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

## Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 5-18-15

4. Applicant 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: Nez Perce Tribe

* b. Employer/Taxpayer Identification Number (EIN/TIN): 82-0255928

* c. Organizational DUNS: 0782083030000

**d. Address:**

* Street1: PO Box 365
Street2:
* City: Lapwai
County/Parish:
* State: ID: Idaho
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 83540

**e. Organizational Unit:**

Department Name: Dept. of Fisheries Resources

Division Name:

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

Prefix: Mr.
* First Name: David
Middle Name: B
* Last Name: Johnson
Suffix:

Title: Program Manager

Organizational Affiliation: Administrative Division, Dept. Of Fisheries Resources Mngt.

* Telephone Number: 208-843-7320
Fax Number: 208-843-7381

* Email: davej@nezperce.org

## Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Interior, U.S. Fish & Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.608

CFDA Title:

Fish & Wildlife Management Assistance

*** 12. Funding Opportunity Number:**

F15A00232

* Title:

SRBA Tribal Comanagement of Dworshak NFH

**13. Competition Identification Number:**

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

FY 2015 Joint Management of Dworshak National Fish Hatchery

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: ID-001 * b. Program/Project: ID-001

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

Add Attachment | Delete Attachment | View Attachment

**17. Proposed Project:**

* a. Start Date: 10/01/2014 * b. End Date: 09/30/2015

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

| | |
|---|---|
| * a. Federal | 314,284.00 |
| * b. Applicant | |
| * c. State | |
| * d. Local | |
| * e. Other | |
| * f. Program Income | |
| * g. TOTAL | 314,284.00 |

*** 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: Mr. * First Name: Anthony

Middle Name: D.

* Last Name: Johnson

Suffix:

* Title: NPTEC Chairman

* Telephone Number: 208-843-2253 Fax Number: 208-843-7354

* Email: anthonyj@nezperce.org

* Signature of Authorized Representative: Anthony D. Johnson * Date Signed: 5/14/15