

# Application for Federal Assistance SF-424

**\* 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:**

**4. Applicant Identifier:**

Mendocino County Library

**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:**

County of Mendocino

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

946000520

**\* c. UEI:**

120567672000

**d. Address:**

**\* Street1:**

225 Main Street

**Street2:**

**\* City:**

Point Arena

**County/Parish:**

Mendocino County

**\* State:**

California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95468

**e. Organizational Unit:**

**Department Name:**

Mendocino County Library

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Barbra

**Middle Name:**

**\* Last Name:**

Chapman

**Suffix:**

**Title:**

Acting Director

**Organizational Affiliation:**

Mendocino County Library

**\* Telephone Number:**

707-367-8216

**Fax Number:**

**\* Email:**

chapmanb@mendocinocounty.gov

**Application for Federal Assistance SF-424**

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

County Government

Type of Applicant 2: Select Applicant Type:

County Government

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

N/A

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

USDA Rural Development

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

10.766

CFDA Title:

Community Facilities

**\* 12. Funding Opportunity Number:**

7 CFR Part 3570

\* Title:

Community Facilities Direct Loan & Grant Program

**13. Competition Identification Number:**

Title:

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

Mendocino County - Point Arena, Albion, Elk, Manc

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

New Equipment for Coast Community Branch of Mendocino County Library

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.

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

|                     |   |
|---------------------|---|
| * a. Federal        | <input type="text" value="\$ 32,743.00"/> |
| * b. Applicant      | <input type="text" value="\$ 26,790.00"/> |
| * c. State          | <input type="text"/>                      |
| * d. Local          | <input type="text" value="\$ 0.00"/>      |
| * e. Other          | <input type="text"/>                      |
| * f. Program Income | <input type="text"/>                      |
| * g. TOTAL          | <input type="text" value="\$ 32,743.00"/> |

**\* 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 ☒ 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:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: 

\* Signature of Authorized Representative:

**Barbra Chapman**

Digitally signed by Barbra  
Chapman  
Date: 2024.01.02 13:57:11 -08'00'

\* Date Signed: