

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

71363933

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

The Land Conservancy of San Luis Obispo County

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

77-0039294

*** c. Organizational DUNS:**

0297835320000

d. Address:

*** Street1:**

1137 Pacific Street

Street2:

Suite A

*** City:**

San Luis Obispo

County/Parish:

San Luis Obispo

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

93401-3353

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:**

Jonathan

Middle Name:

Christopher

*** Last Name:**

Hall

Suffix:

Title: Stewardship Director

Organizational Affiliation:

*** Telephone Number:**

805-544-9096

Fax Number:

805-544-5122

*** Email:**

johnh@lcslo.org

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 & Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.658

CFDA Title:

Natural Resource Damage Assessment, Restoration and Implementation

* 12. Funding Opportunity Number:

* Title:

Torch/Platform Irene Oil Spill Restoration

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

European Beach Grass Removal to Benefit Western Snowy Plover and Least Tern Habitat on Guadalupe-Nipomo Dunes National Wildlife Refuge

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

24

* b. Program/Project

24

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

11/1/2018

* b. End Date:

10/30/2023

18. Estimated Funding (\$):

* a. Federal

109,000.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

109,000.00

*** 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:

Mr.

* First Name:

Jonathan

Middle Name:

* Last Name:

Hall

Suffix:

* Title:

Stewardship Director

* Telephone Number:

805-544-9096

Fax Number:

805-544-5122

* Email:

johnh@lcslo.org

* Signature of Authorized Representative:

Jonathan Hall

* Date Signed:

10/15/2018

