Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse October 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

Version 02

* 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: 09/29/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

  * a. Legal Name: Center for Natural Lands Management
  
  * b. Employer/Taxpayer Identification Number (EIN/TIN): 68-0233573
  * c. Organizational DUNS: 0270265460000

  d. Address:

  * Street1: 27258 Via Industria Ste B
  Street2:
  * City: Temecula
  County:
  * State: CA: California
  Province:
  * Country: USA: UNITED STATES
  * Zip / Postal Code: 92590-3751

  e. Organizational Unit:

  Department Name: Division Name:

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

  Prefix: Dr. * First Name: Deborah
  Middle Name:
  * Last Name: Rogers
  Suffix:

  Title: Director of Conservation Science & Stewardship

  Organizational Affiliation:

  * Telephone Number: 510-799-7701 Fax Number:
  * Email: drogers@cnlm.org
Grant Application Package

Opportunity Title: Central Valley Project Conservation Program and Central
Offering Agency: Bureau of Reclamation
CFDA Number: 15.512
CFDA Description: Central Valley Project Improvement Act, Title XXXIV
Opportunity Number: R14AS00050
Competition ID: 
Opportunity Open Date: 05/30/2014
Opportunity Close Date: 09/30/2014
Agency Contact: Teresa Brown
Grants Management Specialist
E-mail: tebrown@usbr.gov

☐ I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Center of Natural Lands Management

Select Forms to Complete:

Mandatory

Application for Federal Assistance (SF-424) Complete
Budget Information for Non-Construction Programs (SF-424A) Complete
Assurances for Non-Construction Programs (SF-424B) Complete

Optional

☐ Budget Narrative Attachment Form

☐ Project Narrative Attachment Form

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.
## Application for Federal Assistance SF-424

### 9. Type of Applicant 1: Select Applicant Type:
- M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

### 10. Name of Federal Agency:
- Bureau of Reclamation

### 11. Catalog of Federal Domestic Assistance Number:
- 15.512
  - CFDA Title:
    - Central Valley Project Improvement Act, Title XXXIV

### 12. Funding Opportunity Number:
- R14AS00050
  - Title:
    - Central Valley Project Conservation Program and Central Valley Project Improvement Act Habitat Restoration Program

### 13. Competition Identification Number:
- 
  - Title:
    - 

### 14. Areas Affected by Project (Cities, Counties, States, etc.):
- Kern County, California

### 15. Descriptive Title of Applicant’s Project:
- Acquiring perpetual and enforceable protection of high-value conservation lands of the San Joaquin Valley

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

16. Congressional Districts Of:

* a. Applicant  CA-49

* b. Program/Project  CA-1

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

17. Proposed Project:

* a. Start Date:  10/01/2015  

* b. End Date:  10/01/2016

18. Estimated Funding ($):

*a. Federal  75,707.44
*b. Applicant  2,080.00
*c. State  0.00
*d. Local  0.00
*e. Other  0.00
*f. Program Income  0.00
*g. TOTAL  77,787.44

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 09/30/2014.

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

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

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

☐ Yes  ☒ No  

Explanation

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

☒ ** I AGREE

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

Authorized Representative:

Prefix:  Mr.  
First Name:  David

Middle Name: 

Last Name:  Brunner

SUFFIX:

Title:  Executive Director

Telephone Number:  415-527-7718  
Fax Number:  

Email:  dbrunner@nlm.org

Signature of Authorized Representative:  Joy Hochstein  
Date Signed:  09/29/2014
Application for Federal Assistance SF-424

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

11. Catalog of Federal Domestic Assistance Number:
   - 81.086

CFDA Title:
   - Conservation Research and Development

* 12. Funding Opportunity Number:
   - DE-FOA-000951

* Title:
   - Vehicle Technologies "Alternative Fuel Vehicle Deployment Initiatives"

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   - Plug-in Electric Vehicle Deployment at Car Rental Locations in California

