Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse October 16-31, 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>*1. Type of Submission:</th>
<th>*2. Type of Application:</th>
<th>*If Revision, select appropriate letter(s):</th>
</tr>
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<tbody>
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<td>Preapplication</td>
<td>Application</td>
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<td>Changed/Corrected Application</td>
<td>Revision</td>
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State Use Only:

6. Date Received by State: 7. State Application Identifier:  

8. APPLICANT INFORMATION:

a. Legal Name: The Regents of the University of California

b. Employer/Taxpayer Identification Number (EIN/TIN): 609436504  
c. Organizational DUNS: 604919250000

d. Address:

<table>
<thead>
<tr>
<th>Street1:</th>
<th>Street2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1111 Franklin Street, 10th Floor</td>
<td>UC Office of the President</td>
</tr>
</tbody>
</table>

city: Oakland

county/parish: |

c. State: CA: California

country: USA: UNITED STATES

c. Zip/Postal Code: 94607-5200

e. Organizational Unit:

Department Name: Water Resources  
Division Name: Agriculture and Natural Resources

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

Prefix: Dr.,  
First Name: Doug

Middle Name:  
Last Name: Parker

Suff: Ph.D

Title: Director, CA Institute of Water Resources

Organizational Affiliation: University of California, Agriculture and Natural Resources

*Telephone Number: 510-984-0036

Fax Number:  
*Email: doug.parker@ucop.edu
### Application for Federal Assistance SF-424

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

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

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

**Other (specify):**
- 

**10. Name of Federal Agency:**
- U.S. Geological Survey

**11. Catalog of Federal Domestic Assistance Number:**
- 15.808

**CPDA Title:**
- U.S. Geological Survey Research and Data Collection

**12. Funding Opportunity Number:**
- G15AS00001

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

**13. Competition Identification Number:**
- G15AS00001

**Title:**
- 

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

**15. Descriptive Title of Applicant's Project:**
- Numerical Modeling of Local Intense Precipitation Processes

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

15. Congressional Districts Of:
   * a. Applicant  CA-013
   * b. Program/Project  CA-003

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

17. Proposed Project:
   * a. Start Date: 11/17/2014
   * b. End Date: 11/16/2017

18. Estimated Funding ($):

   * a. Federal  750,000.00
   * b. Applicant  0.00
   * c. State  0.00
   * d. Local  0.00
   * e. Other  0.00
   * f. Program Income  0.00
   * g. TOTAL  750,000.00

** 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 10/16/2014.
   ☐ 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 215, 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: Kendra
Middle Name:
* Last Name: Rose
Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-750-1276  Fax Number:

* Email: krose@ucanr.edu

* Signature of Authorized Representative: Kendra Rose  * Date Signed: 10/16/2014
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:
   - [Date]

4. Applicant Identifier:
   - [Identification Information]

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. Legal Name:
   - Farallones Marine Sanctuary Association

9. Employer/Taxpayer Identification Number (EIN/TIN):
   - 94-3227237

10. Organizational DUNS:
    - 000000756560000

11. Street1:
    - The Presidio, PO BOX 29384

12. City:
    - San Francisco

13. County/Parish:

14. State:
    - CA: California

15. Province:

16. Country:
    - USA: UNITED STATES

17. Zip / Postal Code:
    - 94129-0386

18. Department Name:

19. Division Name:

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

   Prefix: [Prefix]
   - First Name: Kate
   - Middle Name:
   - Last Name: Rimrose
   - Suffix:

   Title: Bolinas Lagoon Restoration Project Coord.

21. Telephone Number:
    - 415 970-3245

22. Fax Number:

23. Email: abiansfarallones.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
- M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
- Other (specify):

10. Name of Federal Agency:
- Department of Commerce

11. Catalog of Federal Domestic Assistance Number:
- 11.431
- CFDA Title:
- Climate and Atmospheric Research

12. Funding Opportunity Number:
- ROAA-OAR-CFO-2015-200409
- Title:
- Climate Program Office 2015

13. Competition Identification Number:
- 2408575
- Title:

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

15. Descriptive Title of Applicant's Project:
- Saving Pathways to Resilience: Linking Community and Ecosystem Health in Green Infrastructure Approaches

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-002

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

17. Proposed Project:
   * a. Start Date 08/01/2015
   * b. End Date 07/21/2017

18. Estimated Funding ($):

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<td>c. State</td>
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<tr>
<td>e. Other</td>
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<td>f. Program Income</td>
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<td>g. TOTAL</td>
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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 10/17/2014.
   - [ ] 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

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:

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<thead>
<tr>
<th>Prefix:</th>
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<table>
<thead>
<tr>
<th>First Name</th>
<th>Chris</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Kelley</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Executive Director</th>
</tr>
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<table>
<thead>
<tr>
<th>Telephone Number: 615-661-6222 ext 314</th>
<th>Fax Number:</th>
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<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:okelley@kallones.org">okelley@kallones.org</a></th>
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* Signature of Authorized Representative: [Signature]

* Date Signed: [Date]
**Application for Federal Assistance SF-424**

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<td>☐ Continuation</td>
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**8. APPLICANT INFORMATION:**

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<th><strong>a. Legal Name:</strong> The City Of Oakland</th>
<th><strong>b. Employer/Taxpayer Identification Number (EIN/TIN):</strong> 946000384</th>
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<td><strong>c. Organizational DUNS:</strong> 829739718</td>
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<th><strong>d. Address:</strong> 250 Frank H. Ogawa Plaza</th>
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<td></td>
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<td>Zip / Postal Code: 94612-2034</td>
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**e. Organizational Unit:**

<table>
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<tr>
<th>Department Name: Office of Public Works</th>
<th>Division Name:</th>
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**f. Name and contact information of person to be contacted on matters involving this application:**

