OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	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:	Zoological Society of San Diego d/b/a San Diego Zoo Global
* b. Employer/Taxpayer Identification Number (EIN/TIN):	95-1648219
* c. Organizational DUNS:	0735602600000

d. Address:

* Street1:	P.O. Box 120551 (2920 Zoo Drive, San Diego, CA 92103)
Street2:	
* City:	San Diego
County/Parish:	
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	92112-0551

e. Organizational Unit:

Department Name:	Division Name:
ICR	Applied Animal Ecology

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

Prefix:		* First Name:	Debra
Middle Name:			
* Last Name:	Shier		
Suffix:	Ph.D		

Title:	Associate Director of Applied Animal Ecology
Organizational Affiliation:	San Diego Zoo Institute for Conservation Research
* Telephone Number:	310.569.2486
Fax Number:	
* Email:	dshier@sandiegozoo.org

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:**

U.S. Fish and Wildlife

11. Catalog of Federal Domestic Assistance Number:

15.656

CFDA Title:

Recovery Act Funds

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Captive Propagation of the Pacific Pocket Mouse (Perognathus longimembris pacificus,"PPM"),Phase 3

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: 53 * b. Program/Project: 52

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2015 * b. End Date: 09/30/2020

18. Estimated Funding ($):

* a. Federal	185,973.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	185,973.00

*** 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

Add Attachment | Delete Attachment | View Attachment

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: Paula

Middle Name:

* Last Name: Brock

Suffix:

* Title: CFO

* Telephone Number: 619-231-1515, ext. 4190 Fax Number:

* Email: grantaccount@sandiegozoo.org

* Signature of Authorized Representative: DocuSigned by: Paula Brock E8D12B065834458... * Date Signed: 06/18/2015