

**Indian Gaming Special Distribution Fund
Local Government Mitigation Grant Application**

1. Name of jurisdiction: _____
Legal address of jurisdiction: _____
Federal Tax ID Number: _____
Contact Person: _____
Phone: _____
Fax: _____
E-mail Address: _____

2. Mitigation funding is desired for impacts associated with: Jackson Rancheria

3. Please identify one of the following grant categories for which you are applying:

60% Nexus Grant [Total amount available in this grant category: \$370,095.78]

Please circle the letters that apply: (must meet a minimum of two nexus criteria)

- a. County or City borders the tribal land on all sides;
- b. County or City partially borders tribal land;
- c. County or City maintains a highway, road, or other thoroughfare that is predominant access route to a casino that is located within 4 miles;
- d. All or part of the County or City is located within 4 miles of the casino.

*50% available for jurisdictions satisfying all 4 nexus test criteria

*30% available for jurisdictions that satisfies 3 of the nexus test criteria

*20% available for jurisdictions that satisfies 2 of the nexus test criteria

40% Non-Nexus Grant [Total amount available in this grant category: \$246,730.52]

4. Identify the amount of mitigation funding requested through this application: \$ _____

Will the purpose of this grant request require funding again next year? _____ If so, please specify, if any, the alternative method of funding next year in the event that a grant is not awarded:

5. Identify which of the following purposes the grant project is for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Environmental impacts | <input type="checkbox"/> Waste disposal |
| <input type="checkbox"/> Fire services | <input type="checkbox"/> Emergency medical services | <input type="checkbox"/> Water supplies |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Recreation & Youth programs | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Child care programs | <input type="checkbox"/> Planning & adjacent land uses | <input type="checkbox"/> Roads |

6. On a separate sheet(s) of paper, describe the impacts associated with the Tribal casino and/or gaming, including, if available, specific data in support of such impacts.

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7. On a separate sheet(s) of paper, provide a complete description of the project, including the effect it will have on the specific impacts described above.
8. On a separate sheet(s) of paper, describe how you will quantify the impacts of the Tribal casino and demonstrate that the amount of funding for the project provided by the grant is proportional to the impact.
9. Identify the total cost of the project. _____
Provide as much specificity as possible regarding the cost of the project on a separate sheet(s) of paper.
10. Name other sources of funding that will be contributed to the project, if any, and the amount provided by each source: _____
11. Identify any source(s) of funding available in the event that the final total project cost exceeds the grant funding.
12. Is the project subject to Public Works or other legal requirements? Yes No
If yes, please identify the requirements to the extent possible. _____

13. Identify the project time frame: _____
14. Provide authorized signature below:
Authorized Signature: _____ Date: _____
Title: _____

APPLICATION DEADLINE: This Grant Application must be delivered to Rich Hoffman at the Jackson Rancheria Casino located at 12222 New York Ranch Road, Jackson, CA 95642 by no later than 5 p.m. April 27, 2011, to be considered for funding by the Indian Gaming Local Community Benefit Committee of Amador County ("Committee").

FUNDING PROCESS: All Grant Applications will be forwarded to the Committee. Grant Applications recommended by the Committee will be forwarded to the Jackson Rancheria ("Tribe") for sponsorship. Grant Applications recommended by the Committee and sponsored by the Tribe will be forwarded to the State Controller for funding.