OMB Number: 4040-0004 Expiration Date: 10/31/2019

Application for Federal Assistance SF-424							
* 1. Type of Submission: Preapplication Application Changed/Corrected Application		New	* If Revision, select appropriate letter(s): * Other (Specify):				
* 3. Date Received: 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: S	onoma County F	ire District					
* b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 5566522460000							
d. Address:							
* Street1: Street2: * City:	5198 Sharp Rd						
County/Parish: * State: Province:	CA: California						
* Country:	USA: UNITED STATES						
* Zip / Postal Code:	94515			_			
e. Organizational Unit:							
Department Name: Division Name:							
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Middle Name:		* First Name:	Terri				
* Last Name: Bold]					
Title: Finance Manager							
Organizational Affiliation: Officer							
* Telephone Number: (707) 838-1170 Fax Number: (707) 838-1173							
* Email: tbolduc@sonomacountyfd.org							

Application for Federal Assistance SF-424						
* 9. Type of Applicant 1: Select Applicant Type:						
D: Special District Government						
Type of Applicant 2: Select Applicant Type:						
Type of Applicant 3: Select Applicant Type:						
* Other (specify):						
* 10. Name of Federal Agency:						
USDA Rural Development						
11. Catalog of Federal Domestic Assistance Number:						
10.766						
CFDA Title:						
Community Facility Loans and Grants						
* 12. Funding Opportunity Number:						
The state of the s						
* Title:						
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:						
Emergency Response Equipment						
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 02 * b. Program/Project 02					
Attach an additional list of Program/Project Congressional Districts if needed.					
Add Attachment Delete Attachment View Attachment					
17. Proposed Project:					
* a. Start Date: 10/03/2022 * b. End Date: 05/31/2023					
18. Estimated Funding (\$):					
* a. Federal 18,246.00					
* b. Applicant 52,130.00					
* c. State					
* d. Local					
* e. Other					
* f. Program Income					
* g. TOTAL 70,376.00					
* 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					
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)					
X ** 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: Terri					
Middle Name:					
* Last Name: Bolduc					
Suffix:					
* Title: Finance Manager					
* Telephone Number: 707-892-2006 Fax Number: 707-838-1173					
* Email: tbolduc@sonomacountyfd.org					
* Signature of Authorized Representative:					

Form RD 1942-54 (Rev. 10-96)

U.S. Department of Agriculture Rural Development

FORM APPROVED OMB No. 0575-0120

APPLICANT'S FEASIBILITY REPORT

1. Existing Facility. Briefly describe what facilities you currently have or how service is currently provided.

Sonoma County Fire District Station #6 serves a rural mountain community with the next closest fire station being miles away. This community was the first point of impact during the devastating 2017 Tubbs wildfire and found itself impacted again by the 2019 Kincaide Wildfire and the 2020 Glass Wildfire. This station is the first response to vehicle accidents on heavily traveled roadways. The Calistoga/Petrified Forest Road and the Mark West Springs/Porter Creek Road serve as main thoroughfares between Sonoma, Napa, and Lake counties. The cross of these busy two-lane country roads lies in the heart of the immediate response zone. Emergency responses to vehicle accidents are common due to the rural windy roads, black ice, frequent stormy conditions and occasionally snow. Incidents where a fallen tree blocks the roadways have increased during winter storms and heavy wind events since the Tubbs, Kincade and Glass wildfires burned and devastated large portions of the response area.

2. **Proposed Facility.** Describe what you want to purchase or construct. Indicate what the facility will be used for, approximate size, and expected method of procurement. For buildings indicate location, basic materials or type of construction, and attach a sketch or working drawings. For items of major equipment, indicate new or used, existing or custom-built, and any special features.

The proposal is to enhance emergency response capabilities to the rural community served by Sonoma County Fire District- Station 6 through the addition of one full set of auto extrication tools (Jaws of Life), ten (10) on-scene lighting devices, five (5) new chain saws and two (2) smoke blowers.

3. Need for the Facility. Indicate why the proposed facility is needed.

Fatal vehicle accidents have happened too often in our response area. The station does not currently have a full set of extrication equipment (Jaws of Life). Having a complete set of equipment would provide the ability to extricate a patient quicker, thus improving patient outcomes. Scene lighting properly positioned on accident scenes can help to avoid additional secondary accidents and improves firefighter safety on scene. Having new chainsaws will allow for the downed trees to be quickly cleared and help to avoid accidents. The current chainsaws are hammy-down units from previous agencies and have been used beyond their useful life. Smoke blowers help to remove smoke quickly from structure fires, which puts the fire engine into service faster to help the community.

4. Service Area. Indicate what area the proposed facility will serve and, if known, the population or number of families served.

The Sonoma County Fire District- Station 6 covers approximately 122 square miles. Many of the residents are elderly and have fixed incomes. This area was significantly damaged by three federally declared wilfire disasters, and is still in the post-disaster recovery stage.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM AG Box 7630, Washington, D. C. 2050s. Please DO NOT RETURN this form to this address. Forward to the local USDA office only.

5. Cost Estimate.	
Development and construction	\$
Land and rights	Ψ
Legal fees	
Architect and Engineer	
Equipment	70,818.00
Refinancing	
Other (describe)	
Total	\$70,818.00
6. Income. List the sources and estimate the amount of expected revenue for a typical y	year.
The Sonoma County Fire District receives the following re \$19,032,000; Intergovernmental Revenue \$5,588,800; Charge Donations/Reimbursements \$137,000; and Miscellaneous Reve \$30,905,800 received is utilized to provide emergency rescommunities.	es for Services \$6,071,500; enue \$76,500. The total revenue
The District is not currently able to fund the significant which include facilities and apparatus. Four devastating, disasters since 2017 have had significant fiscal impacts County. These major wildfires each were within our district he property tax revenue base which we rely on to provide Our District has taken the lead in Fire District consolid sustainability. Our annual revenue is currently dedicate the basic operational costs of providing emergency responserve.	federally declared wildfire on Fire Districts within Sonoma ct boundaries and has impacted our public safety services. lations to regain some fiscal ed to salary and benefits, and
7. Other Funds. List the sources and amount of funds that may be available other than as applicant's contributions, commercial loans, or loans or grants from other government. The District would contribute the 65% of the project cost funds.	at agencies).
8. Operating History. If you have operated a similar facility, attach audits, financial stathe past five years.	atements, or lists of income and expenses for
9. Signature and Title of Applicant Official	Date

09-07-2022