

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 		State Application Identifier
5. APPLICANT INFORMATION			4. DATE RECEIVED BY FEDERAL AGENCY
Legal Name: Manomet, Inc.		Organizational Unit: Department: Shorebird Recovery Project	
Organizational DUNS: 084215102		Division:	
Address: Street: PO Box 1770		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr.	
City: Manomet		First Name: Stephen	
County: Plymouth		Middle Name	
State: MA		Last Name Brown	
Zip Code 02345		Suffix:	
Country: USA		Email: sbrown@manomet.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 22-3051362		Phone Number (give area code) 508-224-6521	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Migratory Bird Monitoring, Assessment, and Conservation 15-655		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enhancing the Utility of International Shorebird Survey Data Management to Address Decisions on Shorebird Management and Conservation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): VA, NC, SC, GA, FL		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 10th	
13. PROPOSED PROJECT Start Date: 1 August 2010		b. Project multiple	
Ending Date: 30 September 2012		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	198,000	00
b. Applicant	\$		00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	198,000	00
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Constance		Middle Name
Last Name de Brun		Suffix	
b. Title Director of Finance & Operations		c. Telephone Number (give area code) 508-224-6521	
d. Signature of Authorized Representative 		e. Date Signed 27 July, 2010	