Federal Grant Applications

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

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

[ ] New  [ ] Continuation  [ ] Revision

* 2. Type of Application: [ ] Other (Specify):

* 3. Date Received: (Completed by Grants.gov upon submission)

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: Sierra Economic Development Corporation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 941705043  *c. Organizational DUNS: 0888568850000

STATE CLEARING HOUSE

SEP - 2 2014

RECEIVED

d. Address:

* Street1: 560 Wall Street, Suite F

Street2: ____________________________

City: Auburn  State: CA: California

County/Parish: ____________________________  Province: ____________________________

* Country: USA: UNITED STATES  Zip / Postal Code: 95603-3931

e. Organizational Unit:

Department Name: ____________________________  Division Name: ____________________________

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

Prefix: ____________________________  * First Name: Randy

Middle Name: ____________________________

* Last Name: Wagner  Suffix: ____________________________

Title: ____________________________

Organizational Affiliation: ____________________________

* Telephone Number: 530-623-4703  Fax Number: ____________________________

* Email: randy@sedcorp.biz
### Application for Federal Assistance SF-424

9. **Type of Applicant 1: Select Applicant Type:**
   - Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education)

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-HCFP-RCDI-2014
    - **Title:**
      - Rural Community Development Initiative

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

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

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

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

16. Congressional Districts Of:
   * a. Applicant 4
   * b. Program/Project 4

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

17. Proposed Project:
   * a. Start Date: 02/01/2015
   * b. End Date: 02/01/2016

18. Estimated Funding ($) :
   - Approximate request

   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 100,000.00

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: Randy
Middle Name: ___________________________  Last Name: Wagner
SUFFIX: ___________________________

* Title: Chief Executive Officer

* Telephone Number: 530-823-4703  Fax Number:

* Email: randy@sedcorp.biz

* Signature of Authorized Representative: Completed by Grants.gov upon submission.  * Date Signed: Completed by Grants.gov upon submission.
September 2, 2014

FAX: 916-323-3018

State Clearinghouse
1400 Tenth Street
Sacramento CA 95814

Dear Grants Coordinator:

The Sierra Economic Development Corporation is submitting an application to the Rural Housing Service, USDA, for the Rural Community Development Initiative (RCDI). Please make the following SF424 application available to the State Executive Order 12372 process for review. Please let me know if the program is not covered by E.O. 12372.

After receiving the 424, please stamp Received and fax back to our office (530-823-4142) to confirm you have received it.

If you have any questions please feel free to call me at (530) 823-4703.

Thank you,

Sandy Sind
Operations Manager

attachment
STATE CLEARINGHOUSE

***** UF-8000 **************************** 916 323 3018  *****

Thank you.

If you have any questions, please feel free to call me at (530) 623-4708.

Program is not covered by EO 12273.

State Economic Order 12273 is being processed for review. Please let me know if
the Rural Housing Service, USDA, has any additional questions.

The Rural Housing Service, USDA, for Rural Community Development:
The State Economic Development Corporation is submitting an application to

Dear Grants Coordinator:

SECC, 1406 4th Street
Sutter County, CA 95680

Fax: 916-323-3018

September 2, 2014

Sincerely,

[Signature]

State Economic Development Corporation

[Stamp: SEDCORP]

[Stamp: SEDCORP]
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. TYPE OF SUBMISSION
- Pre-application
- Application [X] Application
- Changed/Corrected Application

2. DATE SUBMITTED
- Applicant Identifier

5. APPLICANT INFORMATION

Legal Name: The Regents of the University of California
Department: Agriculture & Natural Resources
Street1: 2001 Second Street
City: Davis
State: CA: California
Country: USA: UNITED STATES
ZIP / Postal Code: 95618-7774

Person to be contacted on matters involving this application
- Prefix: 
- Last Name: Vazela
- First Name: Lucia
- Middle Name: 
- Last Name: 
- Position/Title: Advisor
- Street1: 133 Aviation Blvd, Suite 109
- City: Santa Rosa
- State: CA: California
- Country: USA: UNITED STATES
- Phone Number: 707-565-2621
- Email: lgvazela@ucanr.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-3036494

