Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse September 16 - 30, 2014. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse does not have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.
Application for Federal Assistance SF-424

1. Type of Submission: Preapplication

2. Type of Application: New

* If Revision, select appropriate letter(s):

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: Providence International Enterprises

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

68-0438998

c. Organizational DUNS:

093207210

d. Address:

1805 Hilltop Drive Suite 212

Redding

CA

USA: UNITED STATES

96002

e. Organizational Unit:

Department Name: Domestic Division

Division Name: Agriculture

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

Prefix: Mr

* First Name: Robert "Bud"

Middle Name: Lincoln

* Last Name: Hancock

SUFFIX:

Title: Founder/Director

Organizational Affiliation: N.A.

* Telephone Number: (530) 249-3373

Fax Number: 

* Email: Providence@charter.net

RECEIVED

SEP 16 2014

STATE CLEARING HOUSE
### Application for Federal Assistance SF-424

**9. Type of Applicant 1 - Select Applicant Type:**
- Non-profit 501(c)(3)

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

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

* Other (specify): 

**10. Name of Federal Agency:**
- USDA Rural Development
  - Facilities Loan

**11. Catalog of Federal Domestic Assistance Number:**
- 16.766

**CFDA Title:**
- Community Facilities Loans and Grants

**12. Funding Opportunity Number:**

**Title:**

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**
- 900,000.00

**15. Descriptive Title of Applicant's Project:**
- Facility Purchase for Housing and Work Experience for Homeless 18-24 year old foster care and Juvenile Hall young people.

Attach supporting documents as specified in agency instructions.

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

16. Congressional Districts Of:
   * a. Applicant: [Redacted]
   * b. Program/Project: [Redacted]

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

17. Proposed Project:
   * a. Start Date: 10-15-2014
   * b. End Date: [Redacted]

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

   $800,000.00

   $100,000.00

   $900,000.00

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 09-10-2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

   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: [Redacted]
Middle Name: Lincoln
* Last Name: Hancock
Suffic: [Redacted]
* Title: Founder/Director
*Telephone Number: (530) 243-3373
* Email: Providence@charter.net
* Signature of Authorized Representative: [Redacted]
Application for Federal Assistance SF-424

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

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

* If Revision, select appropriate letter(s):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:
10-CA-11272172-060

5b. Federal Award Identifier:
10-CA-11272172-060

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of California, Davis - UC Regents

* b. Employer/Taxpayer Identification Number (EIN/TIN):
   94 6036494

* c. Organizational DUNS:
   0471200840000

d. Address:

  * Street1: Office of Research - Sponsored Programs
  * Street2: 1850 Research Park Drive
  * City: Davis
  * County/Parish: Yolo
  * State: CA: California
  * Province: 
  * Country: USA: UNITED STATES
  * Zip / Postal Code: 95618-6153

e. Organizational Unit:

   Department Name: HORTONOLOGY
   Division Name: College of Ag & Enviro Science

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

Prefix: Dr.
Middle Name: 
* Last Name: Parrella
Suffix: 

Title: Monitoring Health of Oaks under Infestation

Organizational Affiliation:
University of California, Davis

* Telephone Number: 530-752-0479
Fax Number: 530-754-9077

* Email: mparrella@ucdavis.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:*

**USDA / FOREST SERVICE PACIFIC SOUTH WEST RESEARCH STATION**

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

**10 692**

**CPDA Title:**

**Forestry Research**

*12. Funding Opportunity Number:*

*Title:*

*13. Competition Identification Number:*

*Title:*

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

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

**Monitoring the Health of Oaks under Infestation by the Goldspotted Oak Borer in California**

Attach supporting documents as specified in agency instructions.

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

16. Congressional Districts Of:
   - a. Applicant: CA-003
   - b. Program/Project: CA-005

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

17. Proposed Project:
   - a. Start Date: 09/22/2015
   - b. End Date: 09/21/2016

18. Estimated Funding ($):
   - a. Federal: 42,157.00
   - b. Applicant: 22,765.00
   - c. State: 0.00
   - d. Local: 0.00
   - e. Other: 0.00
   - f. Program Income: 0.00
   - g. TOTAL: 64,922.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - x. This application was made available to the State under the Executive Order 12372 Process for review on 09/16/2014.
   - □ 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
   - 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 210, 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: Jinger

Middle Name:
* Last Name: Snyder

Suffix:

* Title: Contracts and Grants Analyst

* Telephone Number: 530-752-3767  
Fax Number: 530-752-0333

* Email: jssnyder@ucdavis.edu

* Signature of Authorized Representative: 

   * Date Signed: 09/16/2014
**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:**
- 8/6/2014

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**a. Legal Name:** Bishop Paiute Tribe

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 85-159-5064

**c. Organizational DUNS:** 0377197850000

**d. Address:**
- 50 cu su lane
- Bishop
- CA: California
- USA: UNITED STATES
- 83514-6038

**e. Organizational Unit:**

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Linda</td>
<td>kyu</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Telephone Number:** 210-955-6019

**Fax Number:**

**Email:** linda.kyu@bishoppaiute.org
**Application for Federal Assistance SF-424**

*9. Type of Applicant 1: Select Applicant Type:*
- Indian/Native American Tribal Government (Federally Recognized)

