

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:****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):**

95-1648214

*** c. Organizational DUNS:**

0735602600000

d. Address:*** Street1:**

P.O. Box 120551

Street2:*** City:**

San Diego

County/Parish:*** State:**

CA: California

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92112-0551

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

SDZG Inst. for Cons. Research

Division Name:

Community Engagement

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

Ms.

*** First Name:**

Maggie

Middle Name:*** Last Name:**

Reinbold

Suffix:**Title:** Director Community Engagement**Organizational Affiliation:***** Telephone Number:** 760-291-5448**Fax Number:** 760-291-5428*** Email:** mreinbold@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 & Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.676

CFDA Title:

Youth Engagement, Education, and Employment Programs

*** 12. Funding Opportunity Number:***** Title:**

Zoological Society of San Diego Hands-on Conservation Science

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**Urban Wildlife Refuge Partnership
Engaging Under Served Students and Teachers in Hands-on Conservation Science

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

53

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2017

* b. End Date:

06/30/2018

18. Estimated Funding (\$):

* a. Federal	78,218.90
* b. Applicant	11,802.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	90,020.90

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:

Ms.

* First Name:

Paula

Middle Name:

* Last Name:

Brock

Suffix:

* Title:

Chief Financial Officer

* Telephone Number:

619-231-1515, ext. 4190

Fax Number:

* Email:

grantaccount@sandiegozoo.org

Signature of Authorized Representative:

DocuSigned by:

Paula Brock

58D12B055834458

* Date Signed:

4/14/2017