7. TYPE OF APPLICANT: H: Public-State Controlled Institution of Higher Education

8. TYPE OF APPLICATION:
- [X] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision
- If Revision, mark appropriate box(es).
- [ ] A. Increase Award
- [ ] B. Decrease Award
- [ ] C. Increase Duration
- [ ] D. Decrease Duration
- [ ] E. Other (specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Monitoring and Control of European Grapevine Moth, Lobesia botrana

12. PROPOSED PROJECT:
- Start Date: 07/01/2014
- Ending Date: 06/30/2015

13. CONGRESSIONAL DISTRICT OF APPLICANT:
- CA-03
SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

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<th>Middle Name:</th>
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<tr>
<td></td>
<td>Lucia</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>Varlal</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
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<td>Organization Name:</td>
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<td>Department:</td>
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<td>Street1:</td>
<td>UCCE Cooperative Extension Sonoma</td>
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<tr>
<td>Street2:</td>
<td>133 Aviation Boulevard, Suite 109</td>
<td></td>
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<tr>
<td>City:</td>
<td>Santa Rosa</td>
<td></td>
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<tr>
<td>Phone Number:</td>
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<tr>
<td>Fax Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:lvarela@ucanr.edu">lvarela@ucanr.edu</a></td>
<td></td>
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15. ESTIMATED PROJECT FUNDING

| a. Total Federal Funds Requested | 125,000.00 |
| b. Total Non-Federal Funds | 0.00 |
| c. Total Federal & Non-Federal Funds | 125,000.00 |
| d. Estimated Program Income | 0.00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

| a. YES □ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: |
| DATE: | 09/04/2014 |
| b. NO □ PROGRAM IS NOT COVERED BY E.O. 12372; OR |
| □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |

17. 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 18, 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

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<th>Middle Name:</th>
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<tbody>
<tr>
<td></td>
<td>Heidi</td>
<td></td>
</tr>
<tr>
<td>Last Name:</td>
<td>von Geldern</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td>Sr. Contracts &amp; Grants Analyst</td>
<td></td>
</tr>
<tr>
<td>Organization:</td>
<td>The Regents of the University of California</td>
<td></td>
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<tr>
<td>Department:</td>
<td>Agriculture &amp; Natural Resource</td>
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<td>Division:</td>
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<td></td>
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<tr>
<td>Street1:</td>
<td>2001 Second Street</td>
<td></td>
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<tr>
<td>Street2:</td>
<td></td>
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<tr>
<td>City:</td>
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<td>Country:</td>
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<tr>
<td>ZIP / Postal Code:</td>
<td>95618-7774</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>530-750-1304</td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td>530-756-1148</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:bvg@ucanr.edu">bvg@ucanr.edu</a></td>
<td></td>
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</table>

Signature of Authorized Representative

Date Signed

20. Pre-application

21. Cover Letter Attachment
September 4, 2014

Grants Coordination
State Clearinghouse-Office of Planning and Research
P.O. Box 3044, Room 222
Sacramento, CA 95812-3044
(916) 445-3018

To Grants Coordination Department:

In accordance with Executive Order 12372, attached is the cover sheet (form 424) for our Federal Assistance Application. Community Housing Improvement Program, Inc. (CHIP) proposes to continue its existing Rural Self-Help Technical Assistance Program, funded under Section 523 of the Housing Act of 1949, for an additional two years.

Please note that a previous request was submitted to you from us on June 23, 2014. This current request is identical to the previous request, with the exception of the estimated funding requested (it has increased from $2,227,000 to $2,530,000). Please note that this request is not in addition to the previous request, but rather a modification. The previous request should be disregarded.

Thank you for your expedient processing of this application. If you need additional information please contact Jill Quezada, Director of Homeownership at (530) 891-6931, extension 227, or by e-mail at jquezada@chiphousing.org.