*Type of Applicant 2: Select Applicant Type:*

*Type of Applicant 3: Select Applicant Type:*

*Other (specify):*

*10. Name of Federal Agency:*
- Environmental Protection Agency

*11. Catalog of Federal Domestic Assistance Number:*
- 66.039

*CFDA Title:*
- National Clean Diesel Emissions Reduction Program

*12. Funding Opportunity Number:*
- EPA-ORR-OTRQ-14-06

*Title:*
- National Clean Diesel Funding Assistance Program, FY 2014 Tribal Request for Proposals

*13. Competition Identification Number:*

*Title:*

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

*15. Descriptive Title of Applicant’s Project:*
- Replacement of Road Start Diesel Bus with Clean Diesel Bus

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

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: 01/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($) :

<table>
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<th></th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td>57,050.00</td>
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<tr>
<td>b. Applicant</td>
<td>57,050.00</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>114,100.00</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 09/12/2014.
   - [ ] 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:  
First Name:  David

Middle Name:  
Last Name:  ThunderEagle

Suffix:  
Title:  Tribal Admin

Telephone Number:  760-873-3584
Fax Number:  
Email:  david.thunderEagle@bishoppaiute.org

Signature of Authorized Representative:  David ThunderEagle
Date Signed:  06/12/2014
### Application for Federal Assistance SF-424

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

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

**3. Date Received:**

**4. Applicant Identifier:**
- CA Department of Food & Agriculture

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**
- 14-6130-0047-CA

**6. State Use Only:**
- [ ] 8/27/14

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**a. Legal Name:**
- STATE OF CALIFORNIA

**b. Employer/Taxpayer Identification Number (EIN/TIN):**
- 68-0225104

**c. Organizational DUNS:**
- 807487685

**d. Address:**
- **Street1:** 1220 N Street, Room 325
- **City:** Sacramento
- **State:** California
- **Country:** USA: UNITED STATES
- **Zip / Postal Code:** 95814

**e. Organizational Unit:**
- Department Name: Food and Agriculture
- Division Name: Plant Health and Pest Prevention Services

**f. Name and contact information of person to be contacted on matters involving this application:**
- **Prefix:**
- **Middle Name:**
- **Last Name:** Schnabel
- **Suffix:**
- **Title:** EPM II
- **Organizational Affiliation:**

**Telephone Number:** 916.654.0312
**Fax Number:** 916.654.0986
**Email:** Duane.Schnabel@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 & 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

* 16. Descriptive Title of Applicant’s Project:

** BMP ORNAMENTAL NURSERIES **

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

**16. Congressional Districts Of:**
- *a. Applicant: CA, 3rd
- *b. Program/Project: Statewide

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

**17. Proposed Project:**
- *a. Start Date: 7/1/14
- *b. End Date: 6/30/15

**18. Estimated Funding ($):**
- *a. Federal: $40,000
- *b. Applicant: $0
- *c. State: $0
- *d. Local: $0
- *e. Other: $0
- *f. Program income: $0
- *g. TOTAL: $40,000

**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 8/1/13.
- ☐ 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 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

**22. **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>
</tr>
</thead>
<tbody>
<tr>
<td><em>First Name:</em></td>
<td>Crystal</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td><em>Last Name:</em></td>
<td>Myers</td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td><em>Title:</em></td>
<td>Federal Funds Manager</td>
</tr>
<tr>
<td><em>Telephone Number:</em></td>
<td>916-403-6653</td>
</tr>
<tr>
<td>Fax Number:</td>
<td></td>
</tr>
<tr>
<td><em>Email:</em></td>
<td><a href="mailto:crystal.myers@coffe.ca.gov">crystal.myers@coffe.ca.gov</a></td>
</tr>
</tbody>
</table>

*Signature of Authorized Representative: [Signature] * Date Signed: 9/17/14
Application for Federal Assistance SF-424

1. Type of Submission:
   ☑ Application
   ☐ Preapplication
   ☐ Changed/Corrected Application

2. Type of Application:
   ☑ New
   ☐ Continuation
   ☐ Revision

   If Revision, select appropriate letter(s):

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: University of California, Davis - UC Regents

   * b. Employer/Taxpayer Identification Number (EIN/TIN):
     94 6036494

   * c. Organizational DUNS:
     0471200840000

   d. Address:

      * Street1: Office of Research - Sponsored Programs
      * Street2: 1850 Research Park Drive
      * City: Davis
      * County/Parish: Yolo
      * State: CA: California
      * Province: 
      * Country: USA: UNITED STATES
      * Zip / Postal Code: 95618-6153

   e. Organizational Unit:

      Department Name: ENTOMOLOGY
      Division Name: College of Ag & Enviro Science

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

   Prefix: Dr.
   * First Name: Michael
   Middle Name:
   * Last Name: Parrella
   Suffix:

   Title: Survey and Detection of the Polyphagous Shot

Organizational Affiliation:

   University of California, Davis

   * Telephone Number: 530-752-0479
   Fax Number: 530-754-9077

   * Email: mapparrella@ucdavis.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:**
- USDA / FOREST SERVICE PACIFIC SOUTH WEST RESEARCH STATION

