

Application for Federal Assistance SF-424

Version 02

*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. Application 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: Friends of Ridgefield National Wildlife Refuge					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 91-2018749			*c. Organizational DUNS: 827106837		
d. Address:					
*Street1: P.O. Box 1022					
Street 2:					
*City: Ridgefield					
County: Clark					
*State: WA					
Province:					
Country: USA					
*Zip/ Postal Code: 98642					
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: Lynn			
Middle Name:					
*Last Name: Cornelius					
Suffix:					
Title: Habitat Restoration Coordinator					
Organizational Affiliation:					
Friends of Ridgefield National Wildlife Refuge					
*Telephone Number: 360-887-3883			Fax Number: 360-887-4106		
*Email: lynn.cornelius@fws.gov					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

U.S. Dept. of Interior, Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

CFDA Title: 15.658 Natural Resource Damage Assessment,
Restoration and Implementation

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

City of Ridgefield, WA

Clark County, WA

Washington State

*15. Descriptive Title of Applicant's Project:

Gee Creek Watershed Restoration, NRDAR

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: WA-003

*a. Applicant WA-003

*b. Program/Project: WA-003

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

17. Proposed Project:

*a. Start Date: 07/31/2012

*b. End Date: 07/30/2017

18. Estimated Funding (\$):

*a. Federal \$34,705.00

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$34,705.00

*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.)

☐ Yes

☒ No

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: Jim

Middle Name:

*Last Name: Maul

Suffix:

*Title: President, Friends of Ridgefield National Wildlife Refuge

*Telephone Number: 360-887-9495

Fax Number:

*Email: contact@ridgefieldfriends.org

*Signature of Authorized Representative;

Date Signed: 05/30/2012

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.