

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):***** Other (Specify):***** 3. Date Received:**

10/15/2015

4. Applicant Identifier:**5a. Federal Entity Identifier:****5b. Federal Award Identifier:****State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:**

Organization Name

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

00-00000000

*** c. Organizational DUNS:**

00000000000000

d. Address:*** Street1:**

1234 Street

Street2:*** City:**

City

County/Parish:*** State:**

VA: Virginia

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

00000-0000

e. Organizational Unit:**Department Name:**

Department Name

Division Name:

Division Name

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:**

Mrs.

*** First Name:**

First

Middle Name:*** Last Name:**

Last

Suffix:**Title:**

Title

Organizational Affiliation:

Organization Name

*** Telephone Number:**

000-000-0000

Fax Number:

000-000-0000

*** Email:**

email@domain.com

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.922

CFDA Title:

NAGPRA

* 12. Funding Opportunity Number:

P16AS00001

* Title:

NAGPRA Repatriation Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas Affected by Project.pdf

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

NAGPRA Repatriation Project with the Some Name

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	14,780.00
* b. Applicant	9,990.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	24,770.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application 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 the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *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

** The 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:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Federal Grant Funds	15.922	\$ 0.00	\$ 0.00	\$ 14,780.00	\$ 0.00	\$ 14,780.00
2. Applicant Cost Share		\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,990.00	\$ 9,990.00
3.						
4.						
5. Totals		\$	\$	\$ 14,780.00	\$ 9,990.00	\$ 24,770.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Federal Grant Funds	(2)	(3) Applicant Cost Share	(4)	
a. Personnel	\$ 6,000.00	\$	9,000.00	\$	\$ 15,000.00
b. Fringe Benefits	810.00		990.00		1,800.00
c. Travel	2,196.00		0.00		2,196.00
d. Equipment	0.00		0.00		
e. Supplies	430.00		0.00		430.00
f. Contractual	750.00		0.00		750.00
g. Construction	0.00		0.00		
h. Other	0.00		0.00		
i. Total Direct Charges (sum of 6a-6h)	10,186.00		9,990.00		\$ 20,176.00
j. Indirect Charges	4,594.00		0.00		\$ 4,594.00
k. TOTALS (sum of 6i and 6j)	\$ 14,780.00	\$	9,990.00	\$	\$ 24,770.00
7. Program Income	\$ 0.00	\$	0.00	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Applicant Cost Share	\$ 9,990.00	\$ 0.00	\$ 0.00	\$ 9,990.00	\$ 9,990.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 9,990.00	\$ 0.00	\$ 0.00	\$ 9,990.00	\$ 9,990.00

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: see proposal	22. Indirect Charges: 35% negotiated indirect costs capped at 25%
23. Remarks:	