OMB Control No. 1018-0144
Expiration Date: 09/30/2013

Application Cover Page

Page 2 contains instructions for completing this form. Follow all instructions!

Program: Wildlife Without Borders - Amphibians in Decline

Project Title:

Amount Requested from USFWS:		**USD**
Applicant's Contribution:		**USD**
Other Partner Contributions:		**USD**
Total Project Cost:	$0.00	**USD**

Applicant

DUNS Number:
Tax ID Number:
Funds should be made payable to:
Payee DUNS if payee is not Applicant:

Project Manager (provide complete contact information):	**Grant Administrator** (provide complete contact information):

Alternate Contact Person:	
Name:	E-mail:
Organization:	Telephone:

Partner organizations contributing cash or in-kind support to this project:

Organization	Contribution Amount (USD)

The U.S. Fish and Wildlife Service is interested in engaging partners for international wildlife conservation. To achieve this goal we may share your proposal with qualified organizations or individuals that have the potential to enhance the proposed conservation effort. If you prefer that your proposal not be shared, please check this box ☐.

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____ DATE _____

NAME OF AUTHORIZED REPRESENTATIVE:
TITLE:

APPLICATION COVER PAGE INSTRUCTIONS

Do not return this page with your application!

Project Title:	Project title should reflect the nature of the work to be performed, and include specifics on the location and country where the work will take place.
Amount Requested from FWS:	State the amount being requested from the FWS (in U.S. Dollars)
Total Applicant Contribution:	State the amount your organization will contribute to the project (in U.S. Dollars)
Total Partner Contributions:	State the sum total of all contributions from other partners (in U.S. Dollars)
Total Project Cost:	This is the sum of the three amounts listed above (in U.S. Dollars)
Applicant Organization:	This is the organization or individual submitting the application.
DUNS #:	U.S. Government-wide policy requires all applicant organizations and individuals, both domestic and non-domestic, to apply for, and include a Dun & Bradstreet Data Universal Number System (DUNS) number on their application. Applicants without a DUNS number should go to http://fedgov.dnb.com/webform/pages/CCRSearch.jsp. You will be prompted to select your country and then search the database for your organization/name. If your organization/name is not found, you will be routed to a web page that allows you to select "Request a New D-U-N-S Number". Follow the instructions for obtaining a new number. Applicants who already have a DUNS number are responsible for updating changes to their address or business name with Dun and Bradstreet directly, as the organizational address to be used in the event an award is made must match the information in Dun & Bradstreet's system. An application will not be considered eligible for funding until the applicant provides a valid DUNS number.
TIN #:	Tax Identification Number. Required for all U.S.-based organizations. If you are located outside the United States and do not pay employees within the U.S., you are not required to provide a Taxpayer Identification Number.
Funds should be made payable to:	This is the name of the organization or individual who will receive payment from the U.S. Treasury in the event of an approved grant. In most cases, the organization or individual listed here should be the same as the Applicant Organization listed above. Other organizations or individuals are not typically permitted to receive funds on behalf of the Applicant Organization without appropriate justification and verifiable written approval from the Applicant Organization.
Project Manager:	The Project Manager is the primary person responsible for overseeing the project activities, and can be contacted for technical, biological, or other questions related to the proposal. Provide: Name; Title; Organization; Mailing Address*; City/Province/State/Country; Zip/Postal Code; Telephone number (include country and city code, if applicable); Fax number; and E-mail address.
Grant Administrator:	In the event an award is granted, the Project Administrator is the person who will receive all grant-related documentation from FWS. If the Grant Administrator will be someone other than the Project Manager provide: Name; Title; Organization; Mailing Address*; City/Province/State/Country; Zip/Postal Code; Telephone number (include country and city code, if applicable); Fax number; and E-mail address. ******The mailing addresses you provide must accept delivery of express/courier mail (DHL/FedEx/Airborne Express). Typically express/courier mail is only deliverable to an actual street address. Do not provide a P.O. Box unless your in-country courier service will deliver express/courier mail to your P.O. Box.*
Alternate Contact Person:	The Alternate Contact Person should be available in the absence of the Project Manager and should be familiar with the project activities. For Alternate Contact Person provide their name, organization, telephone, and e-mail address.
Partner organizations:	List each partner organization name and amount of cash and/or in-kind support to be contributed to this project. Amounts should be listed in U.S. Dollars. The total of these contributions should equal the amount under Total Partner Contributions above.
Signature:	Cover page **must** include the signature of your organization's authorized representative. Below the signature and the date, include his/her full name and title.

NOTICE

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please be advised that:

1. The gathering of information from potential grant recipients is authorized under Section 8 of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531-43).

2. The submission of requested information is required for all entities competing for financial assistance awards under the *Wildlife Without Borders* Program.

3. You are not required to respond to a collection of information unless it displays a currently valid OMB control number.

4. This information collection has been approved by OMB and assigned clearance number 1018-0144.

5. The requested information may be subject to disclosure under provisions of the Freedom of Information Act (5 U.S.C. 552).

The public reporting burden for the information collected on this form is 1 hour. This burden estimate includes time for reviewing instructions, gathering data, and completing and reviewing form. The public reporting burden for completing a full proposal is 11 hours, which amounts to a total estimated time of 12 hours to complete an application.