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

| Title: Assistant Director of Public Works | |
|------------------------------------------||
| Organizational Affiliation: The City of Oakland | |
| *Telephone Number: 510-238-6382 | Fax Number: 510-238-7286 |
| *Email: skattchee@oaklandnet.com | |
Application for Federal Assistance SF-424

*9. Type of Applicant 1: Select Applicant Type:
   C. City or Township 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:
   81.117
   CFDA Title:
   Energy Efficiency and Renewable Energy Information Dissemination, Outreach, Training and Technical Analysis/Assistance

*12 Funding Opportunity Number:
   DE-FOA-0001189

*Title:
   Climate Action Champions: Request for Applications

13. Competition Identification Number:

   Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
   The City of Oakland

*15. Descriptive Title of Applicant's Project:
   City of Oakland Climate Action Champion Designation
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   *a. Applicant: 13
   *b. Program/Project: CA-013

17. Proposed Project:
   *a. Start Date: December 17, 2014
   *b. End Date: December 13, 2017

18. Estimated Funding ($):
   *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 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

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. __________________________
Middle Name: ________________________
*Last Name: Gardner. ____________
Suffix: ______________________________

*Title: Interim City Administrator

*Telephone Number: 510-238-2202
Fax Number: 510-238-2223

*Email: hgardner@oaklandnet.com

*Signature of Authorized Representative: __________________________

*Date Signed: 10/22/14

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102
*Applicant Federal Debt Delinquency Explanation
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.
# Application for Federal Assistance SF-424

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<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application:</strong></th>
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</table>

**State Use Only:**

6. Date Received by State: 

7. State Application Identifier: 

### 8. APPLICANT INFORMATION:

**a. Legal Name:** Marin County Parks Department

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000519

**c. Organizational DUNS:** 0035262530000

**d. Address:**

- **Street:** 3501 Civic Center Drive, Room 260
- **City:** San Rafael
- **County/Parish:** Marin
- **State:** CA: California
- **Province:**
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 94903

**e. Organizational Unit:**

- Department Name: Parks
- Division Name:

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

- **Prefix:**
- **Middle Name:**
- **First Name:** Craig
- **Last Name:** Richardson
- **Suffix:**
- **Title:** Planner
- **Organizational Affiliation:** Marin County Parks Department
- **Telephone Number:** (415) 473-7057
- **Fax Number:**
- **Email:** crrichardson@marincounty.org
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   - County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   - Department of the Interior, U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
   - 13.623

CFDA Title:
   - North American Wetlands Conservation Fund

* 12. Funding Opportunity Number:
   - 51NN006434

* Title:
   - NWCA Small Grants

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   - Creekside Marsh Habitat Enhancement

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

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

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

17. Proposed Project:
   * a. Start Date: 04/01/2015
   * b. End Date: 01/31/2016

18. Estimated Funding ($):
   * a. Federal: 75,000.00
   * b. Applicant: 95,955.00
   * c. State: 249,370.00
   * d. Local: 32,897.00
   * e. Other: 57,200.00
   * f. Program Income: 0.00
   * g. TOTAL: 510,422.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   * This application was made available to the State under the Executive Order 12372 Process for review on
   * Program is subject to E.O. 12372 but has not been selected by the State for review.
   * 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: [Blank]
* First Name: Linda
Middle Name: [Blank]
* Last Name: Dahl
Suffix: [Blank]

*Title: Director and General Manager
*Telephone Number: (415) 473-6387
*Fax Number: [Blank]
*Email: lida@marincounty.org

* Signature of Authorized Representative: [Blank]
* Date Signed: [Blank]
**Application for Federal Assistance SF-424**

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

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<tr>
<th>8. APPLICANT INFORMATION:</th>
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<tr>
<th>a. Legal Name:</th>
<th>b. Taxpayer Identification Number (EIN/TIN):</th>
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<table>
<thead>
<tr>
<th><em>Street:</em></th>
<th>280 East Santa Clara Street, 17th Floor</th>
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<tr>
<td>City:</td>
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<td>County/Parish:</td>
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<td>Office of Economic Development</td>
<td>City Manager's Office</td>
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<th>Prefix:</th>
<th>Middle Name:</th>
<th>* First Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
<th>Title:</th>
<th>Organizational Affiliation:</th>
<th>City of San Jose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr.</td>
<td></td>
<td>John</td>
<td>Lang</td>
<td></td>
<td>Chief Economist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Telephone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>408-535-8178</td>
<td>408-292-6719</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:john.lang@sanjoseca.gov">john.lang@sanjoseca.gov</a></td>
</tr>
</tbody>
</table>
Application for Federal Assistance SF-424

16. Congressional District Of:
   a. Applicant
   b. Program/Project

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

17. Proposed Project:
   a. Start Date: 07/01/2015
   b. End Date: 06/30/2018

18. Estimated Funding ($):

<p>| | |</p>
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<tbody>
<tr>
<td>a. Federal</td>
<td>500,000.00</td>
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<tr>
<td>b. Applicant</td>
<td>500,000.00</td>
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<tr>
<td>c. State</td>
<td>0.00</td>
</tr>
<tr>
<td>d. Local</td>
<td>0.00</td>
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<tr>
<td>e. Other</td>
<td>0.00</td>
</tr>
<tr>
<td>f. Program Income</td>
<td>0.00</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,000,000.00</strong></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 10/31/2014.
   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)

   [Signature]

   **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: Jr.
Middle Name:
* Last Name: Duenas
Suffi:

*Title: Deputy City Manager
*Telephone Number: 409-535-8160
Fax Number: 409-292-6007
*Email: norberto.duenas@sanjoseca.gov

*Signature of Authorized Representative: [Signature]  Date Signed: [Date]