**11. Catalog of Federal Domestic Assistance Number:**
- 10.680

**CFDA Title:**
- Forestry Health Protection

**12. Funding Opportunity Number:**
- N/A

**Title:**
- N/A

**13. Competition Identification Number:**

**Title:**

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

**15. Descriptive Title of Applicant's Project:**
- Survey and Detection of the Polyphagous Shot Hole Borer and Goldspotted Oak Borer in California

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

16. Congressional Districts Of:
   * a. Applicant CA-003
   * b. Program/Project CA-005

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

17. Proposed Project:
   * a. Start Date: 09/30/2014
   * b. End Date: 09/29/2015

18. Estimated Funding ($):
   * a. Federal 49,020.00
   * b. Applicant 27,206.10
   * c. State 0.00
   * d. Local 0.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 76,226.10

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 09/16/2014.
   ✗ 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

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

   ✗ ** I AGREE

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

Authorized Representative:

Prefix:  
First Name: Snyder
Middle Name:  
Last Name: Snyder
Suffix:  

* Title: Contracts and Grants Analyst

* Telephone Number: 530-752-3767  Fax Number: 530-752-0333

* Email: jsnyder@ucdavis.edu

* Signature of Authorized Representative:  
* Date Signed: 09/18/2014
**APPLICATION FOR FEDERAL ASSISTANCE**

**SF 424 (R&R)**

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

**2. DATE SUBMITTED**
- 09/15/2014

**3. DATE RECEIVED BY STATE**
- [ ]

**4. a. Federal Identifier**
- [ ]

**b. Agency Routing Identifier**
- National Science Foundation

**5. APPLICANT INFORMATION**

- **Legal Name**: Nature's Power and Energy, LLC
- **Department**: [ ]
- **Street1**: 30131 Clearview Dr
- **City**: Wesley Chapel
- **State**: FL: Florida
- **Country**: USA: UNITED STATES
- **Organizational DUNS**: 078747381
- **ZIP / Postal Code**: 33545-3010

**Person to be contacted on matters involving this application**
- **Prefix**: [ ]
- *** First Name**: Dorraine
- **Middle Name**: [ ]
- **Last Name**: Rooney
- **Suffix**: [ ]
- **Phone Number**: 6139076279
- **Fax Number**: [ ]
- **Email**: wrooney2@yahoo.com

**6. EMPLOYER IDENTIFICATION (EIN) or (TIN)**
- 46-1476164

**7. TYPE OF APPLICANT**
- R: Small Business
- **Small Business Organization Type**
  - [X] Women Owned
  - [X] Socially and Economically Disadvantaged

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

**Is this application being submitted to other agencies?**
- Yes [ ] No [X]

**9. NAME OF FEDERAL AGENCY**
- National Science Foundation

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**: 47.041

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT**: HydroQueen

**12. PROPOSED PROJECT**
- **Start Date**: 01/15/2015
- **Ending Date**: 08/14/2015

**13. CONGRESSIONAL DISTRICT OF APPLICANT**
- [12]

**14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

- **Prefix**: Mrs.
- **First Name**: Dorraine
- **Middle Name**: [ ]
- **Last Name**: Rooney
- **Position/Title**: COO
- **Organization Name**: Nature's Power and Energy, LLC
- **Department**: [ ]
- **Street1**: 30131 Clearview Dr
- **City**: Wesley Chapel
- **State**: FL: Florida
- **Country**: USA: UNITED STATES
- **ZIP / Postal Code**: 33545-3010
- **Phone Number**: 6139076279
- **Fax Number**: [ ]
- **Email**: wrooney2@yahoo.com
15. ESTIMATED PROJECT FUNDING
   a. Total Federal Funds Requested  930,150.00
   b. Total Non-Federal Funds  930,150.00
   c. Total Federal & Non-Federal Funds 1,860,300.00
   d. Estimated Program Income  10,000,000.00

16. *IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
   a. YES  ❌
   b. NO  
   DATE:  09/15/2014
   a. PROGRAM WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
   PROCESS FOR REVIEW ON:
   b. 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

18. SFLLL or other Explanatory Documentation

19. Authorized Representative
   Prefix:  Mrs.  
   * First Name:  Dorraine  
   * Last Name:  Rooney  
   * Position/Title:  CEO  
   * Organization:  Nature's Power and Energy, LLC  
   Department:  
   * Street1:  30131 Clearview Dr  
   * Street2:  
   * City:  Wesley Chapel  
   * State:  FL: Florida  
   * Country:  USA: UNITED STATES  
   * ZIP / Postal Code:  33545-3010
   * Phone Number:  8139076279  
   * Email:  wrooney2@yahoo.com
   
20. Pre-application  

21. *Signature of Authorized Representative
   Completed on submission to Grants.gov
   * Date Signed
   Completed on submission to Grants.gov
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
   □ Construction  □ Preapplication  □ Construction  □ Preapplication
   □ Non-Construction  □ Non-Construction