Please address your comments to:

Rural Development
Ronald Tackett
Rural Housing Program Director
430 G Street, Agcy. 4169
Davis, CA 95616-4169

We would also appreciate receiving a copy of your comments.

Sincerely,

David Ferrier
Executive Director

Enclosure
Application for Federal Assistance SF-424

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

2. Type of Application:
   - New
   - Continuation
   - Revision

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
   - TGY - 3-06-0055

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

a. Legal Name:
   - City of Tracy

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 94-6004442

c. Organizational DUNS:
   - 9316714030000

d. Address:
   - 520 Tracy Boulevard
   - Tracy
   - San Joaquin
   - CA: California
   - USA: UNITED STATES
   - 953764317

e. Organizational Unit:
   - Department Name:
     - Public Works
   - Division Name:
     - Airports

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: Mr.
   - First Name: Ed
   - Last Name: Lovell
   - Suffix:
   - Title: Management Analyst II, Public Works
   - Organizational Affiliation:
     - City of Tracy, Public Works Department, Airports
   - Telephone Number: 209-831-6204
   - Fax Number: 209-831-6218
   - Email: ed.lovell@ci.tracy.ca.us
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<td><strong>9. Type of Applicant: Select Applicant Type:</strong></td>
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<td>C: City or Township Government</td>
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<td>Type of Applicant 2: Select Applicant Type:</td>
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<tr>
<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>20.106</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td>*Title:</td>
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<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<tr>
<td>Title:</td>
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<tr>
<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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| *Descriptive Title of Applicant's Project:*
| Tracy Municipal Airport, Tracy, San Joaquin County, CA: Partial Reimbursement for Engineering Design - Reconstruct R/Ws, T/Ws, and Aprons; Reconstruct R/W 12-30 and T/Ws B, D, & E, R/W 8-26 & T/W A |
| Attach supporting documents as specified in agency instructions. |
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant CA-011
   * b. Program/Project CA-011

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

17. Proposed Project:
   * a. Start Date: 03/16/2015
   * b. End Date: 10/30/2015

18. Estimated Funding ($):
   * a. Federal 6,413,633.00
   * b. Applicant 662,626.00
   * c. State $0,000.00
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 7,126,261.00

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 05/04/2014.
   - [ ] 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..." The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement of agency specific instructions.

   * I AGREE

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

Authorized Representative:

Prefix: Mr.  
* First Name: Ed

Middle Name: 
* Last Name: Lovell

SUFFIX: 
* Title: Management Analyst II, Public Works

* Telephone Number: 209-831-6204  
Fax Number: 209-831-6218

* Email: ed.lovell@merced.ca.us

* Signature of Authorized Representative: [Signature]

* Date Signed: 7-4-19
Via Fax to 916.323.3018

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

RE: UC ANR application under CFDA #10.025

Following is the completed SF-424 for Cooperative Agreement (#14-8130-0380-CA) between USDA-APHIS and The Regents of the University of California (ANR).

The CFDA #10.025 appears on the list of programs requiring state review.

The USDA contacts person has asked for "a copy of a written waiver or approval from your Single Point of Contact to satisfy the Executive Order 12372 Intergovernmental Review Process which is applicable in the state of California."

Please return this written waiver or approval to my attention via email or fax. My contact information is shown below.

If you need anything else from UCANR on this matter, please contact me directly.

