APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		**3. DATE RECEIVED BY STATE**	State Application Identifier
Application	Pre-application		
[X] **Construction**	[ ] **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
[ ] **Non-Construction**	[ ] **Non-Construction**		

5. APPLICANT INFORMATION

Legal Name: JICARILLA APACHE TRIBE	**Organizational Unit:** Department: JICARILLA APACHE GAME & fish
Organizational DUNS: 040707366	Division: BIOLOGICAL DIVISON
Address: Street: P.O. BOX 507, HAWKS DRIVE & HIGHWAY 64	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: MR. First Name: KEVIN
City: DULCE	Middle Name KARRAKER
County: RIO ARRIBA	Last Name TERRY
State: NEW MEXICO Zip Code 87528	Suffix:
Country: USA	Email: terrykev@gmail.com
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: □□-□□□□□□□	Phone Number (give area code) 575-759-3255 Fax Number (give area code) 575-759-3457
8. TYPE OF APPLICATION: [X] **New** [ ] **Continuation** [ ] **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) INDIAN TRIBE Other (specify)
	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-608 TITLE (Name of Program):	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Creating, enhancing, and connecting habitat for the benefit of Roundtail Chub on the Jicarilla Apache Nation
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*: JICARILLA APACHE NATION, RIO ARRIBA, NM	
13. PROPOSED PROJECT Start Date: 9/30/2010 Ending Date: 9/30/2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 3rd b. Project 3rd

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 30,000.00	a. Yes. [ ] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$	
c. State	$	
d. Local	$	b. No. [X] PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$	[ ] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 30,000.00	[ ] Yes If "Yes" attach an explanation. [X] No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name LEVI	Middle Name
Last Name PESATA		Suffix
b. Title PRESIDENT		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed 8/13/10

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