Form RD 3570-3

UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT

FORM APPROVED OMB No. 0575-0173

(Rev. 07-20)

COMMUNITY FACILITIES GRANT AGREEMENT

Grantee and Agency

This Grant Agreement (Agreement) dated OS/03/2/, is a contract for receipt of grant funds under the Community Facility Grant program (7 C.F.R. part 3570, subpart B). These requirements do not supersede the applicable requirements for receipt of Federal funds stated in 2 C.F.R. Part 200, "UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR

FEDERAL AWARDS", which are incorporated by reference into this Agreement. Further, 7 C.F.R. part 3570, subpart B, and all relevant regulatory requirements apply to applicants and are also incorporated by reference into this Agreement.

This Agreement for the Project and Amount described below (the "Project Description") and for the Community Facilities grant, CFDA Number 10.766, is between the Grantee, a public body, nonprofit corporation or Indian tribe (you), and the United States of America acting through the Rural Housing Service (RHS or Agency).

I. GENERAL AWARD INFORMATION

Grantee Name & Address	2. DUNS No.	3. SAM No.	
Houghton County	078884881	5RJW4	
401 E Houghton Ave Houghton, MT 49931-24	4. Case No. 26-031-****4855		
5. Federal Award Identification Number (FAIN)	6. Award Date		
7. Performance Start Date	8. Performance End Date		
9. Amount of Federal Funds Obligated for this	10. Amount of Matching/Other Funds (if applicable)		
Action, and Total Amount of Federal Funds Obligated 35,300,00	28,898.00		
35,300.00 11. Total Project Cost (Budget Approved Amount)	12. Award as Percentage of Total Project Cost		
64,198.00	55 %		
13. Grantee Contact (Name, Title, Contact Info)	14. Agency Contact (Name, Title, Contact Info)		
Benjamin Larson, County Administrator	Desiree McCurley, Area Specialist		
15. Description of Real Property covered by the grant	16. Description of Equipment covered by the grant		
N/A	2021 Patrol Vehicle		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0570-0050]. The time required to complete this information collection is estimated to average 1 hour 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.

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FORM APPROVED OMB No. 0575-0173

(Rev. 07-20)

COMMUNITY FACILITIES GRANT AGREEMENT

Grantee and Agency
This Grant Agreement (Agreement) dated 08/03/21, is a contract for receipt of grant for the Community Facility Grant program (7 C.F.R. part 3570, subpart B). These requirements do
not supersede the applicable requirements for receipt of Federal funds stated in 2 C.F.R. Part 200,
"UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR
FEDERAL AWARDS", which are incorporated by reference into this Agreement. Further, 7 C.F.R. part
3570, subpart B, and all relevant regulatory requirements apply to applicants and are also incorporated by
reference into this Agreement.

This Agreement for the Project and Amount described below (the "Project Description") and for the Community Facilities grant, CFDA Number 10.766, is between the Grantee, a public body, nonprofit corporation or Indian tribe (you), and the United States of America acting through the Rural Housing Service (RHS or Agency).

I. GENERAL AWARD INFORMATION

I. Grantee Name & Address	2. DUNS No.	3. SAM No.	
Houghton County	078884881	5RJW4	
401 E Houghton Ave Houghton, MT 49931-20	4. Case No. 26-031-****4855		
5. Federal Award Identification Number (FAIN)	6. Award Date		
7. Performance Start Date	8. Performance End Date		
9. Amount of Federal Funds Obligated for this	10. Amount of Matching/Other Funds (if applicable)		
Action, and Total Amount of Federal Funds Obligated	28,898.00		
35,300,00 11. Total Project Cost (Budget Approved Amount)	12. Award as Percentage of Total Project Cost		
64,198.00	55 %		
13. Grantee Contact (Name, Title, Contact Info)	14. Agency Contact (Name, Title, Contact Info)		
Benjamin Larson, County Administrator	Desiree McCurley, Area Specialist		
15. Description of Real Property covered by the grant	16. Description of Equipment covered by the grant		
N/A	2021 Patrol Vehicle		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [0570-0050]. The time required to complete this information collection is estimated to average 1 hour 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.