Sincerely,

Heidi von Geldern
Contracts & Grants Analyst
Office of Contracts & Grants
Agriculture & Natural Resources
2801 Second Street
Davis, CA 95618-7774
(530) 750-1304
(530) 756-1148 (fax)
hvongeldern@ucanr.edu
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:  
15-8506-1211-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:  
807487565

d. Address:  
1220 N Street, Room 315

City: Sacramento

County: 

State: California

Province: 

Country: USA

Zip / Postal Code: 95814

e. Organizational Unit:  
Department Name: California Department of Food and Agriculture  
Division Name: Plant Health & Pest Prevention Services

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

* First Name: Jason

Middle Name: K

* 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
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<td>A - State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<tr>
<td>State of California</td>
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<td><strong>15. Descriptive Title of Applicant's Project:</strong></td>
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<td>Asian Citrus Psyllid</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 District 6
   * b. Program/Project CA-all

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

17. Proposed Project:
   * a. Start Date: 10/1/2014
   * b. End Date: 9/30/2015

18. Estimated Funding ($):
   * a. Federal 9,624,859
   * b. Applicant
   * c. State 0
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 9,624,859

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 September 6, 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.) Applicant Federal Debt Delinquency 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: 
*M 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@ccfa.ca.gov

* Signature of Authorized Representative: 
* Date Signed: 

### Application for Federal Assistance SF-424

**Version 02**

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<th><strong>1. Type of Submission:</strong></th>
<th><strong>2. Type of Application</strong></th>
<th><strong>If Revision, select appropriate letter(s)</strong></th>
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<td>☐ Continuation</td>
<td>*Other (Specify)</td>
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<td>☐ Revision</td>
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</table>

3. Date Received:  
4. Applicant Identifier:

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: Community Housing Improvement Program, Incorporated*

*b. Employer/Taxpayer Identification Number (EIN/TIN):*  
94-2223398

*c. Organizational DUNS:*  
010998797

### d. Address:

<table>
<thead>
<tr>
<th><em>Street 1:</em></th>
<th>1001 Willow Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Street 2:</em></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>City:</em></th>
<th>Chico</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>County:</em></th>
<th>Butte</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>State:</em></th>
<th>CA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Province:</em></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Country:</em></th>
<th>U.S.A.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Zip / Postal Code:</em></th>
<th>95928</th>
</tr>
</thead>
</table>

### e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th><em>First Name:</em></th>
<th>Jill</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><em>Last Name:</em></th>
<th>Quezada</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suffix:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th>Director of Homeownership</th>
</tr>
</thead>
</table>

**Organizational Affiliation:**

<table>
<thead>
<tr>
<th><em>Telephone Number:</em></th>
<th>(530) 891-6931, ext. 227</th>
<th>Fax Number:*</th>
<th>(530) 891-8547</th>
</tr>
</thead>
</table>

| *Email:* | jquezada@chiphousing.org |
**9. Type of Applicant 1: Select Applicant Type:**
M. Nonprofit w/501C3 IRS Status (Oth Than Higher Edu)

**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:**
10-420

**CFDA Title:**
Rural Self-Help Housing Technical Assistance

**12 Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
Butte, Colusa, Glenn, Shasta, Sutter, Tehama, and Yuba Counties.

**15. Descriptive Title of Applicant's Project:**
This application is for $2,530,000, USDA Section 523 TA Grant, to complete 91.5 equivalent construction units.
Application for Federal Assistance SF-424

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

17. Proposed Project:
   *a. Start Date: 8/22/2015
   *b. End Date: 8/21/2017

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

2,530,000

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 9/4/2014
   ☐ 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 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: Ferrier
Suffix: 

*Title: Executive Director

*Telephone Number: (530) 891-6931, ext. 240
Fax Number: (530) 891-8547

*Email: dferrier@chiphousing.org

*Signature of Authorized Representative: __________________________

*Date Signed: 9/4/2014

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

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

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

* 3. Date Received:  
  Completed by Grants.gov upon submission

* 4. Applicant Identifier:  
  - [RECEIVED] SEP - 8 2014
  - [STATE CLEARING HOUSE]

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:  
The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):  
95-6006142W

* c. Organizational DUNS:  
6277974260000

d. Address:  
- Street1: 200 University Office Building
- * City: Riverside
- * County/Parish: Riverside
- * State: CA: California
- * Zip / Postal Code: 92521-0217

