

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:

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:** CA: California

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 91932-1842

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:

Southwest Wetlands Interpretive Association

*** 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:

15.650

CFDA Title:

Research projects (funding originates from California's Greenhouse Gas Reduction Fund)

* 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:

Initiation of Thin-Layer Sediment Augmentation on the Pacific Coast: An Essential Sea Level Rise Adaptation Technique Proposed at the Seal Beach National Wildlife Refuge (NWR)

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 51

* b. Program/Project

CA 45

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/27/2015

* b. End Date:

03/01/2020

18. Estimated Funding (\$):

* a. Federal	870,563.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	870,563.00

* 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

07/16/2015

☐ 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, Board of Directors

* Telephone Number:

619-575-0550

Fax Number:

619-424-6420

* Email:

swiaprojects@aol.com

* Signature of Authorized Representative:

Michael A. McCoy

* Date Signed:

07/16/2015