U.S. DEPARTMENT OF AGRICULTURE NOTICE OF PREAPPLICATION REVIEW ACTION

ron	n: <u>USD</u>	A, RURAL DEVELOPMENT Department, bureau, or establishment)				
	v		Agency Number 26-601			
TO:	. V4~	Benjamin Larson	Reference Your Preapplication			
. •		ghton County	2021 Patrol Vehicle	∍ #1		
		East Houghton Avenue				
		ghton, MI 49913				
			Dated 10/23/2020			
1.	We have proposa					
	Eligible for funding by this agency and can compete with similar applications from other grantees. Eligible but does not have the priority necessary for further consideration at this time. Not eligible for funding by this agency.					
2.	Therefo	re, we suggest that you:				
	File a formal application with us by <u>TBD</u> . File an application with (Suggested Federal agency). Find other means of funding this project.					
	Based upon the funds available for this program over the last two fiscal years and the number of application reviewed, or pending, we anticipate that funds for which you are competing will be available after (month, year) 10/21.					
4.	You rec	uested \$35,300 federal funding in your preapplicati	on form, and we:			
	Are agreeable to consideration of approximately this amount in the formal application. Will need to analyze the amount requested in more detail.					
5.	An app at <u>TO E</u>	lication conference will be necessary not nece E DETERMINED. Please contact the undersigned	ssary. We are reconfor confirmation.	nmending that it be held at, on		
6.	Enclose	ures: 🗵 Forms 🗌 Instructions 🔲 Other (Specify)				
7.	-THE A	Remarks: .TTACHED LETTER IS HEREBY MADE A PART OF PROJECT WILL BE SUBMITTED FOR POSSIBLE FUR RVE FUNDS	THIS NOTICE. JNDING FROM NAT	TIONAL OFFICE DRA		
SI	gnatye	Laire Marchay Title Desiree McCurley AREA SPECIALIST				
0	Organizational Unit Administrative Office Telephone Number (906)253-8061 USDA, RURAL DEVELOPMENT GLADSTONE AREA OFFICE (906)253-8061					
	Address 2003 Minneapolis Gladstone MI 49837					
NOTE: This form will be used by Federal agencies to inform applicants of the results of a review of their preapplication request for Federal assistance. When the review cannot be performed within 45 days, the applicant shall be informed by letter as to when the review will be completed. When Federal agencies determine that the proposal is not eligible for Federal assistance, specific reasons						
Co	Cc: State Office FORM AD 622 (12-72)					

U.S. DEPARTMENT OF AGRICULTURE NOTICE OF PREAPPLICATION REVIEW ACTION

Fro	m: <u>U:</u>	SDA, RURAL DEVELOPM (Department, bureau, or establishme	ENT nt)		
				Agency Number 26-601	
TO	TO: Mr. Benjamin Larson			Reference Your Pr	eapplication
	141	oughton County		2021 Patrol Vehicle	e #2
)1 East Houghton Avenue	9		
		oughton, MI 49913			
	• • •	Sugariou,			
				Dated 10/23/2020	
1.	We h	ave reviewed your preapplicatio sal is:			
		Eligible for funding by this ag Eligible but does not have th Not eligible for funding by thi	e priority necessary for t	with similar applicat further consideratior	ions from other grantees. n at this time.
2.	There	efore, we suggest that you:			
	File a formal application with us by <u>TBD</u> . File an application with (Suggested Federal agency). Find other means of funding this project.				
3.	Based upon the funds available for this program over the last two fiscal years and the number of application reviewed, or pending, we anticipate that funds for which you are competing will be available after (month, year)				
4.	You	equested \$35,300 federal fund			
	Are agreeable to consideration of approximately this amount in the formal application. Will need to analyze the amount requested in more detail.				
5.	 An application conference will be \[\overline{\text{N}}\] necessary \[\overline{\text{n}}\] not necessary. We are recommending that it be held at, on at \(\overline{\text{TO BE DETERMINED}}\). Please_contact the undersigned for confirmation. 				
6.	Encl	osures: 🛛 Forms 🗌 Instruction	s 🔲 Other (Specify)		
7.	-THE	r Remarks: E ATTACHED LETTER IS HERI E PROJECT WILL BE SUBMITI ERVE FUNDS	EBY MADE A PART OF ED FOR POSSIBLE FU	THIS NOTICE. INDING FROM NAT	TIONAL OFFICE DRA
S	Ignatur	Visite Melineline	Title Desiree McCurley AREA SPECIALIST		
0	rganiza	itional Unit	Administrative Office	OFFICE	Telephone Number (906)253-8061
		RURAL DEVELOPMENT 2003 Minneapolis	GLADSTONE AREA	OFFICE	1 (800/200-0001
^	ddress	Gladstone MI 49837			
Fe	deral a: انس سار	ils form will be used by Federal agen ssistance. When the review cannot b I be completed. When Federal agen			
sh	ould be	provided in Item 7 Other Remarks.			FORM AD 622 (12-72)
· ·	J. J	MIO OINOO			