

APPLICATION FOR

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| | | 2. DATE SUBMITTED 08/07/2015 | APPLICATION IDENTIFIER | |
| 1. TYPE OF SUBMISSION Application Non-Construction | | 3. DATE RECEIVED BY STATE | STATE APPLICATION IDENTIFIER | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | FEDERAL IDENTIFIER | |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name Oneida Indian Nation | | Organizational Unit Executive Office | | |
| Address (city, state, and zip code) 2037 Dream Catcher Plaza 223 Genesee Street Oneida, New York 13421-2729 | | Name and telephone number of the person to be contacted on matters involving this application Bryan Mignone (315) 361-8037 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 16-1045299 | | 7. TYPE OF APPLICANT Indian/Native American Tribal Government (Federally Recognized) | | |
| 8. TYPE OF APPLICATION New | | 9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE Number: 16.596 CFDA Title: Tribal Justice Facilities Grant Program for Indian Tribes | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Oneida Indian Nation Multi-Purpose Justice Center | | |
| 12. AREAS AFFECTED BY PROJECT 17,466.97 acres of land and properties reacquired and/or pos | | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICT(S) OF | | |
| Start Date: 10/01/2015 | Ending Date: 09/30/2017 | a. Applicant NY22 | b. Project NY22 | |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | |
| a. Federal | \$1,848,882 | Program is not covered by E.O. 12372 | | |
| b. Applicant | \$0 | | | |
| c. State | \$0 | | | |
| d. Local | \$0 | | | |
| e. Other | \$0 | | | |
| f. Program Income | \$0 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | |
| g. Total | \$1,848,882 | N | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED. | | | | |
| a. Typed Name of Authorized Representative Ray Halbritter | | b. Title Nation Representative | | c. Telephone number (315) 361-7633 |
| d. Signature of Authorized Representative | | | e. Date Signed | |