OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

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: Texas A&M University-Kingsville

*b. Employer/Taxpayer Identification Number (EIN/TIN): 746001530

*c. Organizational DUNS: 868154089

d. Address:

*Street 1: 700 University Blvd.
Street 2: Javelina House, MSC 201
*City: Kingsville
County: Kleberg
*State: Texas
Province:
*Country: USA
*Zip / Postal Code 78363

e. Organizational Unit:

Department Name: Dick & Mary Lewis Kleberg College of AG

Division Name: Caesar Kleberg Wildlife Research Institute

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

Prefix: *First Name: Sandra
Middle Name: D.
*Last Name: Garcia
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: 361-593-3344 Fax Number: 361-593-3409

*Email: sandra.garcia@tamuk.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**
S. Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:
H. Public/State Controlled Inst on of Higher Educ

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:

15.655

CFDA Title:
Migratory Bird Monitoring, Assessment & Conservation

***12 Funding Opportunity Number:**

***Title:**

13. Competition Identification Number:

Title:

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

Gulf Coast

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

Adult Reddish Egret Breeding Ecology

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 27th *b. Program/Project: 2,14,27

17. Proposed Project:

*a. Start Date: February 1, 2010 *b. End Date: January 31, 2015

18. Estimated Funding ($):

*a. Federal	502,750.00
*b. Applicant	0.00
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	502,750.00

***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.)**

☐ Yes ☒ 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)

☒ ** 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: Sandra

Middle Name: D.

*Last Name: Garcia

Suffix: _____

*Title: Director, Office of Research and Sponsored Programs

*Telephone Number: 361-593-3344 Fax Number: 361-593-3409

* Email: sandra.garcia@tamuk.edu

*Signature of Authorized Representative: Sandra D Garcia *Date Signed: 1/29/10

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.