



State of California - Department of Fish and Wildlife
2024 ENVIRONMENTAL DOCUMENT FILING FEE
CASH RECEIPT
 DFW 753.5a (REV. 01/01/24) Previously DFG 753.5a



AC RECEIPT #: 3613551

RECEIPT NUMBER
 01-05/30/2024-195
 STATE CLEARINGHOUSE NUMBER (if applicable)

SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.

| | | |
|---|-------------------|-----------------------------|
| LEAD AGENCY CITY OF OAKLAND PLANNING AND BUILDING DEPARTMENT | LEAD AGENCY EMAIL | DATE 05/30/2024 |
| COUNTY/STATE AGENCY OF FILING ALAMEDA | | DOCUMENT NUMBER 24 - 195 |

PROJECT TITLE
 OAKLAND CONNECT FIBER RING PROJECT GRANT FUNDING APPLICATION

| | | |
|--|-------------------------|--------------------------------|
| PROJECT APPLICANT NAME EDWARD MANASSE | PROJECT APPLICANT EMAIL | PHONE NUMBER (510) 238-7733 |
| PROJECT APPLICANT ADDRESS 250 FRANK H. OGAWA PLAZA SUITE 2114 | CITY OAKLAND | STATE CA |
| | | ZIP CODE 94612 |

PROJECT APPLICANT (Check appropriate box)

- Local Public Agency
 School District
 Other Special District
 State Agency
 Private Entity

CHECK APPLICABLE FEES:

- | | | | |
|---|------------|----|------|
| <input type="checkbox"/> Environmental Impact Report (EIR) | \$4,051.25 | \$ | 0.00 |
| <input type="checkbox"/> Mitigated/Negative Declaration (MND)(ND) | \$2,916.75 | \$ | 0.00 |
| <input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW | \$1,377.25 | \$ | 0.00 |
| | | | |
| <input checked="" type="checkbox"/> Exempt from fee | | | |
| <input checked="" type="checkbox"/> Notice of Exemption (attach) | | | |
| <input type="checkbox"/> CDFW No Effect Determination (attach) | | | |
| <input type="checkbox"/> Fee previously paid (attach previously issued cash receipt copy) | | | |

- | | | | |
|---|----------|----|-------|
| <input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only) | \$850.00 | \$ | 0.00 |
| <input checked="" type="checkbox"/> County documentary handling fee | | \$ | 50.00 |
| <input type="checkbox"/> Other | | \$ | |

PAYMENT METHOD:

- Cash
 Credit
 Check
 Other

TOTAL RECEIVED \$ 50.00

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|-----------------------------|--|
| SIGNATURE X <i>CBACA</i> | AGENCY OF FILING PRINTED NAME AND TITLE CBACA, DEPUTY CLERK |
|-----------------------------|--|