

**CEDARVILLE RANCHERIA  
TAX DISTRIBUTION GRANT APPLICATION**

**Type of Submission:**

Application  
 Changed / Corrected Application

**Type of Application:**

New  
 Revision

Reason for Revision

**Federal Tax ID Number:**

94-6000522

**DUNS Number:**

076118678

**APPLICANT INFORMATION:**

Applicant Name: The Modoc County Sheriff's Office

Street 1: 211 East 1<sup>st</sup> Street City: Alturas

Street 2: \_\_\_\_\_ State: CA Zip: 96101

**ORGANIZATIONAL UNIT:**

Department Name: \_\_\_\_\_ Division Name: \_\_\_\_\_

**NAME AND CONTACT INFORMATION (person to be contacted on matters involving this application):**

Prefix: \_\_\_\_\_ First Name: WILLIAM 'TEX' Last Name: DOWDY

Title: SHERIFF-CORONER Position: SHERIFF

Telephone #: 530-233-1320 Fax #: 530-233-1235

Email: tdowdy@modocsheriff.us

**GRANT INFORMATION:**

Name of Grant Request: Tax Distribution Grant

Purpose of Grant: Maximize resources, foster collaboration between our sovereigns, and ensure the Sheriff's Office has the resources to provide services to the Tribe and community at large.

Who will be responsible for administering the grant (if different from above):

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL REQUIRED INFORMATION:**

Will the Grant be used in conjunction or to qualify for a larger federal or state grant? YES \_\_\_\_\_ NO

If so, how much other funding is expected? Federal \_\_\_\_\_ State \_\_\_\_\_

Grant Number: \_\_\_\_\_ Grant CFDA # \_\_\_\_\_

Areas affected by this Project:  
Modoc County and its residents.

How will this grant benefit Modoc County and its residents:  
Cooperative community oriented policing.

Will this grant provide any direct benefit to the Cedarville Rancheria? YES  NO \_\_\_\_\_

If so, how: Training to minimally include PL-280 and other training, TO INCLUDE CULTURAL DIVERSITY.

**AUTHORIZATION:**

By signing this application, I certify 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, tribal, or administrative penalties. (U.S. Code, Title 218, Section 1001)  I AGREE

**Authorized Representative:**

Name: WILLIAM 'TEK' DOWDY Signature: 

Title: SHERIFF-CORONER Date: 11-1-2020

**CEDARVILLE RANCHERIA USE ONLY:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Time Period - From: \_\_\_\_\_ To: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Signature of Authorizing Person: \_\_\_\_\_