

PASSED

BEFORE THE BOARD OF COMMISSIONERS
FOR LANE COUNTY, OREGON

In the Matter of Approving Applications)
For Title II funds from the Forest Service)
And the BLM for the Forest Work Camp)
And the Department of Youth Services for)
FY-01/02 and authorizing the County)
Administrator to sign the applications.)

Order NO. 02-5-15- 1

WHEREAS, the U.S. Forest Service and the Bureau of Land Management have established procurement procedures for the award of Title II funds; and

WHEREAS, authorizing signatures on applications are required to receive these funds; and

WHEREAS, six projects have been approved by Resource Advisory Committees to provide Title II funds to the Forest Work Camp and the Department of Youth Services; and

WHEREAS, Board approval is required for applications over \$50,000 and four of the approved projects exceed this amount; and

WHEREAS, the award of Title II funds is required to fully fund Title III County Projects the Board has previously approved;

NOW, THEREFORE, it is hereby ordered:

1. The Board approves the Application for Federal Assistance to the Willamette National Forest not to exceed \$410,000 in Title II funds for the Forest Work Camp.
2. The Board approves the Application for Federal Assistance to the Siuslaw National Forest not to exceed \$97,000 in Title II funds for the Forest Work Camp.
3. The Board approves the Application for Federal Assistance to the Eugene Bureau of Land Management not to exceed \$215,000 in Title II funds for the Forest Work Camp.
4. The Board approves the Application for Federal Assistance to the Eugene Bureau of Land Management not to exceed \$155,000 in Title II funds for the Department of Youth Services.

5. The County Administrator is authorized to sign Applications for Federal Assistance form 424 for Title II funds for FY-01/02 substantially in conformance with Exhibit A.

ADOPTED this 15th day of May, 2002.

LANE COUNTY BOARD OF COMMISSIONERS



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EXHIBIT A

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
<i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. Applicant Information			
Legal Name		Organizational Unit	
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION		A. State B. County C. Municipal D. Township E. Insterstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ O. Non-Profit	
<input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, select appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify here): _____			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT PROJECT:	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____ b. <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW <input type="checkbox"/>	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
	.00	<input type="checkbox"/> Yes if "Yes" attach an explanation <input type="checkbox"/> No.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	

BUDGET INFORMATION — Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.						0.00
2.						0.00
3.						0.00
4.						0.00
5. TOTALS		0.00	0.00	0.00	0.00	0.00

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel					0.00
b. Fringe Benefits					0.00
c. Travel					0.00
d. Equipment					0.00
e. Supplies					0.00
f. Contractual					0.00
g. Construction					0.00
h. Other					0.00
i. Total Direct Charges (sum of 6a - 6h)	0.00		0.00	0.00	0.00
j. Indirect Charges					0.00
k. TOTALS (sum of 6i and 6j)	0.00	0.00	0.00	0.00	0.00

7. Program Income					0.00
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