

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:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

1443

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

07/16/2012

7. State Application Identifier:

12-1555

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Washington State Recreation and Conservation Office

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

91-0780046

*** c. Organizational DUNS:**

0884058520000

d. Address:

*** Street1:**

1111 Washington St SE

Street2:

PO Box 40917

*** City:**

Olympia

County/Parish:

Thurston

*** State:**

WA: Washington

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

98504-0917

e. Organizational Unit:

Department Name:

RCO

Division Name:

Recreation Section

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

Prefix:

Mr.

*** First Name:**

Karl

Middle Name:

*** Last Name:**

Jacobs

Suffix:

Title:

Outdoor Grants Manager

Organizational Affiliation:

*** Telephone Number:**

360-902-3084

Fax Number:

360-902-3026

*** Email:**

karl.jacobs@rco.wa.gov

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

A: State Government

Type of Applicant 2: Select Applicant Type:

D: Special District Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

National Park Service

11. Catalog of Federal Domestic Assistance Number:

15.916

CFDA Title:

Outdoor Recreation Acquisition, Development and Planning

*** 12. Funding Opportunity Number:**

P15AS00004

* Title:

Land and Water Conservation Fund State and Local Assistance Program

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:**

53-00709 The Peninsula at Point Defiance

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="520,600.00"/>
* b. Applicant	<input type="text" value="61,800.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,500,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,082,400.00"/>

* 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

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:

Middle Name:

* Last Name:

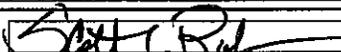
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: