OMB Number: 4040-0004
Expiration Date: 04/31/2012

# 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: Sonoma Land Trust

| * b. Employer/Taxpayer Identification Number (EIN/TIN): | *c. Organizational DUNS: |
|---|---|
| 51-0197006 | 946106457 |

**d. Address:**

*Street1: 966 Sonoma Avenue
Street 2:
*City: Santa Rosa
County: Sonoma
*State: CA
Province:
Country: USA *Zip/ Postal Code: 95404

**e. Organizational Unit:**

| Department Name: | Division Name: |
|---|---|
| | |

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

Prefix: Mr. First Name: Julian
Middle Name:
*Last Name: Meisler
Suffix:

Title: Baylands Program Manager

Organizational Affiliation:

*Telephone Number: 707-526-6930 x109 Fax Number: 707-526-3001

*Email: julian@sonomalandtrust.org

OMB Number: 4040-0004
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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. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:
15.664

CFDA Title:
Fish and Wildlife Coordination and Assistance Programs

*12. Funding Opportunity Number:

*Title: Public Lands Highway Discretionary Program

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:
Sears Point Access Road & Trail, San Pablo Bay NWR

**Attach supporting documents as specified in agency instructions.**

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16. Congressional Districts Of:

*a. Applicant CA-006

*b. Program/Project: CA-006

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

17. Proposed Project:

*a. Start Date: 5/1/2013

*b. End Date: 12/31/2016

**18. Estimated Funding ($):**

| | |
|---|---|
| *a. Federal | $2,250,000.00 |
| *b. Applicant | |
| *c. State | |
| *d. Local | |
| *e. Other | |
| *f. Program Income | |
| *g. TOTAL | $2,250,000.00 |

***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: Mr. *First Name: Ralph

Midd le N ame:

*Last Name: Benson

Suffix:

*Title: Executive Director

*Telephone Number: 707-526-6930 x104 Fax Number: 707-526-3001

*Email: ralph@sonomalandtrust.org

*Signature of Authorized Representative: Date Signed: 4/9/13