2. DATE SUBMITTED
   September 16, 2014

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

5. APPLICANT INFORMATION
   Legal Name: City of Norwalk
   Address (give city, county, State, and zip code):
   12650 E. Imperial Highway Norwalk, CA 90650
   Name and telephone number of person to be contacted on matters involving the application (give area code)
   Sudesh Paul (562) 929-5660

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
   95-6005882

7. TYPE OF APPLICANT: (enter appropriate letter in box)
   C. State

8. TYPE OF APPLICATION:
   □ New  □ Continuation  □ Revision
   If Revision, enter appropriate letter(s) in box(es)  □  □
   A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  Other (specify):

9. NAME OF FEDERAL AGENCY:
   Federal Transit Administration (FTA - Region IX)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
    20-507

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
    FTA Grant # CA-90-Z218
    FTA Section 5307 UZFA Formula Capital Program
    FTA Section 5307 15% Discretionary Capital Allocation
    FTA Section 5307 1% TEA Capital Allocation

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
    City of Norwalk

13. PROPOSED PROJECT
    a. Applicant
    Start Date 7/1/14  Ending Date 6/30/17
    b. Project

14. CONGRESSIONAL DISTRICTS OF:
    38

15. ESTIMATED FUNDING:
    a. Federal $2,827,343
    b. Applicant $0
    c. State $200,614
    d. Local $477,555
    e. Other $0
    f. Program Income $0
    g. TOTAL $3,505,512

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 09/16/14
   b. No. □ PROGRAM IS NOT COVERED BY E. O. 12372
      □ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
   □ Yes  If "Yes," attach an explanation. □ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
   a. Type Name of Authorized Representative
      James C. Parker
   b. Title Director of Transportation
   c. Telephone Number (562) 929-5533
   d. Signature of Authorized Representative
   e. Date Signed 9/18/2014

Previous Editions Voidable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
Application for Federal Assistance SF-424

1. Type of Submission:
   - [X] Application

2. Type of Application:
   - [X] New

3. Date Received:
   - [RECEIVED]
   - SEP 24 2014

4. Applicant Identifier:
   - 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: Sequoia Foundation
   b. Employer/Taxpayer Identification Number (EIN/TIN): 33-0109208
   c. Organizational DUNS: 0109292430000
   d. Address:
      - Street1: 2166 Avenida de la Playa
      - Street2: Suite D
      - City: La Jolla
      - County/Parish: San Diego
      - State: CA: California
      - Province: USA: UNITED STATES
      - Zip / Postal Code: 92037-3238
   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: Kristen
      - Middle Name:
      - Last Name: Nelson
      - Suffix:
      - Title: Contract Administrator
      - Organizational Affiliation:
      - Telephone Number: 858-459-0431
      - Fax Number: 858-459-9461
      - Email: kristen@sequoiafoundation.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:

11.433

CFDA Title:

Marine Fisheries Initiative

* 12. Funding Opportunity Number:

NOAA-INFS-SE-2015-2004143

* Title:

Marine Fisheries Initiative (MARIIN)

13. Competition Identification Number:

2488293

Title:

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

* 15. Descriptive Title of Applicant's Project:

Systematic Assessment of Subsistence Fishing, Exchange and Consumption Patterns in Ethnically Diverse Coastal Communities of the Gulf of Mexico

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

16. Congressional Districts Of:
   * a. Applicant: CA-053
   * b. Program/Project: LA-all
   Attach an additional list of Program/Project Congressional Districts if needed.
   [Add Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:
   * a. Start Date: 09/01/2015
   * b. End Date: 08/31/2017

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL: 338,250.00

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 09/24/2014.
   [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   [ ] c. Program is not covered by E.O. 12372.

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

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: Ms.
Middle Name: 
* Last Name: Nelson
Suffix: 

* Title: Contract Administrator

* Telephone Number: 958-459-0142
Fax Number: 958-459-9461

* Email: kristen@sequoiafoundation.org

* 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
   - Application
   - Changed/Corrected Application

2. Type of Application:
   - New
   - Continuation
   - Revision
   * Other (Specify): combined two applications

3. Date Received:

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: South Coast Air Quality Management District

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

   c. Organizational DUNS:

   02598159

   d. Address:

   - Street: 21665 Copley Drive
   - City: Diamond Bar
   - County: Los Angeles
   - State: California
   - Province:
   - Country: United States
   - Zip / Postal Code: 90765

   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: Nancy
   Middle Name:      
   * Last Name: Cole
   Suffix:           

   Title: Financial Analyst

   Organizational Affiliation:
   South Coast Air Quality Management District

   * Telephone Number: (949) 396-2767
   Fax Number:

   * Email: ncole@scqmd.gov
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   G. Special District

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:
    81.0606

CFDA Title:
    Conservation Research & Development

* 12. Funding Opportunity Number:
    DE-FOA-0001106

* Title:
    Zero Emission Cargo Transport (ZECT) Demonstration

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
    Cities of Los Angeles, Long Beach, Ontario, San Bernardino, and Industry

* 15. Descriptive Title of Applicant's Project:
    San Pedro Bay Ports Fuel Cell Electric Vehicle and Hybrid Electric Vehicle Zero Emission Cargo Transportation Demonstration Project