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-033

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

17. Proposed Project:
   * a. Start Date:  04/01/2015
   * b. End Date:  03/31/2017

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant  212,200.00
   * c. State  0.00
   * d. Local  145,000.00
   * e. Other  378,198.00
   * f. Program Income  0.00
   * g. TOTAL  1,234,398.00

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 10/01/2014.
   ☐ 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. * I certify (1) that 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 certify that any aggravating circumstances are true, complete and accurate to the best of my knowledge. I agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)

** I AGREE

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

Authorized Representative:

Prof:  
Middle Name:  p.
* Last Name:  Broadbent
Suffix:  
* Title:  Executive Officer/KPCO
* Telephone Number:  415-748-5852  Fax Number:  
* Email:  jbroodbent@oeagnd.gov

* Signature of Authorized Representative:  
* Date Signed:  10/1/2014
# Application for Federal Assistance SF-424

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

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

*3. Date Received:*
10/06/2014

*4. Applicant Identifier:*

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State: 

7. State Application Identifier: 

**State Use Only:**

8. APPLICANT INFORMATION:

*a. Legal Name:*
California Academy of Sciences

*b. Employer/Taxpayer Identification Number (EIN/TIN):*
94-1156258

*c. Organizational DUNS:
0746324560000

*d. Address:*
- Street 1: 55 Music Concourse Drive
- *City:* San Francisco
- *County/Parish:* 
- *State:* CA: California
- *Province:* 
- *Country:* USA: UNITED STATES
- *Zip / Postal Code:*
94118-4503

*e. Organizational Unit:*
- Department Name: Ornithology and Mammalogy
- Division Name: Research

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

- *Prefix:* 
- *First Name:* Maureen
- *Middle Name:* E.
- *Last Name:* Flannery
- *Suffix:* 

- *Title:* Collections Manager

*Organizational Affiliation:*
California Academy of Sciences

*Telephone Number:*
415-379-5371

*Fax Number:*
415-379-5738

*Email: mflannery@calacademy.org*
**Application for Federal Assistance SF-424**

* **9. Type of Applicant 1: Select Applicant Type:**
  - M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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

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

* **Other (specify):**

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

**11. Catalog of Federal Domestic Assistance Number:**
- 11.439

* **CFDA Title:**
  - Marine Mammal Data Program

* **12. Funding Opportunity Number:**
  - NOAA-MMFS-PRPO-2015-2004151

* **Title:**
  - John H. Prescott Marine Mammal Rescue Assistance Grant Program (Prescott Grant Program) for Fiscal Year 2015

**13. Competition Identification Number:**
- 2489003

* **Title:**

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

* **15. Descriptive Title of Applicant's Project:**
  - Improving staff and volunteer qualifications in order to enhance response and data collection from dead stranded marine mammals in southern Mendocino and Sonoma counties, California.

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

16. Congressional Districts Of:
   * a. Applicant CA-12
   * b. Program/Project CA-2

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

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

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant 37,366.00
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 117,323.00

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 10/06/2014
   - [ ] 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 216, Section 1001)

   - [x] ** I AGREE

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

Authorized Representative:

Prefix: 
* First Name: Alison

Middle Name: R

* Last Name: Brown

Suffix: 

* Title: Chief of Staff / Chief Financial Officer

* Telephone Number: 615-379-5148
Fax Number: 615-379-5727

* Email: abrown@calacademy.org

* Signature of Authorized Representative: Maureen Flannery
* Date Signed: 10/06/2014
**Application for Federal Assistance SF-424**

**Version 02**

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>2. Type of Application:</th>
<th>If Revision, select appropriate letter(s):</th>
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<tr>
<td>☐ Preapplication</td>
<td>☒ New</td>
<td></td>
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<tr>
<td>☐ Application</td>
<td>☐ Continuation</td>
<td>☐ Other (Specify)</td>
</tr>
<tr>
<td>☐ Changed/Corrected</td>
<td>☐ Revision</td>
<td></td>
</tr>
</tbody>
</table>

**Date Received:**

- Original Date: **OCT 07, 2014**
- Received by Clearing House: **STATE CLEARING HOUSE**

