

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	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)	
City: Santa Cruz		Prefix: Mr	First Name: Brad
County: Santa Cruz		Middle Name	
State: CA		Last Name Keitt	
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.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		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: 15-658		9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service	
TITLE (Name of Program): Natural Resource Damage Assessment, Restoration and Implementation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: House mouse eradication from the South Farallon Islands	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Francisco County and Farallon National Wildlife Refuge, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 17 b. Project District 12	
13. PROPOSED PROJECT Start Date: 8/1/2010 Ending Date: 8/31/2015		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 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	\$ 162,243.00		
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$.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 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	