OMB Number: 4040-0004
Expiration Date: 10/31/2019

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:	*Outdoor Outreach*
* b. Employer/Taxpayer Identification Number (EIN/TIN):	*33-0860449*
* c. Organizational DUNS:	*107985579*

d. Address:

* Street1:	*5275 Market Street Ste. 21*
Street2:	
* City:	*San Diego*
County/Parish:	
* State:	*CA: California*
Province:	
* Country:	*USA: UNITED STATES*
* Zip / Postal Code:	*92114*

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:		* First Name:	*Molly*
Middle Name:			
* Last Name:	*Morelli*		
Suffix:			

Title:	*Finance & Administrative Director*
Organizational Affiliation:	
* Telephone Number:	*619-238-5790*
Fax Number:	*619-237-7612*
* Email:	*molly.morelli@outdooroutreach.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:**

United States Fish & Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.676

CFDA Title:

Youth Engagement, Education, and Employment

*** 12. Funding Opportunity Number:**

* Title:

United States Fish & Wildlife Service's (USFWS) Urban Refuge Program

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:**

United States Fish & Wildlife Service's (USFWS) Urban Refuge Program

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: 034 | * b. Program/Project: 034

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: July 1, 2017 | * b. End Date: 9/30/2017

18. Estimated Funding ($):

* a. Federal	105105.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	15015.00
* f. Program Income	
* g. TOTAL	120120.00

*** 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:	Ben
Middle Name:	
* Last Name:	McCue
Suffix:	
* Title:	Executive Director
* Telephone Number:	619-238-5790
Fax Number:	
* Email:	ben.mccue@outdooroutreach.org
* Signature of Authorized Representative:	
* Date Signed:	3/31/17