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

16. Congressional Districts Of:
   a. Applicant [ ]
   b. Program/Project [ ]

Attach an additional list of Program/Project Congressional Districts if needed.
   CA-033; CA-035; CA-044; CA-047

17. Proposed Project:
   a. Start Date: 01/01/2015
   b. End Date: 12/31/2018

18. Estimated Funding ($):
   a. Federal 10,000,000.00
   b. Applicant 2,483,979.00
   c. State 2,400,000.00
   d. Local 2,250,000.00
   e. Other 3,125,841.00
   f. Program Income
   g. TOTAL 20,259,820.00

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 00/00/0000
   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 [X]

21. "I agree 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: [ ]
First Name: Barry
Middle Name: [ ]
Last Name: Waterstein, D.
Suffix: [ ]
Title: Executive Officer
Telephone Number: (909) 396-2100
Fax Number: (849) 396-3540
Email: twaterstein@agmd.gov
Signature of Authorized Representative: [Signature]
Date Signed: 23/Sept/2014

Authorized for Local Reproduction

APPROVED AS TO FORM

By: [Signature] Kurt R. Wise, General Counsel
Date: [Signature] 9/24/14
# 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):**
- Other (Specify)

**3. Date Received:**
- SEP 25 2014

**4. Application Identifier:**
- STATE CLEARING HOUSE

**5a. Federal Entity Identifier:**
- 1946002123A1

**5b. Federal Award Identifier:**
- 12-472-6725

**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):**
- 1946002123A1

**c. Organizational DUNS:**
- 12-472-6725

**d. Address:**
- 2150 Shattuck Avenue, Suite #300
- Berkeley, CA
- City: Berkeley
- County: Alameda

**e. Organizational Unit:**
- Environmental Science & Policy Management
- Division Name: Organisms & the Environment

**f. Name and contact information of person to be contacted on matters involving this application:**
- Prefix: First Name: Joy
- Middle Name: Ayson-Yu
- Last Name: Suffix:
- Title: Contract and Grant Officer

**Organizational Affiliation:**
- Sponsored Projects Office, University of California, Berkeley

**Telephone Number:** 510-664-4458
**Fax Number:** 510-642-8236
**Email:** laysonyu@berkeley.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:
- Select One -

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

*Other (specify):

10. Name of Federal Agency:
USDA-APHIS

11. Catalog of Federal Domestic Assistance Number:
10.025

CFDA Title:
Plant and Animal Disease, Pest Control, and Animal Care

*12. Funding Opportunity Number:
Not available

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Non-target test of introduced drosophilid parasitoids for biological control of Drosophila suzukii in USA

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

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

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

17. Proposed Project:
   *a. Start Date: 9/25/14
   *b. End Date: 9/24/15

18. Estimated Funding ($):
   *a. Federal
   *b. Applicant
   *c. State
   *d. Local
   *e. Other
   *f. Program Income
   *g. TOTAL: $74,704.00

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 9/25/14
   [ ] 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.)
   [ ] 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:

   *First Name: JOY

   *Last Name: AYSON-YU

   Suffix:

   *Title: Contract & Grant Officer

   *Telephone Number: 510 642-0120  Fax Number: 510/642-8236
   *Email: laysonyu@berkeley.edu
   *Signature of Authorized Representative: Date Signed: 9/25/14
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:
   - [COMPLETED BY ORG.GOV. UPON SUBMISSION]

4. Applicant Identifier:
   - [N/A]

5a. Federal Entity Identifier: [STATE CLEARING HOUSE]

5b. Federal Award Identifier:
   - [STATE CLEARING HOUSE]

State Use Only:

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

8. APPLICANT INFORMATION:
   a. Legal Name: CITY OF WINTERS
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000457
   c. Organizational DUNS: 807194907

d. Address:
   - Street 1: 318 FIRST STREET
   - City: WINTERS
   - State: CA
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 95694

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: [ ]
   - First Name: JTM
   - Middle Name: [ ]
   - Last Name: FLETTER
   - Suffix: [ ]
   - Title: ASSISTANT CITY ENGINEER
   - Organizational Affiliation: PONTICELLO ENTERPRISES
   - * Telephone Number: (530) 668-5883
   - Fax Number: [ ]
   - * Email: jim.fletter@ponticelloinc.com
Application for Federal Assistance SF-424

9. Type of Applicant 1 - Select Applicant Type:

   C. CITY GOVERNMENT

   Type of Applicant 2 - Select Applicant Type:

   E. REGIONAL ORGANIZATION

   Type of Applicant 3 - Select Applicant Type:

   * Other (specify):

   * 10. Name of Federal Agency:

      USDA RURAL DEVELOPMENT SERVICE, CALIFORNIA

11. Catalog of Federal Domestic Assistance Number:

    10.760

    CFDA Title:

    WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM

12. Funding Opportunity Number:

    * Title:

13. Competition Identification Number:

    Title:

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

    CITY OF WINTERS

    Add Attachments  Delete Attachments  View Attachments

15. Descriptive Title of Applicant's Project:

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

Attach supporting documents as specified in agency instructions.

