



PROJECT INFORMATION FORM

Project Name Cloverdale Veterans Building Safety and Infrastructure Improvements Project	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Estimated Date of Completion:</td> <td style="border-bottom: 1px solid black;">1/1/2028</td> </tr> <tr> <td>Grant Amount:</td> <td style="border-bottom: 1px solid black;">\$500,000</td> </tr> <tr> <td>Estimated Total Project Cost: <small>(State grant, other funds, and in-kind)</small></td> <td style="border-bottom: 1px solid black;">\$500,000</td> </tr> </table>	Estimated Date of Completion:	1/1/2028	Grant Amount:	\$500,000	Estimated Total Project Cost: <small>(State grant, other funds, and in-kind)</small>	\$500,000										
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Grantee Name (with mailing address) Sonoma County Dept of Public Infrastructure 400 Aviation Blvd, Suite 100 Santa Rosa, CA 95403	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">County</td> <td style="width: 35%;">Nearest City/Town</td> </tr> <tr> <td>Sonoma</td> <td>Cloverdale</td> </tr> <tr> <td colspan="2">Project Address (or nearest cross street)</td> </tr> <tr> <td colspan="2">205 W 1st St Cloverdale, CA 95425</td> </tr> <tr> <td style="text-align: center;">Senate Dist.</td> <td style="text-align: center;">Assembly Dist.</td> <td style="text-align: center;">US Congressional Dist.</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> </table>	County	Nearest City/Town	Sonoma	Cloverdale	Project Address (or nearest cross street)		205 W 1st St Cloverdale, CA 95425		Senate Dist.	Assembly Dist.	US Congressional Dist.	2	2	2		
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Grantee's Representative Authorized in Resolution (Signature required at bottom of this page) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name: <u>Johannes J. Hoevertsz</u></td> <td style="width: 55%;">Title: <u>Director, Public Infrastructure</u></td> </tr> <tr> <td>Phone: <u>707-565-2550</u></td> <td>Email: <u>Johannes.hoevertsz@sonomacounty.gov</u></td> </tr> </table> <p>Project Manager – Person with day-to-day responsibility for project (if different from authorized representative)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Name: <u>Amanda Bouillerce</u></td> <td style="width: 55%;">Title: <u>Customer Service and Grants Program Manager</u></td> </tr> <tr> <td>Phone: <u>707-565-2550</u></td> <td>Email: <u>Amanda.bouillerce@sonomacounty.gov</u></td> </tr> </table>		Name: <u>Johannes J. Hoevertsz</u>	Title: <u>Director, Public Infrastructure</u>	Phone: <u>707-565-2550</u>	Email: <u>Johannes.hoevertsz@sonomacounty.gov</u>	Name: <u>Amanda Bouillerce</u>	Title: <u>Customer Service and Grants Program Manager</u>	Phone: <u>707-565-2550</u>	Email: <u>Amanda.bouillerce@sonomacounty.gov</u>								
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Brief Description of Project <small>(Summarize major activities to be funded by this Grant)</small> The Cloverdale Veterans Building Safety and Infrastructure Improvements Project will address priority facility preservation, deferred maintenance, and modernization needs to ensure the building remains safe, functional, and accessible for veterans and the broader community. Contingent on adequate grant fund balance upon completion of project components, the Project is expected to include roof repair or replacement; exterior painting; gutter replacement; installation of a French drain with sump pump tie-in to improve drainage; refinishing of the auditorium hardwood floor; replacement of water-damaged ceiling tiles; installation of sound-deadening panels; upgrade of the sound system to professional equipment; and installation of an electronic sign. Improvements will be completed in order of demonstrated need and guided by the priorities of the Cloverdale veterans community. All work will comply with applicable laws and regulations, including CEQA, and will be completed within the grant performance period.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Latitude</td> <td style="width: 50%; text-align: center;">Longitude</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Enter data</td> <td style="text-align: center; border-bottom: 1px solid black;">Enter data</td> </tr> <tr> <td colspan="2">Site Control/Land Tenure (check the box that applies)</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Grantee owns the property</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Grantee leases the property – Term End: Enter date</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Grantee owns an easement on the property.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Grantee has an MOU with the property owner.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Not applicable – Project is a plan or program.</td> </tr> </table>	Latitude	Longitude	Enter data	Enter data	Site Control/Land Tenure (check the box that applies)		<input checked="" type="checkbox"/> Grantee owns the property		<input type="checkbox"/> Grantee leases the property – Term End: Enter date		<input type="checkbox"/> Grantee owns an easement on the property.		<input type="checkbox"/> Grantee has an MOU with the property owner.		<input type="checkbox"/> Not applicable – Project is a plan or program.	
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I certify that the information in this Project Information Form, including all attachments, is complete and accurate. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signed: _____</td> <td style="width: 50%; text-align: right;">_____</td> </tr> <tr> <td style="text-align: center; color: red;">Grantee's Authorized Representative as shown in Resolution</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">Enter name</td> <td style="text-align: center; border-bottom: 1px solid black;">Enter title</td> </tr> <tr> <td style="text-align: right;">Designee?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Signed: _____	_____	Grantee's Authorized Representative as shown in Resolution	Date	Enter name	Enter title	Designee?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
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Print Name

Title

(If yes, attach letter of designation from authorized representative.)