OMB Number: 4040-0004
Expiration Date: 10/31/2019

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:

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: Southwest Wetlands Interpretive Association

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3488027

* c. Organizational DUNS: 0275365360000

d. Address:

* Street1: 700 Seacoast Drive #108
Street2:
* City: Imperial Beach
County/Parish:
* State: AS: American Samoa
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: Mayda
Middle Name: C
* Last Name: Winter
Suffix:

Title: Project Manager/Grant Administrator

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:**

U.S. Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15-657

CFDA Title:

Endangered Species Conservation - Recovery Implementation Funds

*** 12. Funding Opportunity Number:**

* Title:

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:**

A Study of the Kuroshio Shot Hole Borer in the Tijuana River Valley: the spread of the borer; the recovery of the forests; and the 'uniqueness' of the 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: 07/15/2017

* b. End Date: 09/30/2018

18. Estimated Funding ($):

* a. Federal	49,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	49,000.00

*** 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 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:	06/20/2017

6/20/17