

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 style="width: 100%;" type="text"/> * Other (Specify): <input style="width: 100%;" type="text"/>
* 3. Date Received: <input style="width: 100%;" type="text" value="02/02/2017"/>	4. Applicant Identifier: <input style="width: 100%;" type="text"/>	
5a. Federal Entity Identifier: <input style="width: 100%;" type="text"/>	5b. Federal Award Identifier: <input style="width: 100%;" type="text"/>	
State Use Only:		
6. Date Received by State: <input style="width: 100%;" type="text"/>	7. State Application Identifier: <input style="width: 100%;" type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input style="width: 100%;" type="text" value="Desert Botanical Garden, Inc."/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input style="width: 100%;" type="text" value="86 0136925"/>	* c. Organizational DUNS: <input style="width: 100%;" type="text" value="0816875270000"/>	
d. Address:		
* Street1: <input style="width: 100%;" type="text" value="1201 N Galvin Pkwy"/> Street2: <input style="width: 100%;" type="text"/> * City: <input style="width: 100%;" type="text" value="Phoenix"/> County/Parish: <input style="width: 100%;" type="text"/> * State: <input style="width: 100%;" type="text" value="AZ: Arizona"/> Province: <input style="width: 100%;" type="text"/> * Country: <input style="width: 100%;" type="text" value="USA: UNITED STATES"/> * Zip / Postal Code: <input style="width: 100%;" type="text" value="85008 3437"/>		
e. Organizational Unit:		
Department Name: <input style="width: 100%;" type="text" value="Research, Conservation and Col"/>	Division Name: <input style="width: 100%;" type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input style="width: 100%;" type="text" value="Dr."/> Middle Name: <input style="width: 100%;" type="text"/> * Last Name: <input style="width: 100%;" type="text" value="Salywon"/> Suffix: <input style="width: 100%;" type="text"/>	* First Name: <input style="width: 100%;" type="text" value="Andrew"/>	
Title: <input style="width: 100%;" type="text" value="Research Botanist"/>		
Organizational Affiliation: <input style="width: 100%;" type="text"/>		
* Telephone Number: <input style="width: 100%;" type="text" value="480.481.8107"/>	Fax Number: <input style="width: 100%;" type="text"/>	
* Email: <input style="width: 100%;" type="text" value="asalywon@dbg.org"/>		

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* 9. Type of Applicant 1: Select Applicant Type: <input type="text" value="M: Nonprofit with 501C3 IRS Status (Other than 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.): <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>			
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Hydrogeologic Study of the Surface and Groundwater Supporting Water Rights Acquisition at Las Cienegas National Conservation Area, Arizona"/>			
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>			

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16. Congressional Districts Of:	
* a. Applicant <input type="text" value="AZ #4"/>	* b. Program/Project <input type="text" value="AZ #3"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input 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 type="text" value="04/03/2017"/>	* b. End Date: <input type="text" value="03/29/2019"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="20,042.00"/>
* b. Applicant	<input type="text" value="40,762.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="60,804.00"/>
* 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 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 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	
** 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: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Kimberlie"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="McCue"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Program Director, Conservation"/>	
* Telephone Number: <input type="text" value="480.481.8137"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="jmccue@dbg.org"/>	
* Signature of Authorized Representative: <input type="text" value="Kimberlie McCue"/>	* Date Signed: <input type="text" value="02/02/2017"/>

DOI-2020-12 01870