**Applicant Information:***

- **Legal Name:** Regents of the University of California
- **Employee/Taxpayer Identification Number (EIN/TIN):** 94-6636494
- **Organizational DUNS:** 347130004

**Address:**

- **Street:** Office of Research - Sponsored Programs
- **Street2:** 1850 Research Park Drive, Suite 300
- **City:** Davis
- **State:** CA, California
- **Zip/Postal Code:** 95618-6513

**Organizational Unit:**

- **Department Name:** Animal Science
- **Division Name:**

**Person to be Contacted:**

- **Prefix:** Dr.
- **Middle Name:** Joyce
- **First Name:** Nadine
- **Last Name:** Finger
- **Suffix:**

**Title:** Assistant Project Scientist

**Organizational Affiliation:**

- **Department:** Department of Animal Science, UC Davis

**Phone:** (530) 752-6301  
**Fax:** (530) 752-0175

**Email:** afinger@ucdavis.edu
**Application for Federal Assistance SF-424**

**Version 02**

6. **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:**

    Bureau of Reclamation

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

    15.512

   **CFDA Title:**

   General Valley Project Improvement Act, Title XXXIV

12. **Funding Opportunity Number:**

    SF-42400050

   **Title:**

   General Valley Project Conservation Program and General Valley Project Improvement Act Habitat Restoration Program

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

    Sacramento and Merced Counties

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

    Environmental DNA assays for listed species pool, environmental baseline assessments, and biodiversity assessments for range-wide surveys and conservation prioritization

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

Version 02

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

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

17. Proposed Project:
   a. Start Date: 10/01/2015
   b. End Date: 09/30/2018

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

   427,828.00
   0.00
   0.00
   0.00
   0.00
   0.00
   497,258.00

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 09/23/2014.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - c. Program is not covered by E.O. 12372.

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
   - 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 resultant terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
   - ** I AGREE

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

Authorized Representative:

Prefix: Mr.
First Name: Clay
Middle Name: A.
Last Name: Nixenaugh
Suffix: 
Title: Contract and Grants Officer
Telephone Number: 530-752-8034
Fax Number: 530-752-0333
Email: caddy@ucdavis.edu
Signature of Authorized Representative: [Signature]
Date Signed: 09/27/2014

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
☒ Application
☐ Changed/Corrected Application

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

*3. Date Received:
[10/20/14]

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

OCT 9, 2014

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: California Academy of Sciences

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-1156258

c. Organizational DUNS:
0746324560000

d. Address:

* Street: 55 Music Concourse Drive

City: San Francisco

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94118-4503

e. Organizational Unit:

Department Name: Ornithology and Mammalogy

Division Name: Research

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

Prefix: * First Name: Maureen

Middle Name: R.

* Last Name: Flannery

Suffix:

Title: Collections Manager

Organizational Affiliation:

California Academy of Sciences

* Telephone Number: 415-379-5371

Fax Number: 415-379-5738

*Email: aflannery@calacademy.org
Application for Federal Assistance SF-424

16. Congressional Districts Of:
* a. Applicant: CA-12
* b. Program/Project: CA-2

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

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

18. Estimated Funding ($):

<p>| | |</p>
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<tr>
<td>a. Federal</td>
<td>79,957.00</td>
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<td>b. Applicant</td>
<td>37,366.00</td>
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<td>c. State</td>
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<tr>
<td>d. Local</td>
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<tr>
<td>e. Other</td>
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<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td>g. TOTAL</td>
<td>117,323.00</td>
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</table>

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

- [x] a. This application was made available to the State under the Executive Order 12372 Process for review on 10/06/2014.
- [ ] 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:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th></th>
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<tbody>
<tr>
<td>First Name:</td>
<td>Alison</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>R</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Brown</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

| Title: | Chief of Staff / Chief Financial Officer |

| Telephone Number: | 415-379-5148 |
| Fax Number: | 415-379-5727 |

| Email: | abrown@calacademy.org |

| Signature of Authorized Representative: | Maureen Flannery |
| Date Signed: | 10/06/2014 |
**Application for Federal Assistance SF-424**