Add Attachments  Delete Attachments  View Attachments
### Application for Federal Assistance SF-424

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

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

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

18. Estimated Funding ($)::

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<td>*b. Applicant</td>
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<td>*c. State</td>
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<td>*d. Local</td>
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<td>*e. Other</td>
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<td>*f. Program Income</td>
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<td>*g. TOTAL</td>
<td>$4,954,000.00</td>
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19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on 01-22-2014.
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [ ] c. Program is not covered by E.O. 12372.

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

If "Yes", provide explanation and attach.

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1061)

[ ] **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**: JOHN
- **Middle Name**: 
- **Last Name**: DONLEVY
- **Suffix**: 
- **Title**: CITY MANAGER
- **Telephone Number**: (530) 795-4910
- **Fax Number**: 
- **Email**: john.donlevy@cityofwinters.org

- **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  
- □ Application  
- □ Changed/Corrected Application  

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

2a. if Revision, select appropriate letter(s):  
- □  
- □  
- □  

3. Date Received: 09/14/2014

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: Southern California Regional Rail Authority

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

c. Organizational DUNS: 83614047/50000

d. Address:

- * Street1: One Gateway Plaza
- Street2:  
- City: Los Angeles
- County/Parish:  
- State: CA: California
- Province:  
- Country: USA: UNITED STATES
- Zip / Postal Code: 90012-3747

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: Anne
- Middle Name: Louise
- Last Name: Rice
- Suffix:  

- Title: Strategic Programming and Development Manager

Organizational Affiliation:

- Southern California Regional Rail Authority

- * Telephone Number: 213-452-0211
- Fax Number:  

- * Email: rices@scrra.net
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
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<td>* 9. Type of Applicant 1:</td>
<td>D: Special District Government</td>
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<td>Type of Applicant 2:</td>
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<td>Select Applicant Type:</td>
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<td>* 10. Name of Federal Agency:</td>
<td>Federal Railroad Administration</td>
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<td>11. Catalog of Federal</td>
<td>20.314</td>
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<td>Domestic Assistance Number:</td>
<td>OFDA Title: Railroad Development</td>
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<td>12. Funding Opportunity</td>
<td>Docket No. 4910-06-P</td>
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<td>Number:</td>
<td>* Title: Deploying Positive Train Control (PTC) Software Updates and Enhancements on a Revenue Service PTC System to Improve System Safety and Reliability - Lessons Learned for the Industry</td>
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<td>13. Competition Identification</td>
<td>Title:</td>
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<td>Number:</td>
<td>Title:</td>
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<td>14. Areas Affected by Project</td>
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<tr>
<td>(Cities, Counties, States,</td>
<td></td>
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<tr>
<td>etc.):</td>
<td></td>
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<tr>
<td>* 15. Descriptive Title of</td>
<td>Procure, test and deploy interoperable software on a shared railroad network in real time production with a report on lessons learned to share with the rail industry.</td>
</tr>
<tr>
<td>Applicant's Project:</td>
<td></td>
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</tbody>
</table>

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

16. Congressional Districts Of:
   * a. Applicant  CA-34
   * b. Program/Project  CA-34

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

Constitutional Districts in SCRRA Area Under:
[Attach Attachment] [Delete Attachment] [View Attachment]

17. Proposed Project:
   * a. Start Date: 12/19/2014
   * b. End Date: 12/31/2015

18. Estimated Funding ($):
   * a. Federal
     2,000,000.00
   * b. Applicant
     500,000.00
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL
     2,500,000.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?
   - [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on
   - [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   - [ ] c. Program is not covered by E.O. 12372.

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

   If "Yes", provide explanation and attach:
   [Attach Attachment] [Delete Attachment] [View Attachment]

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:  Mr.
First Name:  Michael
Middle Name:  Paul
Last Name:  DePalo
Suffix:  
Title:  Chief Executive Officer
Telephone Number:  213-452-0245  Fax Number:  213-452-0421
Email:  depallom@scrca.net
Signature of Authorized Representative:

* Date Signed: 02/01/2016
Application for Federal Assistance SF-424

Version 02

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

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

3. Date Received:
   - [ ] Completed by Grants.gov upon submission

4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier:
   - [ ] R14AS00050

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

8. APPLICANT INFORMATION:

   a. Legal Name: The Urban Wildlands Group, Inc.

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      - 95-4816288

   c. Organizational DUNS:
      - 113445451

   d. Address:
      - P.O. Box 24020
      - Los Angeles
      - CA: California
      - USA: UNITED STATES
      - 90024-0020

   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: Travis
      - Middle Name:
      - Last Name: Longcore
      - Suffix: Ph.D
      - Title: Science Director
      - Organization Affiliation:
      - Telephone Number: (310) 247-9719
      - Fax Number:
      - Email: longcore@urbanwildlands.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - 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:
   - 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.):
   - Antioch, California
   - Moorpark, California

* 15. Descriptive Title of Applicant's Project:
   - Captive Rearing and Release to Support Recovery of Lange's Metalmark Butterfly at Antioch Dunes National Wildlife Refuge

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

16. Congressional Districts Of:
   * a. Applicant CA-30
   * b. Program/Project CA-10

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

17. Proposed Project:
   * a. Start Date: 10/01/2015
   * b. End Date: 09/30/2016

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 60,794.00

19. Is Application Subject to Review By State Under Executive Order 12372 Processa?
   X a. This application was made available to the State under the Executive Order 12372 Process for review on 09/28/2014.
   □ 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  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:

Prefix:  * First Name: Travis
Middle Name:  
* Last Name: Longcore
Suffix: Ph.D.
* Title: Science Director
* Telephone Number: (310) 247-9719  Fax Number:  
* Email: longcore@uabawnildlands.org

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

Authorized for Local Reproduction Standard Form 424 (Revised 10/2000)
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

* 3. Date Received:
   - [ ] Preceding blank by Orniz.gov upon submission.

