

Federal Grant Applications

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

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

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

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Governor's Office of Planning & Research

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

NOV 17 2016

STATE OF CALIFORNIA
GOVERNOR'S OFFICE OF PLANNING & RESEARCH
KINGSHOUSE

State Use Only:

6. Date Received by State:

11/13/2016

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Sacramento-San Joaquin Delta Conservancy

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

01-096-7313

*** c. Organizational DUNS:**

9649891930000

d. Address:

*** Street1:**

1450 Halyard Drive, Suite 6

Street2:

*** City:**

West Sacramento

County/Parish:

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95691-5038

e. Organizational Unit:

Department Name:

Water Quality

Division Name:

Watershed Initiative Network

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

Prefix:

Ms.

*** First Name:**

Shakoora

Middle Name:

*** Last Name:**

Azimi-Gaylon

Suffix:

Title:

Program Advisor

Organizational Affiliation:

State Agency

*** Telephone Number:**

916-376-4022

Fax Number:

*** Email:**

sagaylon@deltaconservancy.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:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.608

CFDA Title:

Environmental Information Exchange Network Grant Program and Related Assistance

*** 12. Funding Opportunity Number:**

EPA-OEI-17-01

* Title:

Fiscal Year 2017 National Environmental Information Exchange Network Grant Program

13. Competition Identification Number:

NONE

Title:

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

Areas Affected.pdf

Add Attachment

Delete Attachment

View Attachment

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

QED: Quality Environmental Data

A project to establish quality-control standards, tools, and general access to continuous data in the San Francisco Bay-Delta Estuary

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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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. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="24,000.00"/>
* c. State	<input type="text" value="23,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="347,000.00"/>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

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

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

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

Yes No

If "Yes", provide explanation and attach

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed: