

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

Economic Development Administration

5b. Federal Award Identifier:

EDAP-2017

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):

94-6000520

* c. Organizational DUNS:

078770880

d. Address:

* Street1:

501 Low Gap Road

Street2:

* City:

Ukiah

County/Parish:

* State:

California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95482

e. Organizational Unit:

Department Name:

Executive Office

Division Name:

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

Prefix:

Mr.

* First Name:

Steve

Middle Name:

* Last Name:

Dunnicliff

Suffix:

Title:

Deputy CEO

Organizational Affiliation:

* Telephone Number:

707-263 -4441

Fax Number:

* Email:

dunnicls@mendocinocounty.org

Application for Federal Assistance SF-424

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

County

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Econmic Development Administration

11. Catalog of Federal Domestic Assistance Number:

11.307

CFDA Title:

* 12. Funding Opportunity Number:

PKG000233306

* Title:

EAA-NC EDA- Non Construction Full Application 11.307

13. Competition Identification Number:

Title:

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

County of Mendocino

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Economic Recovery Coordinator

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

02

* b. Program/Project

02

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

10/1/18

* b. End Date:

9/30/20

18. Estimated Funding (\$):

* a. Federal

397,180

* b. Applicant

104,000

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

501,180

*** 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

Add Attachment

Delete Attachment

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)**

☒ ** 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:

Ms.

* First Name:

Carmel

Middle Name:

J.

* Last Name:

Angelo

Suffix:

* Title:

Chief Executive Officer

* Telephone Number:

707-463-4441

Fax Number:

* Email:

ceo@mendocinocounty.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.