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

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

**3. Date Received:**

**4. Applicant Identifier:**
Bishop Paiute Tribe

**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:**

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
05 1005034

**c. Organizational DUNS:**
0371878500

**d. Address:**
- Street1: 50 Tu Su Lane
- City: Bishop
- County: Inyo
- State: California
- Province: United States
- Zip / Postal Code: 93514

**e. Organizational Unit:**
- Department Name: Environmental Management Office
- Division Name: 

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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name</th>
<th>Middle Name</th>
<th>* Last Name</th>
<th>Suffix</th>
<th>Title</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Linda</td>
<td></td>
<td>Akyuz</td>
<td></td>
<td>Grant Writer/Program Planner</td>
<td></td>
</tr>
</tbody>
</table>

**Telephone Number:** (310) 955-6029

**Email:** linda.akyuz@bishopsuute.org
<table>
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<th>Application for Federal Assistance SF-424</th>
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<td>9. Type of Applicant 1: Select Applicant Type:</td>
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<td>K. Indian Tribe</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<td>Type of Applicant 3: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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<tr>
<td>* 10. Name of Federal Agency:</td>
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<tr>
<td>Department of Energy</td>
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<td>11. Catalog of Federal Domestic Assistance Number:</td>
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<tr>
<td>CFDA Title:</td>
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<td>Renewable Energy Research and Development (B)</td>
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<td>* 12. Funding Opportunity Number:</td>
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<td>* Title:</td>
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<td>DEPLOYMENT OF CLEAN ENERGY AND ENERGY EFFICIENCY PROJECTS ON INDIAN LANDS</td>
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<td>13. Competition Identification Number:</td>
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<td>Title:</td>
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<td>14. Areas Affected by Project (Cities, Counties, States, etc.):</td>
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<tr>
<td>Bishop Paiute Reservation</td>
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<td>* 15. Descriptive Title of Applicant’s Project:</td>
</tr>
<tr>
<td>Bishop Paiute Tribe Residential Solar Program</td>
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Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant  8th
   * b. Program/Project  8th

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 12/31/2017

18. Estimated Funding ($):
   * a. Federal  218,557.00
   * b. Applicant  218,621.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL  437,178.00

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 10/02/2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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

[ ] ** I AGREE

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

Authorized Representative:

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>Ms.</th>
<th>* First Name:</th>
<th>Linda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Akyuz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Title:</th>
<th>Bishop Paiute Tribe Grants Writer/Program Planner</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Telephone Number:</td>
<td>(310) 955-6029</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td>* Email:</td>
<td><a href="mailto:linda.akyuz@bishoppaiute.org">linda.akyuz@bishoppaiute.org</a></td>
</tr>
</tbody>
</table>

* Signature of Authorized Representative: Linda Akyuz  * Date Signed: 10/02/2014
Application for Federal Assistance SF-424

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

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

* 3. Date Received:

4. Applicant Identifier:
   Bishop Paiute Tribe

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

State Use Only:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   95 1805064

* c. Organizational DUNS:
   03771876500

d. Address:
   - * Street1: 50 Tu Su Lane
   - Street2:
   - * City: Bishop
   - County: Inyo
   - * State: California
   - Province:
   - * Country: United States
   - * Zip / Postal Code: 93514

e. Organizational Unit:
   - Department Name: Environmental Management Office
   - Division Name:

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

   Prefix: Ms.
   * First Name: Linda
   Middle Name:
   * Last Name: Akyuz
   Suffix:

   Title: Grant Writer/Program Planner

   Organizational Affiliation:

   * Telephone Number: (310) 956-6029
   Fax Number:

