


APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: Island Conservation	Organizational Unit: Department:
Organizational DUNS: 103200684	Division:
Address: Street: 100 Shaffer Rd LML UCSC	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Brad
City: Santa Cruz	Middle Name
County: Santa Cruz	Last Name Keitt
State: CA Zip Code 95060	Suffix:
Country: USA	Email: brad.keitt@islandconservation.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-1839907	Phone Number (give area code) 831 359-4787 ext 107 Fax Number (give area code) 831 459-1476
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.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Non-profit agency 501c3 non profit Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: S: 15-658	9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco County and Farallon National Wildlife Refuge, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: House mouse eradication from the South Farallon Islands
13. PROPOSED PROJECT Start Date: 8/1/2010 Ending Date: 8/31/2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 17 b. Project District 12
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 162,243.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00	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 type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
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 Mr.	First Name Brad Middle Name Seaver
Last Name Keitt	Suffix
b. Title Director of Conservation	c. Telephone Number (give area code) 831.359.4787
d. Signature of Authorized Representative 	e. Date Signed 7/27/10