

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:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Community Action Agency of Butte County Inc.

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

94-1640546

* c. UEI:

MN43L8UL2X81

d. Address:

* Street1:

15 Declaration Drive

Street2:

* City:

Chico

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95973-4902

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:

Timothy

Middle Name:

* Last Name:

Hawkins

Suffix:

Title: Chief Executive Officer

Organizational Affiliation:

* Telephone Number:

(530) 712-2888

Fax Number:

* Email:

THawkins@buttecaa.com

Application for Federal Assistance SF-424

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

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.616

CFDA Title:

Environmental and Climate Justice Block Grant Program

* 12. Funding Opportunity Number:

EPA-R-OEJECR-OCS-23-04

* Title:

Environmental and Climate Justice Community Change Grants Program

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:

Empowering Climate Resilience: Sustainable Solutions for South Oroville and Concow

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	1st	* b. Program/Project	1st
Attach an additional list of Program/Project Congressional Districts if needed.			
	Add Attachment	Delete Attachment	View Attachment
17. Proposed Project:			
* a. Start Date:	01/15/2025	* b. End Date:	01/14/2028
18. Estimated Funding (\$):			
* a. Federal	19,990,446.00		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	0.00		
* f. Program Income	0.00		
* g. TOTAL	19,990,446.00		
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?			
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on		11/13/2024 .	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.			
<input type="checkbox"/> c. Program is not covered by E.O. 12372.			
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 18, Section 1001)			
<input checked="" type="checkbox"/> ** 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:	Timothy
Middle Name:			
* Last Name:	Hawkins		
Suffix:			
* Title:	Chief Executive Officer		
* Telephone Number:	(530) 712-2888	Fax Number:	
* Email:	THawkins@buttecaa.com		
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed:	Completed by Grants.gov upon submission.