

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/12/2007	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: El Dorado County California		Organizational Unit: Department: Development Servicew	
Organizational DUNS: <i>no DUNS # - government agency</i>		Division: Planning Services	
Address: Street: 2850 Fairlane Court		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven	
City: Placerville		Middle Name: D.	
County: El Dorado		Last Name: Hust	
State: CA	Zip Code: 95867	Suffix:	
Country: USA		Email: SHust@co.el-dorado.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000511

8. TYPE OF APPLICATION:
 New Continuation Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
C. County
Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, Fish and Wildlife Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): 15-815 Cooperative Endangered Species Conservi

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
El Dorado County Integrated Natural Resources Management Plan (INRMP) HCP/NCCP

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
El Dorado County, California

13. PROPOSED PROJECT
Start Date: 09/01/2006 Ending Date: 08/31/2010

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 4th District of CA b. Project 4th District of CA

15. ESTIMATED FUNDING:

a. Federal	\$	599,788.00
b. Applicant	\$	890,266.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,490,054.00

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:
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. Authorized Representative

Prefix: Mr.	First Name: Gregory	Middle Name: L.
Last Name: Fuz		Suffix:
b. Title: Development Services Director		c. Telephone Number (give area code): (530) 621-5445
d. Signature of Authorized Representative		e. Date Signed: 1-12-07