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: Cal State LA University Auxiliary Services, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN): 954016653

* c. Organizational DUNS: 066697590

9. Address:

   * Street: 5151 State University Drive, GE314

   * City: Los Angeles

   * State: CA: California

   * Zip / Postal Code: 90032-4226

10. Organizational Unit:

    Department Name: ____________________________

    Division Name: ____________________________

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

    Prefix: Dr.

    * First Name: Andrea

    Middle Name: ____________________________

    * Last Name: Aguilar

    Suffix: Ph.D

    Title: Professor

    Organizational Affiliation: California State University, Los Angeles

    Telephone Number: 323-343-2078

    Fax Number: ____________________________

    Email: arquill679@calstatela.edu
9. Type of Applicant 1: Select Applicant Type:
   - Hispanic-serving Institution

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:
   
   Central Valley Project Improvement Act, Title XXXIV

* 12. Funding Opportunity Number:
   
   P14AS500050
   
   *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.):

   

* 15. Descriptive Title of Applicant's Project:

   Environmental DNA assay for listed vernal pool branchiopods

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

18. Congressional Districts Of:
   * a. Applicant: CA-034
   * b. Program/Project: CA-034

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

17. Proposed Project:
   * a. Start Date: 10/01/2015
   * b. End Date: 09/30/2017

18. Estimated Funding ($):
   * a. Federal: 196,499.00
   * b. Applicant: 0.00
   * c. State: 0.00
   * d. Local: 0.00
   * e. Other: 0.00
   * f. Program Income: 0.00
   * g. TOTAL: 196,499.00

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 09/29/2014.
   [ ] 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  [X] No  Explanation: 

21. "By signing this application, I certify 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 provide the required assurances** and agree to comply with any resulting terms if I exceed 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: Mrs.  * First Name: Alma
Middle Name: P
Last Name: Sahagun
Suffice: 

Title: Executive Director

Telephone Number: 323-363-5366  Fax Number: 323-343-6430

Email: asahag@calnet.colostate.edu

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

Authorized for Local Reproduction

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

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

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

3. Date Received:
   - [ ] Completed by Grants.gov upon submission
   - [ ] Received by State
   - [ ] Received by State

4. Applicant Identifier:
   - [ ] Federal Entity Identifier
   - [ ] Federal Award Identifier

5a. Federal Entity Identifier:
   - [ ] * 5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:
   - a. Legal Name: Contra Costa Resource Conservation District
   - b. Employer/Taxpayer Identification Number (EIN/TIN):
     - 94-2550002
   - c. Organizational DUNS:
     - 086706690
   - d. Address:
     - * Street: 5552 Clayton Road
     - Street2:  
     - City: Concord
     - County:  
     - State: CA: California
     - Province:  
     - Country: USA: UNITED STATES
     - Zip / Postal Code: 94521
   - e. Organizational Unit:
     - Department Name:  
     - Division Name:  
     - R/A
     - R/A
   - f. Name and contact information of person to be contacted on matters involving this application:
     - Prefix: Mr.
     - First Name: Ben
     - Middle Name:  
     - Last Name: Wallace
     - Suffix:  
     - Title: Executive Director
   - Organization Affiliation:
     - Contra Costa Resource Conservation District
   - * Telephone Number: 925 672-6522
   - Fax Number: 925 672 8064
   - * Email: ben.wallace@ca.necdnnet.net
### Application for Federal Assistance SF-424

**Version 02**

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

D: Special District Government

**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:

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.):**

City of Clayton and City of Brentwood
Contra Costa County
California

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

Recovery Actions for California Red-legged Frog and California Tiger Salamander in Contra Costa County

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

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

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

3. Date Received:
   03/26/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

State Clearing House: SEP 30 2014

8. APPLICANT INFORMATION:

a. Legal Name: 1734 Family Crisis Center

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3685251

c. Organizational DUNS: 6182165190000

d. Address:
   - Street: 2116 Arlington Avenue, Suite 200
   - City: Los Angeles
   - County/Parish:
   - State: CA: California
   - Province:
   - Country: USA: UNITED STATES
   - Zip / Postal Code: 90018-1333

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

f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix:
   - Middle Name:
   - * First Name: Ryan
   - Last Name: Hurley
   - Suffix:
   - Title: Dir of Resource Development & Program Planning
   - Organizational Affiliation:

   * Telephone Number: (323) 737-3500 ext. 206
   - Fax Number: (323) 737-3593
   * Email: zhurley@1734fco.org
Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
   - Nonprofit with 501(C)3 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:
    - U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
    - 14.267

