

COUNTY OF YOLO

SHARON JENSEN
County Administrator



ADVISORY COMMITTEE ON
TRIBAL MATTERS
625 Court Street, Room 202
Woodland, CA 95695

Form ACTM 07-3

COMMUNITY ENHANCEMENT APPLICATION

By Organizations or Groups (or Coalitions)

Application Period Begins: November 6, 2006 and Ends: January 26, 2007
(Mailed applications postmarked no later than January 26, 2007 will be accepted.)

Instructions: Any non-County group or organization, or coalition of groups or organizations, may request funding for community enhancement projects to be implemented in the Capay Valley Region, from I-505 to Rumsey along the State Road 16 corridor. To qualify for funding, a Community Enhancement Project (CEP) proposal must provide information that demonstrates the project will enhance the local quality of life and produce substantial positive benefit to the community as a whole, thereby compensating for some of the off-reservation impacts that will result from expansion of the Cache Creek Casino Resort that cannot be directly mitigated.

Project Title: _____

APPLICANT(S)

Lead Organization #1: _____

Organization #2: _____

Organization #3: _____

If more than three groups or organizations are submitting an application together, please attach a list of the additional entities on a separate sheet.

Contact Person from the Lead Organization: _____

Address: _____

P.O. Box: _____

Email: _____

Phone: () - _____

Has additional funding for the project been secured? Yes No Amount \$

Has your group received Tribal impact mitigation funding before?

Yes No Amount \$

I. COMMUNITY ENHANCEMENT PROPOSAL:

A. Please describe the community enhancement project you wish to propose and explain how it will improve the local quality of life. (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.)

B. If applicable, please explain how this project will address currently unmet needs in the community. ACTM appreciates quantifiable documentation of unmet needs and encourages applicants to provide such data (public surveys, feasibility study, etc). (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.)

II. IMPLEMENTATION PLAN:

A. SINGLE-ENTITY APPLICANTS or LEAD ORGANIZATION: (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.)

B. IMPLEMENTATION PLAN FOR NON-LEAD ORGANIZATIONS: (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.)

III. COMMENTS/ADDITIONAL INFORMATION: Indicate endorsements from other groups or organizations and additional funding sources if project not fully funded. (If you need more space, please attach not more than one page that is clearly identified as your response to this Section)

IV. SPECIFICS:

A. Funding: If you are requesting funds, specify the amount here: \$

B. Documentation: Attach documentation that provides the basis for your requested funds (bids or quotes from contractor or supplier).

C. Other Assistance: If you are seeking other kinds of assistance from ACTM, either instead of or in addition to funding, please specify (if you need more space, please attach not more than one page that is clearly identified as your response to this Section):

D. Caveats: Please be advised as follows:

- Project funding requires the approval of the Yolo County Board of Supervisors.
- Funds dispersed are subject to audit at the discretion of the Board.
- Entities receiving Tribal Mitigation Funds are required to prepare an annual progress report, using a format provided by the County.

V. AFFIDAVIT:

As the Lead Organization contact person for this application, I hereby certify that the information provided on this document are true and correct. We understand that: (i) Community Enhancement Project funding requires approval by the Yolo County Board of Supervisors; (ii) acceptance of funding stipulates that we will prepare and submit an annual progress report to the ACTM; and (iii) any funds our entity receives pursuant to these conditions are subject to audit by the County.

Name: _____

Submitted by (signature) _____

Date: _____

PROPOSAL FOR COMMUNITY ENHANCEMENT PROJECT ...	√
Applicant's Checklist	
Except for my signature, I have printed or typed our responses in all Sections of the application.	<input type="checkbox"/>
We have filled in all contact information requested on page 1 of this application.	<input type="checkbox"/>
We have described the proposed project and explained how it will improve the local quality of life.	<input type="checkbox"/>
We have identified (and quantified to the extent possible) currently unmet needs that the proposed project would help to address.	<input type="checkbox"/>
We have attached our project implementation plan as specified in Section II (II.A. for single-entity applicants or II.B. for coalition applicants).	<input type="checkbox"/>
OPTIONAL: We have provided additional information in Section III. for consideration by ACTM.	<input type="checkbox"/>
We have entered the total amount of funding requested in the blank in Section IV.A.	<input type="checkbox"/>
We have attached the documentation and calculations we used as the basis for estimating the total amount of funding we are requesting from ACTM for the proposed project.	<input type="checkbox"/>
IF APPLICABLE: We have indicated types of assistance from ACTM other than funding (or in addition to funding) that are needed to implement the proposed project.	<input type="checkbox"/>
Wherever we needed more space to complete responses, we have attached an additional page and clearly marked on each one the Section number to which it refers.	<input type="checkbox"/>
I have signed and dated the affidavit in the indicated spaces.	<input type="checkbox"/>
I have entered (printed or typed) the "Applicant's Name" in the proposal evaluation criteria grid on the next page.	<input type="checkbox"/>

THIS SCORESHEET FOR USE BY ACTM ONLY

Community Enhancement Project ...

Application Evaluation Criteria

Applicant's Name/Project Name:	POINTS	
	Possible	Given
Is this project in Capay Valley Region I-5 to Rumsey along Hwy 16 corridor?	Yes/No	
Does the project have public support (survey or endorsements)?	10	
The application form is complete -- and, except for signature, printed or typed -- and all expected attachments are present.	5	
The proposed project clearly identifies potential for generating benefit for the community as a whole and improving the local quality of life.	25	
The applicant has identified quantifiable unmet needs that the proposed project would help to address.	20	
Two or more entities are actively collaborating on this project proposal.	5	
The applicant's proposal clearly explains the roles and activities involved in implementing the plan and providing progress reports on the proposed project and identifies who will be responsible in each case. Can the project be done	15	
The budget includes sufficient detail to enable the ACTM to determine whether the budget reflects the true costs of the project as proposed. (i.e. - Bids)	10	
The applicant has identified additional sources of funding that will also be applied to implementation of the proposed community enhancement project, <i>equal to:</i> <ul style="list-style-type: none"> • 5 - 20 percent of total project budget 3 points • 21 - 50 percent or more of total project budget 5 points • Dollar for dollar (100% match) 10 points 	10	
TOTAL	100	

For ACTM Use Only:	
Application No.	ACTM Member: