OMB Number: 4040-0004
Expiration Date: 8/31/2016

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:
07/14/2016	

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:	Southwest Wetlands Interpretive Association
* b. Employer/Taxpayer Identification Number (EIN/TIN):	95-3488027
* c. Organizational DUNS:	027536536000

d. Address:

* Street1:	700 Seacoast Drive #108
Street2:	
* City:	Imperial Beach
County/Parish:	San Diego
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	91932-1010

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:	Michael
Middle Name:	A		
* Last Name:	McCoy		
Suffix:			

Title:	President
Organizational Affiliation:	
* Telephone Number:	619-575-0550
Fax Number:	619-424-6420
* Email:	swiaprojects@aol.com

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:**

Department of the Interior - U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.656

CFDA Title:

Recovery Act Funds - Habitat Enhancement, Restoration and Improvement

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

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

San Diego County

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

The Ecology and Management of the Kuroshio Shot Hole Borer in the Tijuana River Valley

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: 51st
* b. Program/Project: 51st

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2016
* b. End Date: 06/30/2017

18. Estimated Funding ($):

* a. Federal	46,785.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	5,000.00
* f. Program Income	
* g. TOTAL	51,785.00

*** 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:	Michael
Middle Name:	A
* Last Name:	McCoy
Suffix:	
* Title:	President
* Telephone Number:	619-575-0550
Fax Number:	619-424-6420
* Email:	swiaprojects@aol.com
* Signature of Authorized Representative:	Michael A. McCoy
* Date Signed:	07/14/2016