12. Funding Opportunity Number:
    - FR-5700-N-17

* Title:
  - Fiscal Year 2014 Continuum of Care Competition

13. Competition Identification Number:

* Title:

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

15. Descriptive Title of Applicant's Project:
    - 1736 Family Crisis Center SHP

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

16. Congressional Districts Of:
   * a. Applicant 34
   * b. Program/Project 37

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

17. Proposed Project:
   * a. Start Date: 07/01/2015
   * b. End Date: 06/30/2016

18. Estimated Funding ($):
   * a. Federal 531,763.00
   * b. Applicant 132,941.00
   * c. State
   * d. Local
   * e. Other
   * f. Program income
   * g. TOTAL 664,704.00

* 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 09/29/2014
   ❑  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 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: 
Middle Name: 
* Last Name: Adelkoff
Suffix: 
* Title: Executive Director
* Telephone Number: (323) 737-3900 ext. 200
Fax Number: (323) 737-3900
* Email: carol.adelkoff@gmail.com

* Signature of Authorized Representative: [Signature]
  * Date Signed: 09/26/2014
Application for Federal Assistance SF-424

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

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

3. Date Received:

4. Applicant Identifier:
   0951-1604

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Data Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name: Plug In America, LLC

 b. Employer/Taxpayer Identification Number (EIN/TIN):
   261793815

c. Organizational DUNS:
   022348182

d. Address:
   2370 Market Street, Suite 419
   San Francisco
   CA
   USA
   94114

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: Erin
   Middle Name:
   * Last Name: Tator
   Suffix:
   Title: Director, Operations
   Organizational Affiliation:
   * Telephone Number: (707) 554-2773
   Fax Number:
   * Email: etator@pluginamerica.org
**Application for Federal Assistance SF-424**

9. Type of Applicant 1: Select Applicant Type:

   - Not for Profit Organization

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:

    810600

    CFDA Title:

    Conservation Research and Development

12. Funding Opportunity Number:

    DE-FOA-0000951

   - Title:

    Vehicle Technologies "Alternative Fuel Vehicle Deployment Initiatives"

13. Competition Identification Number:

    Title:

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

    Areas targeted for this project are the Pacific Northwest, Midwest, deep south and southeast.

15. Descriptive Title of Applicant's Project:

    Experience Electric (EXEL) Project

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

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 498,662.00
   * c. State 500,000.00
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 998,662.00

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 09/06/2014
   [ ] 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.)
   [ ] 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 107)

   [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: Erin
Middle Name: 
* Last Name: Tator
Suffix: 
* Title: Director, Operations

* Telephone Number: (707) 564-2773  Fax Number: 
* Email: etator@pluginamerica.org 

* Signature of Authorized Representative: [ ] Erin  * Date Signed: 9/29/14

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

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

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

3. Date Received:
   - SEP 30 2014

4. Applicant Identifier:

   a. Federal Entity Identifier:
   - [Redacted]

   b. Federal Award Identifier:
   - [Redacted]

State Use Only:

5. Date Received by State:

6. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name:
   - Contra Costa Resource Conservation District

   b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 94-2556502

   c. Organizational DUNS:
   - [Redacted]

   d. Address:
   - 5552 Clayton Road
   - Concord, CA, California
   - USA: United States
   - Zip/Postal Code: 94521

   e. Organizational Unit:
   - [Redacted]
   - [Redacted]

   f. Name and contact information of person to be contacted on matters involving this application:
   - Prefix: [Redacted]
   - First Name: Ben
   - Middle Name: [Redacted]
   - ** Last Name: Wallace
   - Suffix: [Redacted]
   - Title: Executive Director
   - [Redacted]
   - Telephone Number: 562-672-6322
   - Fax Number:
   - Email: ben.wallace@cs.nwodnet.net
**Application for Federal Assistance SF-424**

**8. Type of Applicant: Select Applicant Type:**
- D: Special District Government

**9. Most Significant Activity:**

**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:**
- H4AS00050

**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.):**
- Contra Costa County
- California
- See attached Congressional District map - projects are in District 11

**15. Descriptive Title of Applicant's Project:**
- Recovery actions for California Red-legged Frog and California Tiger Salamander in Contra Costa County

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

**Version 02**

### 16. Congressional Districts Of:
- **a. Applicant:** CA-11
- **b. Program/Project:** CA-11

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

### 17. Proposed Project:
- **a. Start Date:** 09/01/2015
- **b. End Date:** 08/31/2015

### 18. Estimated Funding ($):

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<th>Category</th>
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<td>Local</td>
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<td>Other</td>
<td>17,230.00</td>
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<tr>
<td>Program Income</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$335,886.00</td>
</tr>
</tbody>
</table>

### 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
- **Yes**
- **No**

**Explanation:**

### 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 21, Section 1001)

**Signature:**

### Authorized Representative:
- **First Name:** Teresa
- **Last Name:** Hunter
- **Title:** Administrative Manager
- **Telephone Number:** 225-672-6522
- **Email:** teresa.hunter@ca.saddnet.net
- **Signature of Authorized Representative:**

**Date Signed:** 09/30/14

**Certified for Local Reproduction**

**Prescribed by OMB Circular A-102.**