   * Email: linda.akyuz@bishoppaite.org
<table>
<thead>
<tr>
<th>Application for Federal Assistance SF-424</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
</tr>
<tr>
<td>K. Indian Tribe</td>
</tr>
<tr>
<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
</tr>
<tr>
<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
</tr>
<tr>
<td><strong>Other (specify):</strong></td>
</tr>
<tr>
<td><strong>10. Name of Federal Agency:</strong></td>
</tr>
<tr>
<td>Department of Energy</td>
</tr>
<tr>
<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
</tr>
<tr>
<td>310307</td>
</tr>
<tr>
<td><strong>CFDA Title:</strong></td>
</tr>
<tr>
<td>Renewable Energy Research and Development (B)</td>
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<tr>
<td><strong>12. Funding Opportunity Number:</strong></td>
</tr>
<tr>
<td>DE-FOA-0001021</td>
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<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td>DEPLOYMENT OF CLEAN ENERGY AND ENERGY EFFICIENCY PROJECTS ON INDIAN LANDS</td>
</tr>
<tr>
<td><strong>13. Competition Identification Number:</strong></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
</tr>
<tr>
<td>Bishop Paiute Reservation</td>
</tr>
<tr>
<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
</tr>
<tr>
<td>Bishop Paiute Tribe Residential Solar Program</td>
</tr>
</tbody>
</table>

Attach supporting documents as specified in agency instructions.
16. Congressional Districts Of:
   * a. Applicant  8th
   * b. Program/Project  8th

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 12/31/2017

18. Estimated Funding ($):

   | * a. Federal | 218,557.00 |
   | * b. Applicant | 218,621.00 |
   | * c. State |
   | * d. Local |
   | * e. Other |
   | * f. Program Income |
   | * g. TOTAL | 437,178.00 |

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 10/02/2014.
   - [ ] 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: Linda
Middle Name:  
* Last Name: Akyuz
Suffix:  

* Title: Bishop Paiute Tribe Grants Writer/Program Planner

* Telephone Number: (310) 955-6029  
Fax Number:  

* Email: linda.akyuz@bishoppaiute.org

* Signature of Authorized Representative: Linda Akyuz  
* Date Signed: 10/02/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:
   - [ ] Completed by Grants.gov upon submission
   - [ ] RECEIVED
   - OCT 14 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: Yurok Indian Housing Authority

   b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 880397286

   c. Organizational DUNS:
     - 0391270690300

   d. Address:
     - Street: 15540 U.S. Highway 101 North
     - City: Klamath
     - County/Parish: 
     - State: CA; California
     - Province: 
     - Country: USA; UNITED STATES
     - Zip / Postal Code: 95548-9351

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

   f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Ms.
     - First Name: Judith
     - Middle Name:
     - Last Name: Marasco
     - Suffix:
     - Title: Executive Director

Organizational Affiliation:
Yurok Indian Housing Authority

* Telephone Number: 707-482-1506 ext. 1002
* Fax Number: 707-482-3117
* Email: jmarasco@yurokhousing.com
**Application for Federal Assistance SF-424**

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

- K: Indian/Native American Tribally Designated Organization

*10. Name of Federal Agency:

Utilities Programs

*11. Catalog of Federal Domestic Assistance Number:

10.446

CFDA Title:

Rural Community Development Initiative

*12. Funding Opportunity Number:

USDA-RD-RCPP-RCDI-2014

* Title:

Rural Community Development Initiative

13. Competition Identification Number:

Title:

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

- [YIHA_Service_Area_Map.pdf]

*15. Descriptive Title of Applicant’s Project:

Yurok Indian Housing Rural Community Development Assistance
Application for Federal Assistance SF-424

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

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

17. Proposed Project:
   * a. Start Date: 09/01/2015
   * b. End Date: 09/01/2018

18. Estimated Funding ($):
   * a. Federal: 250,000.00
   * b. Applicant: 250,000.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * 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 10/14/2014.
   ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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   ☐ 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 1001)

   ☒ * I AGREE

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

Authorized Representative:

Prefix: Ms.
First Name: Judith
Middle Name: 
Last Name: Marasco
Suffix: 
Title: Executive Director

* Telephone Number: 707-482-1305 ext. 1002
* Fax Number: 707-482-3117
* Email: jmarasco@yurokkhousing.com

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