROJECT**
    - **Start Date:** 07/01/14
    - **Ending Date:** 6/30/15
    - **Districts:** 27, 29, 30, 32, 33, 34, 37, 38, 40, 43, 44, 47

15. **ESTIMATED FUNDING**
    - **Federal:** $7,958,293.00
    - **Applicant:** $0.00
    - **State:** $0.00
    - **Local:** $1,989,574.00
    - **Other:** $0.00
    - **Program Income:** $0.00
    - **TOTAL:** $9,947,867.00

16. **APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
    - YES: This Preapplication Application was made available to the State Executive Order 12372 Process for Review on **11/20/14**
    - NO: Program is not covered by EO 12372

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 ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED**

**Cosette Stark**

- **Typed Name of Authorized Representative**
- **Deputy Executive Officer, Regional Grants Management**
- **Date Signed:** 11-20-14

**Previous Editions Not Usable**
November 20, 2014

State Clearinghouse
Governor’s Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

Attention: Grants Coordinator

REQUEST FOR CIRCULATION OF PROPOSAL

In compliance with Federal Executive Order 12372, the Los Angeles County Metropolitan Transportation Authority (LACMTA) hereby submits to the State Office of Planning and Research a copy of Standard Form 424 for the following Federal Transit Administration (FTA) grant application:

- Grant number CA-90-Z224 for Growing States Assistance to be submitted to the FTA under Title 49 U.S.C. § 5307/5340.

Please circulate the enclosed proposal to the appropriate state and local agencies as required by Executive Order 12372. Additionally, please inform us of any agency reviews and/or comments on the application so we may respond accordingly to comply with any applicable state processes.

Should you have any questions or need additional information, please contact me at (213) 922-3066. Thank you for your assistance.

Sincerely,

Emma Nogales
Transportation Planning Manager
Regional Grants Management

Enclosures

L:\grants\FTA Section 5340 Growing States\CA-90-Z224\Clearinghouse Letter CA-90-Z224.docx
Application for Federal Assistance SF-424

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

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

3. Date Received: 
4. Applicant Identifier: Dept. of Food and Agriculture

5a. Federal Entity Identifier: 15-8506-0651-CA
5b. Federal Award Identifier: 

State Use Only:
6. Date Received by State: 11/18/2014
7. State Application Identifier: 

8. APPLICANT INFORMATION:
   - a. Legal Name: State of California
   - b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0325104
   - c. Organizational DUNS: 8074876650000

   d. Address:
      - Street1: 1220 N Street, Room 315
      - City: Sacramento
      - State: CA: California
      - 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: 
      - Organization: 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.):
    [Add Attachment] [Delete Attachment] [View Attachment]

15. Descriptive Title of Applicant's Project:
    Infrastructure Project and State Survey Coordinator

Attach supporting documents as specified in agency instructions.
    [Add Attachment] [Delete Attachment] [View Attachment]
**Application for Federal Assistance SF-424**

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

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
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 27,287.00

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 11/24/2014
   - [ ] 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 in attachment.)
   - [ ] Yes  [x] No

   If "Yes", provide explanation and attach

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

   ** I AGREE

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

**Authorized Representative:**

Prefix:  
* First Name: Crystal

Middle Name:  

* Last Name: Myers

Suffx:  

* 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: 


From: Chan, Jason@CDFA <jason.chan@cdfa.ca.gov>
Sent: Monday, November 24, 2014 2:53 PM
To: OPR State Clearinghouse
Subject: SF424 needing SPOC approval - 2015 Infrastructure-0651

Hello,

Please see attached for a SF424 needing SPOC stamp approval. Review per E.O. 12372 requirements. Upon approval, please email the SF424 back to me with a stamp approval to certify your review process.

