

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="County of El Dorado"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-6000511"/>	* c. Organizational DUNS: <input type="text" value="0715432010000"/>	
<b>d. Address:</b>		
* Street1: <input type="text" value="330 Fair Lane"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Placerville"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="95667-4103"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text" value="Chief Administrative Office"/>	Division Name: <input type="text" value="Facilities Divison"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Shawne"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Corley"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Assistant Chief Administrative Officer"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="560-621-5530"/>	Fax Number: <input type="text" value="530-626-5730"/>	
* Email: <input type="text" value="shawne.corley@edcgov.us"/>		

**Application for Federal Assistance SF-424**

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Agriculture

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

10.766

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.):**

Add Attachment

Delete Attachment

View Attachment

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


El Dorado County Public Safety Facility

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
* a. Applicant: <input type="text" value="CA-004"/>	* b. Program/Project: <input type="text" value="CA-004"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date: <input type="text" value="12/15/2017"/>	* b. End Date: <input type="text" value="07/31/2019"/>
<b>18. Estimated Funding (\$):</b>	
* a. Federal	<input type="text" value="57,140,000.00"/>
* b. Applicant	<input type="text" value="11,000,712.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="68,140,712.00"/>
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
<b>** 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.</b>	
<b>Authorized Representative:</b>	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Ron"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Mikulaco"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Chairman - Board of Supervisors"/>	
* Telephone Number: <input type="text" value="530-621-5650"/>	Fax Number: <input type="text" value="530-626-5730"/>
* Email: <input type="text" value="ron.mikulaco@edcgov.us"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="12/28/16"/>