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| --- | --- | --- | --- |
| Date of Application: | |  | |
| Name of County: | | | Contact Name: |
| Address: | | | Contact Number: |
| City: | State: | Zip: | Email: |
| Grant funds shall be used for the direct costs of implementing or operating a CERTNA-hosted Electronic Recording Delivery System, including, but not limited to, purchase of workstation(s), recording system interface to CERTNA, DOJ costs, etc. Maximum grant request amount shall be $10,000.00 per application for counties recording 10,000 documents or fewer per year and $2,500.00 for counties recording between 10,001 and 20,000 documents per year. Counties may submit one application per year. | | | |
| 1. Documents Recorded Last Calendar Year: \_\_\_\_\_\_\_\_\_   (attach latest Office of Insurance Commissioner Report – GC 27296)   1. Grant amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Grant amount will be used for the following: 3. ERDS/G2G Workstation(s): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach quote or actual cost) 4. Vendor Interface: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach quote or actual cost) 5. Initial System Audit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($2,500 for client counties) 6. DOJ ERDS Program Participation Costs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach quote or actual cost) 7. Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach quote or itemized list) | | | |
| **General Qualifications and Requirements** | | | |
| 1. Participation is limited to California Counties who record 20,000 or fewer documents per year. 2. Applicant County must have commenced the collection of the $1.00 ERDS fee on each recorded document authorized pursuant to Government Code Section 27397. **Attach** County Board Resolution showing modification of the Fee Schedule allowing for this. 3. Applicant County must have approved its ERDS participation MOU with the Attorney General Pursuant to the Act. **Attach** County board Resolution authorizing participation in the DOJ ERDS Program. 4. Applicant County must have received Board of Supervisors approval to participate in electronic recording via the CERTNA ERDS pursuant to the Act. **Attach** the County Board Resolution authorizing the County Recorder to participate in the ERDS program through the CERTNA ERDS JPA as either a Board member or client. 5. Applicant County must have representation at the CERTNA BOD meeting when the grant is scheduled to be reviewed to present their application and answer any questions. 6. Applicant County must enter into a Standard Agreement in the form attached hereto. 7. Applicant County must agree as part of the Standard Agreement to abide by CERTNA’s grant fund requirements, including a tiered repayment schedule in the event the Applicant County receiving grant funds ceases to be a member or client of CERTNA. | | | |
| I certify that the information provided herein is true and correct to the best of my knowledge. | | | |
| Applicant’s Printed Name and Signature: | | | |
| Applicant’s Title: | | | |
| Date: | | | |

Send completed application (with **all** supporting documents) to:

Santa Cruz County Recorder

Attn: Carol Sutherland

701 Ocean Street, Room 230

Santa Cruz, CA 95060

**PPC Committee (or designated subcommittee): Strategic Operations Director:**

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by: Richard Sherman**

**Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**