Thank you,
Jason Chan
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<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>Application</td>
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<tr>
<td>Changed/Corrected Application</td>
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**State Use Only:**

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**APPLICANT INFORMATION:**

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<tr>
<th>a. Legal Name:</th>
<th>San Francisco State University</th>
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<tbody>
<tr>
<td>b. EIN/TIN:</td>
<td>853137247</td>
</tr>
<tr>
<td>c. DUNS:</td>
<td>942514965</td>
</tr>
<tr>
<td>d. Address:</td>
<td>1600 Holloway Ave</td>
</tr>
<tr>
<td></td>
<td>ADM 471</td>
</tr>
<tr>
<td></td>
<td>San Francisco</td>
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<td></td>
<td>San Francisco</td>
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<tr>
<td></td>
<td>CA: California</td>
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<td></td>
<td>94132-1722</td>
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<tr>
<th>e. Organizational Unit:</th>
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<tr>
<td>Department Name:</td>
<td>Division Name:</td>
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<td></td>
<td>Academic Affairs</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

<table>
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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>Alison</td>
<td></td>
<td>Sanders</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Title:</th>
<th>Director</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organizational Affiliation:</th>
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<tr>
<td>San Francisco State University</td>
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<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Fax Number:</th>
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<tbody>
<tr>
<td>415-405-3943</td>
<td>415-338-2493</td>
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<table>
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<tr>
<th>Email:</th>
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<tbody>
<tr>
<td><a href="mailto:asanders@sfu.edu">asanders@sfu.edu</a></td>
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**RECEIVED**: Nov 25, 2014

**STATE CLEARING HOUSE**: 942514965
**Application for Federal Assistance SF-424**

<table>
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<th>9. Type of Applicant 1: Select Applicant Type:</th>
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<td>[ ] Public/State Controlled Institution of Higher Education</td>
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Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

**10. Name of Federal Agency:**

Department of Commerce

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

11.429

CFDA Title:

Marine Sanctuary Program

**12. Funding Opportunity Number:**

NOAA-NOS-NMS-2015-2004242

* Title:

2015 NOAA California Bay Watershed Education and Training (B-WET) Program

**13. Competition Identification Number:**

2502578

Title:

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

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

Citizen Science in the Classroom: Engaging High School Students and Teachers in Authentic Estuary Research, from Bay to Lab to Classroom

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

16. Congressional Districts Of:
   * a. Applicant  CA-012
   * b. Program/Project  CA-012

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

17. Proposed Project:
   * a. Start Date: 08/01/2015
   * b. End Date: 07/31/2017

18. Estimated Funding ($):

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<td>a. Federal</td>
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<td>b. Applicant</td>
<td>0.00</td>
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<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
</tr>
<tr>
<td>e. Other</td>
<td>0.00</td>
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<tr>
<td>f. Program Income</td>
<td>0.00</td>
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<td>g. TOTAL</td>
<td>58,490.00</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 11/19/2014.
   ○ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   ○ c. Program is not covered by E.O. 12372.

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

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

   ○ I AGREE

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

Authorized Representative:

Prefix:   
* First Name:  Alison
Middle Name:  
* Last Name:  Sanders
Suffix:  
* Title:  Director

* Telephone Number:  415-405-3943
Fax Number:  415-338-2493
* Email:  asanders@afs.edu
* Signature of Authorized Representative:  [Signature]
* Date Signed:  11/29/14

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2006)
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:  

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

5a. Federal Entity Identifier:  
  - 15-8506-0651-CA

5b. Federal Award Identifier:  

State Use Only:
6. Date Received by State:  
  - 11/18/2014

7. State Application Identifier:  

8. APPLICANT INFORMATION:

  a. Legal Name:  
  - State of California

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

  c. Organizational DUNS:  
  - 8074976650000

  d. Address:  
  - Street 1: 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:  
  - [x] 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**

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

| **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.):** |  |

<table>
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<tr>
<th><strong>15. Descriptive Title of Applicant's Project:</strong></th>
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<tr>
<td>Infrastructure Project and State Survey Coordinator</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: 6
   * b. Program/Project: CA-all

   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: 138,300.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 138,300.00

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 11/25/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

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