* Country: USA: UNITED STATES

e. Organizational Unit:  
Department Name: Nat. and Agricultural Sciences  
Division Name: Plant Pathology & Microbiology

f. Name and contact information of person to be contacted on matters involving this application:  
- Prefix: Ms.
- * First Name: Frosina
- Middle Name:  
- * Last Name: Al Zgoul
- Suffix:  
- Title: Sr. Contract & Grant Officer

Organizational Affiliation:  

* Telephone Number: 951-827-6968  
Fax Number: 951-827-4483

* Email: frosina.alzgoul@ucr.edu
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
H: 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:
Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:
10.025
CFDA Title:
Plant and Animal Disease, Pest Control, and Animal Care

12. Funding Opportunity Number:
USDA-GRANTS-032414-001

* Title:
National Clean Plant Network Request for Applications

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant’s Project:
This project will ensure that high quality citrus propagative material will continue to be produced, maintained, and supplied to scientists and the industry in the USA under the NCPN network.

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

### 16. Congressional Districts Of:

* a. Applicant: CA-041

* b. Program/Project: CA-041

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

### 17. Proposed Project:

* a. Start Date: 08/01/2014

* b. End Date: 07/31/2015

### 18. Estimated Funding ($):

<table>
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<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>*a. Federal</td>
<td>1,745,886.00</td>
</tr>
<tr>
<td>*b. Applicant</td>
<td>0.00</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>*f. Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td>*g. TOTAL</td>
<td>1,745,886.00</td>
</tr>
</tbody>
</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 05/23/2014.
- [ ] 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 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 21, 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>Ms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>* First Name:</td>
<td>Frosina</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td>Al Zgoul</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

| *Title:       | Sr. Contract & Grant Officer |

| *Telephone Number: | 951-827-4968 |
| Fax Number:       | 951-827-4483 |

| *Email:         | frosina.alzgoul@ucr.edu |

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

| * Date Signed: | Completed by Grants.gov upon submission. |
**Application for Federal Assistance SF-424**

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

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

*3. Date Received:*

*4. Application Identifier:*
- Southern California Regional Rail Authority
- FTA Section 5337

*5a. Federal Entity Identifier:*
- 5802

*5b. Federal Award Identifier:*
- *RECEIVED SEP 18 2014*

*6. Date Received by State:*

*7. State Application Identifier:*
- *STATE CLEARING HOUSE*

*8. APPLICANT INFORMATION:*

* a. Legal Name: Southern California Regional Rail Authority*

* b. Employer/Taxpayer Identification Number (EIN/TIN):* 93-4351663

* c. Organizational DUNS:*
- 8361404750000

* d. Address:*
- **Street1:** One Gateway Plaza, 12th Floor
- **Street 2:**
- **City:** Los Angeles
- **County:**
- **State:** California
- **Province:**
- **Country:** USA
- [ ] Zip/Postal Code: 90012

* e. Organizational Unit:*
- **Department Name:** Grants & Planning
- **Division Name:** Planning & Development

* f. Name and contact information of person to be contacted on matters involving this application:*
- **Prefix:**
- **Middle Name:**
- **Last Name:** Sakoda
- **Suffix:**
- **Title:** Planning Manager

*Organizational Affiliation:*

*Telephone Number: (213) 452-0264*
- Fax Number: (213) 452-0422
*Email: sakodak@sccra.net*
**Application for Federal Assistance SF-424**

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

   Type of Applicant 2: Select Applicant Type:  
   - Select One -

   Type of Applicant 3: Select Applicant Type:  
   - Select One -

   *Other (specify):

10. Name of Federal Agency:  
    Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:  
    20.507

    CFDA Title:  
    Federal Transit Formula Grants

12. Funding Opportunity Number:

13. Competition Identification Number:  
    Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):  
    Los Angeles County, Orange County, San Bernardino County, Riverside County and Ventura County

15. Descriptive Title of Applicant's Project:  
    Rehabilitation of track, structures, signals, communication systems and rolling stock.

