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

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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. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number: 20.205

CFDA Title:
Highway Planning and Construction

*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.

OMB Number: 4040-0004
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Application for Federal Assistance SF-424

Version 02

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

Middle Name:

*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