

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *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: Confederated Tribes and Bands of the Yakama Nation		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 91-0576806		*c. Organizational DUNS: 803886399
d. Address:		
*Street 1:	PO Box 151 _____	
Street 2:	_____	
*City:	Toppenish _____	
County:	Yakima _____	
*State:	WA _____	
Province:	_____	
*Country:	USA _____	
*Zip / Postal Code	98948 _____	
e. Organizational Unit:		
Department Name: Yakama Nation Department of Natural Resources		Division Name: Yakama Nation Fisheries Program
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms. _____	*First Name: Kelly _____	
Middle Name: _____		
*Last Name: Clayton _____		
Suffix: _____		
Title: Biologist		
Organizational Affiliation: Yakama Reservation Watersheds Project		
*Telephone Number: (509) 865-5121, ext. 6354		Fax Number: (509) 865-6293
*Email: clak@yakamafish-nsn.gov		

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

I. Indian/Native Am Tribal Govn.(Fed. Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

US Fish & Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.631

CFDA Title:

Partners For Fish and Wildlife

***12 Funding Opportunity Number:**

Partners-12

*Title:

Partners For Fish and Wildlife

13. Competition Identification Number:

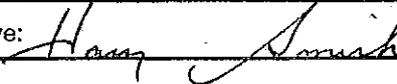
Title:

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

Toppenish Creek near White Swan, Yakima County, State of Washington

***15. Descriptive Title of Applicant's Project:**

South Fork Simcoe Creek Feeder Ditch Fish Screen Installation

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16. Congressional Districts Of:		
*a. Applicant: 4	*b. Program/Project: 4	
17. Proposed Project:		
*a. Start Date: 7/1/2012	*b. End Date: 12/1/2017	
18. Estimated Funding (\$):		
*a. Federal	\$25,000	
*b. Applicant		
*c. State	\$45,000	
*d. Local	\$37,800	
*e. Other		
*f. Program Income	0	
*g. TOTAL	\$107,800	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)		
<input checked="" type="checkbox"/> ** 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: <u>Mr.</u>	*First Name: <u>Harry</u>	
Middle Name: _____		
*Last Name: <u>Smiskin</u>		
Suffix: _____		
*Title: Tribal Council Chairman, Yakama Nation		
*Telephone Number: 509 865-5121, ext. 4340	Fax Number: 509 865-5528	
* Email: harry@yakama.com		
*Signature of Authorized Representative: 		*Date Signed: <u>05-03-12</u>