

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: 05/14/2014		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: F14AS00178			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="Point Reyes Bird Observatory dba Point Blue Conservation Sci"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-1594250"/>			* c. Organizational DUNS: <input type="text" value="119744100"/>		
d. Address:					
* Street1: <input type="text" value="3820 Cypress Dr. #11"/>			Street2: <input type="text"/>		
* City: <input type="text" value="Petaluma"/>			County: <input type="text"/>		
* State: <input type="text" value="CA: California"/>			Province: <input type="text"/>		
* Country: <input type="text" value="USA: UNITED STATES"/>			* Zip / Postal Code: <input type="text" value="94954-5696"/>		
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: <input type="text"/>		* First Name: <input type="text" value="Karen"/>		Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Carlson"/>		Suffix: <input type="text"/>			
Title: <input type="text"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: <input type="text" value="707-781-2555 ext 350"/>			Fax Number: <input type="text"/>		
* Email: <input type="text" value="kcarlson@pointblue.org"/>					

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Standard Form 424 Mandatory (Effective 08/2005)
Prescribed by OMB Circular A-102

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*** 8a. TYPE OF APPLICANT:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

*** 9. Name of Federal Agency:**

Fish and Wildlife Service

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

002

b. Program/Project:

002

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

04/01/2014

b. End Date:

09/30/2019

14. ESTIMATED FUNDING:

* a. Federal (\$):

173,855.00

b. Match (\$):

305,260.00

*** 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

☐ a. This submission was made available to the State under the Executive Order 12372 Process for review on:

☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.

☒ c. Program is not covered by E.O. 12372.

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* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I Agree ☒

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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*** Consolidate Application/Plan/Funding Request Explanation**

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*** Applicant Federal Debt Delinquent Explanation**