

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		
* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: 01/30/2017		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: Board of Regents, NSHE, obo University of Nevada, Las Vegas		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 88 6000024		* c. Organizational DUNS: 0983773360000
d. Address:		
* Street1: 4505 Maryland Parkway		
Street2: <input type="text"/>		
* City: Las Vegas		
County/Parish: <input type="text"/>		
* State: NE: Nebraska		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 89154 1055		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.		* First Name: Hallie
Middle Name: <input type="text"/>		
* Last Name: Lyons		
Suffix: <input type="text"/>		
Title: Senior Research Administrator		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 702 895 1357		Fax Number: 702 895 4379
* Email: hallie.lyons@unlv.edu		

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* 9. Type of Applicant 1: Select Applicant Type: <input type="text" value="H: Public/State Controlled Institution of Higher Education"/>			
Type of Applicant 2: Select Applicant Type: <input type="text"/>			
Type of Applicant 3: Select Applicant Type: <input type="text"/>			
* Other (specify): <input type="text"/>			
* 10. Name of Federal Agency: <input type="text" value="Bureau of Land Management"/>			
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="15.231"/>			
CFDA Title: <input type="text" value="Fish, Wildlife and Plant Conservation Resource Management"/>			
* 12. Funding Opportunity Number: <input type="text" value="L17AS00001"/>			
* Title: <input type="text" value="BLM FY2017 Bureau wide National Conservation Lands Scientific Studies Support Program"/>			
13. Competition Identification Number: <input type="text"/>			
Title: <input type="text"/>			
14. Areas Affected by Project (Cities, Counties, States, etc.): <div> <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div>			
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Geology and Volcanology of the Sloan Canyon National Conservation Area"/>			
Attach supporting documents as specified in agency instructions. <div> <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/> </div>			

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16. Congressional Districts Of:	
* a. Applicant <input style="width: 80px;" type="text" value="NV 001"/>	* b. Program/Project <input style="width: 80px;" type="text" value="NV 001"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input style="width: 300px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input style="width: 80px;" type="text" value="04/01/2017"/>	* b. End Date: <input style="width: 80px;" type="text" value="03/30/2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input style="width: 100px;" type="text" value="23,263.00"/>
* b. Applicant	<input style="width: 100px;" type="text" value="0.00"/>
* c. State	<input style="width: 100px;" type="text" value="0.00"/>
* d. Local	<input style="width: 100px;" type="text" value="0.00"/>
* e. Other	<input style="width: 100px;" type="text" value="0.00"/>
* f. Program Income	<input style="width: 100px;" type="text" value="0.00"/>
* g. TOTAL	<input style="width: 100px;" type="text" value="23,263.00"/>
* 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 style="width: 100px;" type="text"/> .	
<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 in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input style="width: 300px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<input checked="" type="checkbox"/> ** I AGREE	
<small>** 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.</small>	
Authorized Representative:	
Prefix: <input style="width: 150px;" type="text" value="Mr."/>	* First Name: <input style="width: 250px;" type="text" value="R. David"/>
Middle Name: <input style="width: 350px;" type="text"/>	
* Last Name: <input style="width: 650px;" type="text" value="Paul"/>	
Suffix: <input style="width: 150px;" type="text"/>	
* Title: <input style="width: 500px;" type="text" value="Executive Director, Sponsored Programs"/>	
* Telephone Number: <input style="width: 200px;" type="text" value="702 895 1357"/>	Fax Number: <input style="width: 200px;" type="text" value="702 895 4379"/>
* Email: <input style="width: 750px;" type="text" value="osp@unlv.edu"/>	
* Signature of Authorized Representative: <input style="width: 200px;" type="text" value="Hallie Lyons"/>	* Date Signed: <input style="width: 150px;" type="text" value="01/30/2017"/>