

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"/>
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* 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"/>

d. Address:

* 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"/>

e. Organizational Unit:

Department Name: <input type="text" value="Chief Administrative Office"/>	Division Name: <input type="text" value="Facilities Divison"/>
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f. Name and contact information of person to be contacted on matters involving this application:

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"/>	

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*** 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

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16. Congressional Districts Of:	
* 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"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="12/15/2017"/>	* b. End Date: <input type="text" value="07/31/2019"/>
18. Estimated Funding (\$):	
* 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"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<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"/>
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)	
<input checked="" type="checkbox"/> ** I AGREE	
<small>** 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.</small>	
Authorized Representative:	
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: <input type="text"/>	* Date Signed: <input type="text"/>