

County of Yolo

SHARON JENSEN
County Administrator



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

Form ACTM 07-2

ORGANIZATIONS APPLICATION

Organizations, Groups, or Businesses (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 organization, group, or business -- or coalition of organizations, groups, or businesses -- may use this form to request assistance from the Advisory Committee on Tribal Matters (ACTM) in mitigating an off-reservation impact resulting from *expansion* of the Cache Creek Casino Resort.

Project Title: _____

APPLICANT(S):

Lead Entity #1: _____

Entity #2: _____

Entity #3: _____

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

Contact Person from the Lead Entity or Coalition: _____

Address: _____

P.O. Box _____

Email: _____

Phone: () -

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

Has your organization received Tribal impact mitigation funding before? Yes No Amount \$

I. PROBLEM DEFINITION:

A. Please describe the specific impact(s) of the casino *expansion* (since 2002) that require mitigation. Explain how each impact is related to the casino expansion. (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.)

B. Please list evidentiary documentation of impacts that you have attached to this application such as, but not limited to, photographs, maps or before-and-after data. (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.):

- 1)
- 2)
- 3)
- 4)

II. PROPOSED IMPACT MITIGATION(S):

Please use the format below to describe the impact mitigation(s) for which this proposal seeks assistance from the ACTM. Explain how the proposed mitigation(s) will address the problem(s) identified. (If you need more space, please attach not more than one page that is clearly identified as your response to this Section.)

MITIGATION(S)		Problem This Mitigation Will Address or Eliminate
No.	Method and Desired End Result	
1		
2		
3		

III. IMPLEMENTATION PLAN:

(Please address each item listed below on an attached page that is clearly identified as your response to this Section)

A. SINGLE-ENTITY/LEAD APPLICANTS:

B. COALITIONS:

IV. COMMENTS/ADDITIONAL INFORMATION: (Endorsements from other organizations and funding sources if 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)

V. 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.

VI. PERMISSION TO INSPECT:

With this application, do you hereby grant permission for the ACTM to send a representative to visit and assess the site(s) of identified impact(s)?

Yes, any time

Yes, please contact us first

VII. AFFIDAVIT:

As the contact person for this application, I hereby certify that the information provided on this document is true and correct. We understand that: (i) impact mitigation 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:

APPLICATION FOR IMPACT MITIGATION ASSISTANCE (<i>Organizations</i>) ... 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 completed the problem definition and explained how each aspect is related to casino <i>expansion</i> .	<input type="checkbox"/>
We have attached all the evidentiary documentation listed in Section I.B. of this application.	<input type="checkbox"/>
We have completed the matrix in Section II to explain how each proposed mitigation will address or eliminate the problem(s) defined in Section I.A.	<input type="checkbox"/>
We have attached our mitigation project implementation plan as specified in Section III (III.A. for single-entity applicants or III.B. for coalition applicants).	<input type="checkbox"/>
OPTIONAL: We have provided additional information in Section IV. for consideration by ACTM.	<input type="checkbox"/>
We have entered the total amount of funding requested in the blank in Section V.A.	<input type="checkbox"/>
We have attached the documentation and calculations we used as the basis for estimating the total amount of funding needed to implement the proposed mitigation.	<input type="checkbox"/>
We have indicated our preference for site inspection.	<input type="checkbox"/>
Wherever we needed more space to complete a response, 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 evaluation criteria grid on the next page.	<input type="checkbox"/>

THIS SCORESHEET FOR USE BY ACTM MEMBERS ONLY

Organizations or Groups

Application Evaluation Criteria

Applicant's Name/Project:	POINTS	
	Possible	Given
Is the identified problem clearly associated with the casino expansion?	Yes/No	
The application form is complete -- and, except for signature, printed or typed -- and all expected attachments are present.	5	
Does the project have public support (survey or endorsements)?	10	
How significant is the impact (Severe, Moderate, Minor)?	25/15/10	
The documentation supports the applicant's assessment that a problem exists and is clearly associated with casino <i>expansion (2002)</i> .	5	
The proposed mitigation(s) would minimize or eliminate the identified problem(s). OR The problem(s) cannot be eliminated but the proposed mitigation would measurably reduce the impact of casino <i>expansion</i> .	25	
Two or more entities are collaborating on this request for impact mitigation assistance.	5	
The applicant's request clearly explains the roles and activities involved in implementing and providing progress reports on the proposed mitigation and identifies who will be responsible in each case (individual and/or committee).	5	
The budget includes sufficient detail to enable the ACTM to determine whether the budget reflects the true costs of the mitigation as proposed. (i.e.-Bids)	10	
The applicant has identified additional sources of funding that will also be applied to completion of the proposed mitigation, <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: