

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:

11/8/22

4. Applicant Identifier:

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: Robert V. Jensen, Inc.

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

942266370

* c. UEI:

HBTEMP000044

d. Address:

* Street1:

4029 S. Maple Avenue

Street2:

* City:

Fresno

County/Parish:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93725

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

William

Middle Name:

* Last Name:

Jensen

Suffix:

Title: President/CEO

Organizational Affiliation:

* Telephone Number:

559-485-8210 x. 122

Fax Number:

* Email: bjensen@rvjensen.com

Application for Federal Assistance SF-424

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

Q: For-Profit Organization (Other than Small Business)



Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Agriculture - Rural Business Cooperative Service

11. Catalog of Federal Domestic Assistance Number:

10.754

CFDA Title:

The Higher Blends Infrastructure Incentive Program (HBIIP)

* 12. Funding Opportunity Number:

10.754

* Title:

Higher Blends Infrastructure Incentive Program (HBIIP) for Fiscal Year 2022

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

RV Jensen will expand its current facility to include two new canopies, 14 fuel dispensers and 6 underground storage tanks to offer B20 biofuel in the State of California.

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

CA-16

* b. Program/Project

CA-16

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

4/1/23

* b. End Date:

8/19/24

18. Estimated Funding (\$):

* a. Federal

2,474,669.00

* b. Applicant

3,823,550.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

6,298,219.00

*** 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 11/18.☐ 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:

* First Name:

Ron

Middle Name:

* Last Name:

King

Suffix:

* Title:

CFO

* Telephone Number:

559-485-8210 ext. 122

Fax Number:

* Email:

bjensen@rvjensen.com

* Signature of Authorized Representative:

Ron King

Digitally signed by Ron King

Date: 2022.11.18 18:11:02 -08'00'

* Date Signed: