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: 03/12/2018

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: Zoological Society of San Diego

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-1648219

* c. Organizational DUNS: 0735602600000

d. Address:

* Street1: P.O. Box 120551

Street2:

* City: San Diego

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92112-0551

e. Organizational Unit:

Department Name: Education

Division Name: Zoo Education

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

Prefix: Ms.

* First Name: Deirdre

Middle Name:

* Last Name: Ballou

Suffix:

Title: Education Manager

Organizational Affiliation: Zoological Society of San Diego

* Telephone Number: 619.231.1515 x 4121

Fax Number: 619.232.6823

* Email: dballou@sandiegozoo.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:**

Department of Interior/US Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.676

CFDA Title:

Youth Engagement, Education and Employment Program

*** 12. Funding Opportunity Number:**

Discretionary

* Title:

Discretionary

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:**

Wildlife Rangers: Engaging Underserved Students on USFWS Refuges

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: CA-53 * b. Program/Project: CA-51

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 06/01/2018 * b. End Date: 06/30/2019

18. Estimated Funding ($):

* a. Federal	55,189.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	55,189.00

*** 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: Douglas

Middle Name: G.

* Last Name: Myers

Suffix:

* Title: President/CEO

* Telephone Number: (619) 557-3999 Fax Number:

* Email: PBlessing@sandiegozoo.org

* Signature of Authorized Representative: Douglas G. Myers * Date Signed: 03/12/2018