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

**Version 02**

16. Congressional Districts Of: 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

*a. Applicant*

Southern California Regional Rail

*b. Program/Project:*

Annual Metrolink Rehabilitation

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

17. Proposed Project:

*a. Start Date: 1/2/2015  
*b. End Date: 7/31/2016

18. Estimated Funding ($):

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

$14,687,151.00

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

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and assurances 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: Michael

Middle Name: P.

*Last Name: DePallo

Suffix:

>Title: Chief Executive Officer

*Telephone Number: (213) 452-0258  
 Fax Number:

Email: depallom@acrrea.net

Signature of Authorized Representative:

Date Signed: 9-11-14
Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.
**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:
   - 15-8506-1211-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:
   - 807487665

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

10. Organizational Unit:
   - Department Name: California Department of Food and Agriculture
   - Division Name: Plant Health & Pest Prevention Services

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

   - Prefix:
   - Middle Name: X
   - 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:

- 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:**

* Title:

## 13. Competition Identification Number:

* Title:

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

- State of California

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

- Asian Citrus Psyllid

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

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

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

17. Proposed Project:
   * a. Start Date: 10/1/2014
   * b. End Date: 9/30/2015

18. Estimated Funding ($):
   * a. Federal 9,624,859
   * b. Applicant
   * c. State 1,516,377
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 11,141,236

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 September 8, 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.) Applicant Federal Debt Delinquency 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 1091)
   [ ] ** 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@offic.gov
* Signature of Authorized Representative: [Signature]
* Date Signed: 9/1/14
Application for Federal Assistance SF-424

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

2. Type of Application:
   - New
   - Continuation
   - Revision

3. Date Received: [RECEIVED]

4. Applicant Identifier: [STATE CLEARING HOUSE]

5a. Federal Entity Identifier: [State Use Only]

5b. Federal Award Identifier: [State Use Only]

6. Date Received by State: [SEP 15 2014]

7. State Application Identifier: [State Use Only]

8. APPLICANT INFORMATION:

   a. Legal Name: California - Department of Parks and Recreation

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

   c. Organizational DUNS:

   68-0303606

   1720708270000

   d. Address:

   P.O. Box 942896

   Street 1:

   City: Sacramento

   County/Parish:

   State: CA: California

   Province:

   Country: USA: UNITED STATES

   Zip / Postal Code: 94296-0001

   e. Organizational Unit:

   Department Name: California Department of Parks

   Division Name: Office of Grants & Local Svcs

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

   Prefix:

   * First Name: Jean

   Middle Name:

   * Last Name: Lacher

   Suffix:

   Title: Chief, Office of Grants and Local Services

   Organizational Affiliation:

   * Telephone Number: 916-653-7423

   Fax Number: 916-653-6511

   * Email: Jean.Lacher@parks.ca.gov
**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**
- 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:**
- US Department of Interior, National Park Service

**11. Catalog of Federal Domestic Assistance Number:**
- 15-916

**CFDA Title:**
- Land and Water Conservation Fund

**12. Funding Opportunity Number:**
- 06-00747.1

**Title:**
- San Antonio Villa Park/Coliseum Gardens Park Acquisition

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- GNIS Detail - Coliseum Gardens.mht

**15. Descriptive Title of Applicant's Project:**
- San Antonio Villa Park/Coliseum Gardens Park
- Lion Way & Leona Creek Drive, Oakland CA

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

16. Congressional Districts Of:
   * a. Applicant 03
   * b. Program/Project 13

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
   * 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 [9-15-14].
   - [ ] 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 21, 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: Jean

Middle Name: [ ]

* Last Name: Lacher

Suffic: [ ]

* Title: Chief, Office of Grants and Local Services

* Telephone Number: 916-651-8597

Fax Number: 916-653-6511

* Email: Jean.Lacher@packs.ca.gov

* Signature of Authorized Representative: [Jean A. Lacher]

* Date Signed: [9-2-14]